

Headway Suffolk Ltd

Headway Suffolk

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Headway Suffolk provides care and support to people living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing is provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This announced inspection was started on 14 June 2018. We gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to enable the service time to arrange for a 'best interests' decision about us visiting or meeting people.

On the day of our inspection, there were 20 people who had an acquired head injury being supported with personal care by the service.

Since our last inspection of this service on 15 November 2016 they have moved offices, this inspection is their first since they have moved. During that last inspection they were rated as good in all the key questions and good overall.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was well led; the registered manager was organised and knowledgeable about the people being supported and was well supported by the providers of the service. People, their relatives and the staff told us that the registered manager was open, supportive and had good management skills. There were robust systems in place to monitor the quality of service the providers offered people.

We saw examples of positive and caring interaction between the staff and people supported by the service, people were treated with kindness and respect. People were able to express their views and staff listened to what they said, respected their views and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People and their relatives told us that they were confident they were safe using this service. People were protected from bullying, harassment, avoidable harm and abuse by staff that were trained to recognise abusive situations and knew how to report any incidents they witnessed or suspected. Staff clearly understood their responsibilities to raise concerns and there were arrangements in place for reviewing and investigating incidents when things went wrong. Staff told us they would not hesitate to report any suspicions they had about people being abused.

Staff had been safely recruited which helped protect people from harm.

Risks were assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect them from harm.

Staffing levels were at a level sufficient to keep people safe and people were supported to manage their medicines in a way that ensured that they received them safely and at the right time. There were also appropriate infection control practices in place.

People's needs assessments were detailed and they received effective care in line with current legislation from staff who had the knowledge, qualifications, skills and experience they needed to carry out their roles.

The management and staff were a strong team and worked well together to ensure that people received consistent person centred care when they used or were supported by different services. People were asked for their consent by staff before they supported them in line with legislation and guidance.

Caring and supportive staff offered advice to people to help them make healthy decisions around food and supported them to eat and drink enough to maintain a balanced diet. People were also supported to maintain good health and gain access to healthcare services when they were needed.

People received care that was personalised to them and responsive to their needs. Although people told us that they rarely needed to complain, we saw that the service listened to people's experiences, concerns and complaints. They took action to investigate their complaints, learn by their mistakes and make any changes needed to avoid them happening again.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service worked within the requirements of the Mental Capacity Act.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People were treated with a great deal of respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

Investigations were carried out to address people's concerns and complaints; they were responded to and used to improve the quality of the service.

Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good quality assurance systems were in place that identified shortfalls, which were addressed. As a result, the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good ●

Headway Suffolk

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector carried out this announced inspection on 14 June 2018. We gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to enable the service time to arrange for a 'best interests' decision about us visiting people. However, the registered manager arranged for us to meet people at the office, and supported people to get there.

Before our inspection, we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We observed care and support people received while they visited the office to speak with us.

We looked at records in relation to seven people's care and spoke with three people who used the service and three people's relatives after the inspection by telephone and email. We also spoke with the registered manager and one care staff member on the day. After the inspection visit we spoke with three other staff members by telephone. We also looked at records relating to the management of the service, four staff recruitment records, training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

The service offers people a safe service and we rated this key question as Good.

People told us that they felt safe in the service. One person said, "I am safe, [the staff] make sure of that." A relative commented that they had confidence that their relative was supported to stay safe and was well looked after.

When asked if they thought people were safe, a staff member said, "I certainly do believe that [people] are supported and kept safe by Headway.... they are supported mentally and physically by staff who are well trained."

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. One staff member told us, "If I had a safeguarding issue I would report it immediately to my line manager.... They would then do a safeguarding referral. If I wasn't happy with the outcome I would then do a safeguarding referral."

Where a safeguarding concern had occurred, the records showed that the service took action to help ensure that a similar incident would not happen again. The service had made a safeguarding referral regarding a person, not connected to the service, who was trying to use undue influence on one of their clients for personal gain. The registered manager told us that they had worked with the people involved to put safeguards in place to stop a similar incident happening again.

Safeguarding posters were displayed in the office and copies of the services' safeguarding policy was also in people's user guides telling them who they could speak to if they had any concerns or were worried.

Risks to people were well managed. The registered manager told us, "Our ethos is one of involving, informing and supporting people to allow them to have as much freedom as possible and we respect positive risk taking." Meaning that when risk was being assessed, the aim was not to remove risk altogether and restrict people unreasonably, but to minimise the risk without limiting people's independence more than necessary to keep them safe. Risk management plans were developed to cover different areas of people's lives. The risk assessments included risks associated with the use of a mobility scooter, health, self-medicating and accessing the local community independently. Where people had been assessed as being at risk there were systems in place to minimise the risk. This included seeking support from the charities professional healthcare teams, including their speech and language team, physiotherapists and occupational health team.

Risk assessments and interventions were in place that identified potential triggers for anxiety and distress, so staff could recognise the need to act quickly to limit behaviour that challenged. Staff undertook conflict management training so that they were prepared to support people in these situations.

Health and safety risks were also assessed. The service had a health and safety officer who ensured health

and safety checks were carried out to help ensure the site office was a safe place to work in and for people who used the service to visit. For example, portable electrical equipment (PAT) tests were carried out, fire marshals were in place and regular fire drills were carried out and recorded.

Regular servicing schedules were in place to make sure that equipment was properly maintained and safe to use. This included fire safety equipment and gas appliances for example.

People, their relatives and staff told us that there were enough staff working at the service. People told us that they had not missed any of their planned activities because staff had not been available. One person told us, "I haven't been let down, [staff] are always there when I expect them to be." One person's relative told us, "Staff are with my [relative] when they are expected to be and never rush [them] and spent the whole of their allotted time helping [them] to feel comfortable and occupied." Staff told us that the rotas were planned well in advance and people using the service were given a copy. One staff member said, "If there is an amendment to the rota I receive a phone call first and this is promptly followed through by sending out an updated rota. I have never had to miss a visit due to a problem with the rota."

When staff arrive at a person's home to start their visit they make a phone call on an automated system that keeps track of staff movements and will alert the office staff if staff were late arriving so it could be followed up or replacement staff member found if needed. This helped to make sure that people received the care and support they need and that visits were not missed.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care. When new staff were recruited care was taken to match their personality to the people they would be working with.

People told us that they received their medicines on time. One person said, "It's important that I take my pills every day, [staff] help me to remember to take them."

Medicines were safely managed. Staff had undergone regular training and their competencies were checked regularly. People's ability to manage their own medicines was assessed and they were supported in ways appropriate to their ability. Some were capable of managing on their own with minimal support and other people needed full support to get their medicines on time and safely.

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to helping to keep people safe from cross infection and poor hygiene. Staff told us that they used disposable gloves and aprons while preparing to support people with their personal care, which helped limit the risks of cross contamination. The registered manager explained that to make sure staff had enough personal protective equipment (PPE) back up supplies were kept in the company cars and were on the check list that staff had to complete before they took the car out.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents, such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents as documented in people's care plans.

Is the service effective?

Our findings

Headway Suffolk offers people an effective service and we rated this key question as Good.

The registered manager completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. The registered manager told us, "We have made links with local organisations that promote best practice. We use the information and guidance gained to train staff."

The registered manager was able to demonstrate that they had a good understanding of relevant guidance and standards; they received regular legislation updates shared through the provider. Staff meeting notes evidenced that updates were shared with the wider staff team.

The provider's policies and procedures that were aimed at protecting people from discrimination were made accessible to staff and the people who used the service. Those policies were reflected in the service's statement of purpose, which set out the service's expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gave them the opportunity to achieve their potential, free from prejudice and discrimination. The registered manager told us that these were topics that were revisited during staff supervision and at team meetings. One staff member told us, "One thing I love about my job is that I meet so many interesting people."

The registered manager told us that, during their assessment process, if they identified assistive technology or equipment they would help the person source it. They told us, "We use adaptive and assistive equipment. We liaise with our own therapists and the community teams to identify people's needs and staff are trained to use the equipment provided." This ranged from an item as basic as an appropriate mattress to help a person sleep better and relieve pain and discomfort, to an advanced wheelchair to help enhance the person's independence.

The service used the charities IT programmes to record service and organisational information. Staff could access on line training as well as the provider's policies and procedures on the system. By having this information on line, the provider was able to ensure that only the latest versions were available, which meant that they were easily able to update them to take into account necessary changes in line with legislation.

The service had a fleet of pool cars that staff use when on duty. These vehicles were tracked, which along with added security, provided support and added safety for staff who mostly work alone.

People told us that the staff had the skills to meet their assessed needs. One person said, "Headway is my life, they are brilliant, even the drivers are an important part of the team, they are all brilliant." One person's

relative told us, "They have made a big change to my [family member's] life. The staff are well trained and know how to help them in all aspects of their life."

Staff told us that they had the training and support they needed to carry out their roles. They were provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. One staff member told us, "I completed training relevant to my new role soon after my employment with Headway. I also had a chance to read their policies and procedures. I feel that I have been given the training I need and it is kept up to date. This is also discussed at my supervision sessions so I can discuss my needs."

Staff were given the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. Training provided to staff included safeguarding, moving and handling, fire safety, and understanding autism. Staff files evidenced the training staff had achieved. Staff completed the training the provider expected promptly and updated it when necessary.

The service used a buddy system for new staff where they were placed with an experienced member of staff for their shadow shifts who then continued to offer them additional support and mentoring.

The registered manager monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they felt supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One staff member told us, "My training is being constantly up dated and I can request any training that I feel would support me in my everyday role or would be required to support the client's needs."

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records, which included important information about the person regarding their support needs and the medicines they took, that were sent with them if they were admitted to hospital. The service communicated well with the other services people used, local clubs for example. There was evidence that showed that the service had communicated well and had worked together with outside agencies to overcome difficulties.

People told us they were supported to access health professionals when needed. One person told us, "If I go to see my GP, or have a hospital appointment I like [staff] to come with me. They help me remember what the doctor says." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people continued to receive consistent care.

The service provided rehabilitation or reablement to help people get back some of the everyday skills lost after their injury or learn new ways of doing them. The registered manager told us, "The aim of rehabilitation is to give clients their very best chance at making improvements through different therapies or treatments. We aim to give clients as much independence as possible, and to work on skills they may be struggling with.... By supporting people this way, we improve their emotional well-being."

The service supported people to maintain a healthy diet. People told us that they chose what they wanted to eat and that they were assisted to get their shopping by staff who gave advice about healthy choices. For example, one person told us, "[The staff] helped me with healthy eating care plan, I practice cooking with their help."

Staff supported people with preparing their meal in varying degrees depending on their ability to cook. People were encouraged to make meal plans and undertake their own shopping in person or online. A staff member told us that they encouraged people to help themselves as much as they could so that they could develop their living skills. Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff received training in MCA and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service.

The registered manager told us that where people needed support to make decisions they were supported to do so in line with legislation. For example, people may be appointed a deputy by the Court of Protection with powers to take decisions about the service they received. People may also be supported by a family member or a trusted person who have been given lasting power of attorney with authority to take decisions on their behalf. People who had capacity, but who needed support making decisions important to them were offered support from an advocacy service.

Is the service caring?

Our findings

The service is caring towards people and we rated this key question as Good.

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, and this was reflected in the care that people received. People were well cared for and were consistent in their praise of the service. All the people we talked with told us that they had a good rapport with staff, saying they treated them well, that they were kind and caring. One person told us they thought the staff were well chosen and commented, "It's because they have the right [staff] that I am able to exist."

We saw examples of positive and caring interactions between the staff and people who used the service. When staff interacted with people, they were open and friendly; we saw there was a light-hearted atmosphere and many laughs. Staff had developed friendly and warm relationships with people.

The staff we spoke with had taken time to get to know people; this meant that they could communicate with people. Staff told us about the people they supported, how they liked to be helped and the things that pleased them as well as things that made them anxious.

One person's relative told us, "[The staff] are very good about contacting me to voice any concerns that they may have about [my relative]. I feel that communication is good between us. We work in conjunction with one another when it comes to sorting out any issues that they might have. Things like benefits, council issues and social services."

People told us that staff encouraged them to maintain their independence and to continue to do tasks for themselves where they could. They said that they continued to make decisions about their care and that staff listened to what they said. One person said, "[The staff] are all good people, they go out of their way to help me. They sort out problems and let me be as independent as I want." People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. People had signed their care plans to show that they agreed with the contents. People had a copy of their care plans, which they kept in their homes, a copy of which was stored in the office files and included people's usual routines, likes, dislikes, and preferences.

People's care records were kept private and secure in a cabinet in the office that was kept locked when it was not in use. This helped to make sure people's privacy was respected. When we talked with staff they referred to people in a respectful way and respected their privacy.

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. People were supported by the service to make contact with family members they had lost contact with and to keep in touch by phone and occasional visits. This helped to keep people involved and connected with friends and family members.

Is the service responsive?

Our findings

The service is responsive to people's needs and we rated this key question as Good. People told us they were happy with the standard of care they received.

A high quality assessment was carried out of people's needs before they started using the service. As well as the person involved, all interested parties in their life were invited to have an input into the assessment. This included family members and professionals working with the person, the speech and language team (SALT) or advocates for example. The assessment helped to ensure that the service could meet the person's needs and had all the information they needed to make the change easy and successful.

The care plans generated after the assessment recorded information about the person's personal history, individual preferences, interests, and aspirations. The care plans were person centred and detailed enough for the staff to understand easily how to deliver care to people in a way that met their expressed needs. Care plans guided staff how best to support people individually. The registered manager told us, "We use person centred care planning (PCP). We have found this enables staff to understand the client's needs. We also use goal planning. Our initial assessment is in-depth. Our care plans consider the things that define people i.e. their cultural background, gender and religious preferences."

Support and encouragement was given to people to help to develop and maintain their independence in areas that they were able to, including shopping for clothes, planning menus, grocery shopping and managing their finances. A member of staff was appointed as a care champion for each person who used the service. This was a named member of staff who would be responsible for ensuring that the person received the service they wanted.

People who have specific communication requirements were allocated a team of regular staff to work with them, meaning that they were able to recognise people's communication methods and were better able to meet their needs. The charities speech and language team (SALT) also worked with them and supported staff to use specialist equipment, such as an electronic device, to better communicate with people.

We talked with people about how their needs were met, they were positive about the staff's supportive and caring attitudes. One person was encouraged to shower daily by staff turning it into an enjoyable experience. This helped them maintain their personal hygiene and reduced their anxiety. Another person told us. "I told [the staff] what I wanted and the way I wanted it done. ... That's what they do."

Different activities and outings were planned and staff worked together with the person to help people take part in activities of their choice. One staff member commented, "We help [the person] plan what they want to do and have trips out together, go to the cinema, do shopping or whatever they want to do."

Headway is charity and works in partnership with other organisations, train rescue dogs from Felixstowe Blue Cross to become companion dogs to people with a brain injury or a neurological condition. The Brainy Dogs are trained to help people to complete tasks, such as emptying the washing machine and fetching

items; a dog can be trained to fetch a box of tissues if a person sneezes.

Some people who use the service were supported to attend the organisation's Neuro Hub, which is a meeting place to take part in activities, share a meal and receive treatment such as physiotherapy. Brainy Dogs, rescue dogs that are trained to become companion dogs to people with a brain injury or a neurological condition, visit people at the hub and people told us they enjoyed their visits.

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person said, "I don't need to complain, I just have to mention the problem and it is sorted out." A relative said, "The manager is very easy to get on with. If I have a worry, it's never a complaint, we talk it through."

There was a complaints procedure in place, which was written in a way that was easy for the people to understand. A copy was given to people and it was on display in the service office. The registered manager told us that the policy was explained to people when it was given to them and the topic was covered during key worker meetings with people. This reminded people it was all right to complain and gave them the opportunity to talk about concerns in a safe place with staff they knew. Records showed that complaints were investigated and that the service had used the lessons learnt to improve the experiences of people using the service.

People's care records included information about the choices that people had made regarding their end of life care. The registered manager told us that when people's health started to deteriorate the service would support them to stay at home and to get the healthcare and support they would need through outside agencies, specialist treatment or hospice support for example.

Is the service well-led?

Our findings

The service is well led and we rated this key question as Good. The service was led in a way that consistently focused on ensuring people's hopes and expectations were of at the top of the services' agenda.

The registered manager told us that they had been well supported by their management team, as well by senior staff and the Headway Suffolk board of Trustees. The registered manager, deputy manager and the CEO, who was based in the site office, met every day to discuss operational matters, review the quality of care, to discuss and learn from mistakes to improve the service.

All of the people we spoke with, their relatives and staff made positive comments about the registered manager and the management of the service. One person said, "The manager doesn't only look after us, she looks after the staff, which makes them better carers." One person's relative told us that, "I can honestly say that 'Headway' have been an absolute 'Godsend' to my [relative]. The manager and her team.... have all been absolutely brilliant - all giving that 'little extra bit' to [my relative's] wellbeing."

The registered manager promoted an open culture where people, relatives and staff were asked for their views of the service provided. People and their relatives were invited to complete quality assurance questionnaires, the registered manager assured us that if negative comments were received, the service would address them. Relatives told us that the staff communicated well with them and always updated them if their relative was unwell. One relative said, "I am more than happy with the work and care that [my relative] is receiving from Headway Suffolk and I thoroughly recommend them. I really don't know what [they] would have done without them."

The Headway organisation holds an annual Neuro Conference, that people who used the service are invited to attend and is also open to the public. Speakers included prominent consultants and specialist involved with working with people with acquired brain injuries.

Staff told us that they were supported and had built up a good rapport with the registered manager. One staff member told us, "I feel I am well supported. My manager is very supportive and approachable. We can ring the office for advice during the day and there is an on-call number after normal hours if needed." Another staff member told us, "The management team are approachable and extremely helpful."

The registered manager was honest and transparent; they talked openly about difficulties they had met and shared examples of when things had not gone well and when they had to overcome them. Staff told us that if things go wrong it would be analysed so they could find out why and make changes to help them avoid it happening again. The service had shared information of concern with us and the local safeguarding authority in line with their policies and procedures and these were fully investigated.

When discussing the services' future plans, the registered manager told us that they had recognised the importance of developing links with other agencies and professionals and the challenges in doing this. They said, "We will invest time in this aspect of our service by enabling key staff to go outside of the service to

network with other professionals and to visit other services to share good practice and learn from each other's mistakes."

The minutes of staff meetings showed that they were kept updated with any changes within the service or to people's needs and they were encouraged to share their views and comments to improve the quality of care. For example, during one staff meeting a discussion was initiated about recent changes in the data protection law, which helped to ensure that staff were aware of the changes.

The service worked in partnership with other organisations to make sure they were following current practice and were providing a good quality service. These included the Stroke Association and the Ipswich Dementia Group. The registered manager took part in local forums to share ideas and discuss best practice. For example, the registered manager attended local managers' meetings organised by Suffolk Brokerage, which is a training brokerage, where best practice is discussed and shared.

The management team and the provider assessed the quality of the service through a regular programme of audits, we saw that they were done regularly and were thorough. The quality assurance audits were recorded and kept centrally. This meant that the provider could monitor their performance. These included audits on medicines management, health and safety, care records and the care provided to people. These were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. This contributed to enhancing the quality and safety of the service people received.