

Headway Shropshire

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Inspection report

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Tel: 01743365271

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Headway Shropshire is a domiciliary care agency. It provides personal care and support to people with acquired brain injury, living in their own homes in the community. Some people required only minimal support but most people who received the regulated activity had complex care needs and so required 24-hour care packages. At the time of our inspection ten people were receiving the regulated activity of personal care.

People's experience of using this service:

Although people told us they received good care and support we found several issues that could potentially impact on the quality and safety of the care and support provided.

The provider was not using their auditing and monitoring systems to ensure that the service was providing good quality and safe care. These shortfalls had made people vulnerable to potential harm or abuse. The registered manager had failed to consistently follow safeguarding procedures when people made allegations of abuse. This meant people who used the service were at risk of not being protected from abuse. The risks associated with people's specific health conditions and care needs were not always identified and managed safely.

Staff were not being safely recruiting into their roles. Staff received required core training, however all had not had refresher training to demonstrate their knowledge was up to date and specialist training was not always provided to enable staff to have a better understanding of the people they supported and offer them safe support. Staff did not feel well supported and communication between the registered manager and senior managers was ineffective. Current staffing shortages were impacting on quality as people were being asked to support people inappropriately possibly placing people and staff at risk of harm.

Not everyone who used the service or who was a relative felt listened to. Staff did not feel they had a say in how the service was run and complaints had not always been responded to or well managed.

People's care and support needs were assessed, and people were positive overall about the support they received. People's needs, and preferences were met by staff who, overall, knew them well. Staff worked with, and made referrals to, health professionals when people needed support, or their needs had changed. People received support with eating and drinking and people were currently satisfied with the support they received to manage their medicines, although lack of training had negatively impacted on people. People had opportunities to enjoy activities of their choice and they valued this. People told us they were supported by staff who were kind and respectful. Staff spoke about their roles with compassion and empathy, talking about pride in their work and job satisfaction. Staff worked with health and social care professionals to ensure people's needs were met consistently.

The service met the characteristics of Requires Improvement in all the five areas. Overall, we have rated the

service as Requires Improvement. More information is in the full report.

Rating at last inspection: The service was rated Good at the last inspection (published September 2019). You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Headway on our website at www.cqc.org.uk.

Enforcement: Please see the action we have told the provider to at the end of the end of the report

Why we inspected: This was a planned inspection

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Headway Shropshire

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The service is a domiciliary care agency. People receive a personal care service in their own home. CQC regulates only the care provided. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: Inspection site visit activity was announced and started on 29 May 2019 and finished on 10 June 2019. We visited the office on 30 May 2019 and again on 10 June 2019. We gave 48 hours short notice of the inspection site visit because we wanted to be sure the management team was in the office.

What we did:

We reviewed information we had received about the service since the time of their last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan and inform our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with five people who used the service, and two relatives, to ask about their

experience of the care provided.

We spoke with 19 members of staff. This included support staff, senior staff and office-based staff. We also spoke with the care manager and the nominated individual for the provider, who was also the Chief Executive Officer. The registered manager was not available at the time of our inspection.

We reviewed a range of records. These included extracts from four people's care records. We also looked at four staff recruitment and training files. We looked at records relating to the general management of the agency.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse

- The provider had failed to ensure that safeguarding allegations had been reported and investigated. Allegations had been shared with the registered manager by staff and there was no evidence any action had been taken as a result to keep people safe. This lack of action made people vulnerable to ongoing harm.

This is a breach of Regulation 13, Safeguarding service users from abuse, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The current acting care manager had identified some safeguarding concerns prior to our inspection and others following our visit. They were in the process of taking appropriate action to safeguard people for the future.
- People told us they received safe support, and no one shared any concerns about how they were supported.
- Staff had received training to understand abuse and were confident to recognise and report it.

Assessing risk, safety monitoring and management

- People had risks to their health, safety and wellbeing assessed and documented. Plans were in place to mitigate these risks where possible. However, staff shared examples with us where risk assessments had been ineffective placing people at risk of harm. For example, a person was assessed for support with safe transport, however the safeguards had placed the person at risk of harm. Staff had followed guidance, but the action identified had been inappropriate. We were advised that this had been an isolated incident and therefore future risks were eliminated. The care manager had also identified that some other risk assessments had not been appropriately written and so they were in the process of reviewing them all.

Using medicines safely

- People told us they were supported as required to manage their medicines. However, we were not confident that administration and recording processes had been safe.
- Staff told us they had received training to administer medicines however no one said they were then monitored and observed until they were confident to administer it. Following our inspection, the care manager advised us that they had identified incidents where medication errors had occurred but had not been followed up. They were in the process of addressing these issues and referring them for investigation.
- Some staff were aware of issues where a lack of training in relation to a named medicine meant that people had not received it appropriately. Some staff said a lack of training to administer a named medicine meant the person they supported was restricted as to when they could go out as they had to wait for a

health care professional to visit them.

Learning lessons when things go wrong

- We could not tell if lessons were learnt when things go wrong because there was a lack of appropriate recording and monitoring to review. The provider told us they had not been informed of any occasions when things had gone wrong. Our findings at the time of this inspection showed this was not the case.
- The care manager told us that they had no accident or incident forms to demonstrate changes had been made to people's support to ensure they remained safe after things had gone wrong.
- When we spoke with staff we found that a significant number of staff absence was impacting upon their ability to provide consistency. Staff felt pressured to work extra shifts and were frequently sent to support people they were not familiar with. This was impacting on their confidence to provide safe support. Some staff were being inappropriately sent to support people. For example, a female staff member was sent to cover a shift that was risk assessed to be covered by a male. The provider told us they were recruiting new staff and reviewing suitability of staff for each support package.

This is a breach of Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that staff had supported them to become as independent as possible when administering their medicines. Staff then took on a monitoring role. One person told us, "It works well. They used to give it to me but now I take it myself while they are with me". A relative said, "They will help [person's name] occasionally if/as required. They taught [person's name] how to do it themselves."
- Administration records were seen on a newly implemented electronic recording programme. Safeguards built in to the system meant that staff had to complete administration records before they could close the call. The aim of this is that the number of recording errors and omissions would be reduced.

Staffing and recruitment

- Staff were not being safely recruited. The staff files we looked at did not all contain the evidence to demonstrate safe recruitment in line with the provider's policies and procedures. For example, some staff had no references, some had only one. Some checks to the Disclosure and Barring Service (DBS) had not been made prior to the staff member working unsupported. These shortfalls meant that the provider could not demonstrate staff supporting people were fit to do so.

This is a breach of regulation 19, Fit and proper person employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the care manager reviewed all staff files and identified other staff who did not have appropriate checks in place to demonstrate their safe recruitment. They were working to address this. People spoke positively about staff timekeeping, usually knowing who would be coming to each visit. Nobody we spoke with highlighted any issues around either staffing levels and/or people not turning up.

Preventing and controlling infection

- Everyone we spoke with said that staff used appropriate equipment to prevent the spread of infection. Staff told us how they wore gloves and aprons and senior staff checked that this happened to ensure people's ongoing protection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff felt well trained to carry out their roles effectively. Some staff had not received specific training to effectively offer individualised support to a person they supported. For example, one staff member told us they had been trained to know how to de-escalate a difficult situation in general although they did not know how to do this could be done safely for the person they supported. Information was not specific and so did not provide effective guidance. This could place them at risk of harm. Other staff had requested training for an identified health condition to enable them to better understand a person. They had not received this training and on at least one occasion this lack of specialist knowledge had meant a person had been placed at risk of harm or unsafe care.
- We saw that the registered manager kept a training matrix to identify what training staff had attended and when they required updates. Only mandatory training was recorded so the provider could not easily identify who had completed individualised training. We saw there were big gaps in training for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and some staff told us their training to manage challenging situations was very out of date and non-specific. These shortfalls meant staff may not have up to date skills and experience to safely support people or recognise people's rights to make decisions and choices in line with current legislation.
- Staff told us they had an induction although the process was not well documented. One person told us, "Usually they start with a shadow shift before they start supporting me." Some staff did not feel confident following their induction meaning they could not offer effective support. Some staff told us they were sent to support people they did not know, also meaning they did not have the specialist knowledge to offer effective support.
- Staff told us they loved their jobs and found it very rewarding. Staff spoke highly of the support from team members to help them get to know people well, however staff did not currently feel well supported by senior staff, including management. Most staff said they had received good support from the registered manager but feedback about the current management arrangements including support from the office staff, was very negative. These issues were impacting upon the team meaning that morale was low, and the quality or safety of the support could not be guaranteed. The provider had implemented some changes to staffing and management just prior to our inspection in order to begin to address these issues.

This is a breach of Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt staff had the appropriate skills and knowledge to provide effective support. A relative told us,

"They [staff] are always there if we need help. They [staff] really know what they are doing'.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving a service and people we spoke with felt involved in the process. We saw that initial care and support assessments informed detailed care plans as some people had very complex needs. Most staff told us they felt they had enough information about people to offer effective support although some staff told us information was not easy to find on the new electronic care planning system. Information detailed people's needs and preferences, likes and dislikes.
- People had access to information in different formats and this included large print and pictures to assist communication.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received appropriate support with eating and drinking. Everyone said that staff left them with access to drinks when they left.
- Staff were aware of people's dietary needs. Staff promoted health eating and were aware what foods people with identified health conditions should have and what to avoid.
 - We saw that nutritional risk assessments and dietary summaries were in place to guide staff with food preparation and menu planning.
- One person required a purred diet. A meal plan had been developed for them with the support of a nutritionist. They worked together to evaluate the plan and a positive outcome was achieved because the person's health had improved.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they worked with outside agencies to ensure people's needs and changing circumstances were shared when appropriate. Some health care professionals spoke very positively about effective joint working. One professional told us, "Their communication is excellent always getting back to me or the team promptly via phones calls and/or emails."

Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's health conditions to ensure they could deliver effective care and support. Care plans seen, documented details, although some staff felt these documents were not comprehensive enough given the complexities of some people's health conditions. People required varying levels of support to access health care support. One person told us, 'I can make appointments, but they will work flexibly so someone can come with me as necessary.'

Ensuring consent to care and treatment in line with law and guidance

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We checked whether the service was working within the principles of the MCA . The lack of up to date training in this area meant we could not be sure that staff were.
- People told us they felt consulted in making decisions and that staff always asked for their permission before supporting them. One person told us, "Sometimes I may not feel like taking my medication but they [staff] explain things to me so I understand why it is important and decide to take it." A relative said. "They teach [my relative] to do things for them self so they are more in control."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people felt well treated and supported there had been allegations of potential abuse made and these had not been appropriately followed up on. This meant, that despite the positive feedback, we could not be confident that people were well supported.
- People told us they felt well treated and supported. One person said, "Yes I would say very caring and they are happy to work flexibly." A relative said, "Yes. They go beyond. They are like part of the family."
- Staff were knowledgeable about the people they supported meaning they could offer support how, and when, people liked it.

Supporting people to express their views and be involved in making decisions about their care

- Although people we spoke with were positive about being involved and able to express their views we were also told that some complaints made by relatives had not been listened to. This meant that people were not supported to express their views and thus not be able to affect the care they received.
- People told us staff listened to them when they expressed their views and supported decisions made.
- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
- One person said, "If I ask them not to do something they don't. They listen to me and I don't feel threatened or bullied."
- People felt consulted in how they preferred to be supported. One person told us how they were involved and consulted in making decisions about their care. They told us, "They ask me what I want/think."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted in personal care tasks and in the way, staff spoke with people.
- People were supported to regain and develop their independence. One person said, "They support me to try things, so I can learn for myself." Relatives said that their family members were helped to learn new skills to promote their independence.
- Staff told us how they respected people's privacy and dignity when carrying out personal care tasks and in conversations with us staff were compassionate and empathetic.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant services were not planned or delivered in ways that met people's needs.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place that was easy to follow and readily available to people. People who shared their views with us indicated that they knew who to contact to raise a concern and felt confident to do so. One person said, 'If I get in touch they'll try their best to sort anything out.' A relative told us, "Any contact has been positive and they [office staff] are very helpful."
- Despite the positive feedback we were made aware of several relatives who had raised concerns and complaints, and these had not been actioned or addressed. The care manager was currently reviewing information to resolve issues retrospectively after identifying the shortfalls.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff shared mixed views about the care plans that they worked with. The newly implemented care planning system was comprehensive and well organised. Information seen was very detailed, although some staff felt they didn't know where to find some information. Staff said the records focussed on completing tasks although some said they were encouraged to document choices offered and decisions made. The system showed how people were involved in the delivery of their care although the new planning system required time for staff to become familiar with it.
- People received care that was personalised to meet their identified and assessed needs.
- People believed consistency was important to ensure staff provided a responsive service. One person said, "I've got a fairly small team, so it works pretty well." A relative said, "It's regular carers who have got to really know (and understand) [family member]."
- Staff were knowledgeable about the support needs of the people they regularly supported. This meant they could deliver individualised care that reflected people's likes, preferences and identity. Staff also told us the quality of the service was affected when staff were sent to support people they did not know well.
- People didn't share views with us about activities, but support staff told us how they supported people to enjoy a range of activities. One staff member told us how they had supported someone to achieve a lifelong ambition and the person had thoroughly enjoyed it. Other staff said people were supported to achieve aims and goals as identified in their support plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about procedures and policies were available in easy to read and pictorial formats. Care plans

were held electronically meaning that some people may not be able to access the information contained within them. However, we were told that people could log in to their care plan and access information. Relatives were able to view some information, depending on their assessed level of access.

End of life care and support

- There was no one using the service who required end of life support. We were advised that should anyone require end of life support that staff would liaise with health and social care professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Notifications of incidents, events or changes that happen to the service had not always been sent to us within a reasonable timescale and as required by law.

This is a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Despite some positive feedback we had an overwhelming response from staff to raise issues with management arrangements they considered were impacting on the quality of the service provided. One person who used the service told us communication, at times could be improved and this was shared by all the staff we spoke with.
- The registered manager is currently absent from the service. The provider and the care manager had become aware of recent issues affecting the management and running of the service. They were very open with us about the current challenges facing the service and were able to commit to reviewing processes to ensure people were safe. The provider and the care manager were aware of their duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had auditing processes in place to monitor the quality of the service provided. However, these were not currently been used effectively. The provider told us they relied on the registered manager to share issues and updates. The lack of effective communication and regular auditing meant that issues relating to the safety and the effective running of the service had not been identified or actioned in a timely manner until recently. As a result, people, and staff, had been vulnerable to possible harm. Staff were unclear about current management arrangements and did not always feel supported in their roles.
- Scheduling and management of support visits was an area where staff told us improvement was required to ensure people received safe support and staff were protected from possible harm. Staff shared examples

of how they have been placed in harm's way as a direct result of being asked to cover a shift inappropriately. For example, one person required male support and the scheduler had sent a female. One person required two to one support and for a period of time there was only one person.

- There was evidence that spot checks had been carried out on staff but not followed up, meaning staff were not receiving feedback in relation to their performance and how they could improve. Likewise, quality questionnaires had requested feedback from people who used the service, but the outcomes had not been responded to when suggestions for improvements were made. People had not received feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication was an area where some people who used the service and all of the staff team felt there could be improvement to ensure people were engaged and the service was delivered around people's identity and need. The provider and the care manager had recognised this and were implemented systems to better engage with staff.
- Relatives told us they felt supported in decisions relating to the support their family members received but not in the running of the service. Staff did not feel consulted or listened to. They did not feel able to make suggestions for improvements or change.
- One senior staff member told us how they hosted a carers group monthly to offer support to people who were supporting people with acquired brain injury. Staff told us people valued this support. We did not see any minutes of such events to identify what was discussed or how information was cascaded to people following the events.

These issues constitute a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Continuous learning and improving care

- We saw how the service had recently implemented a computerised care recording system that had led to information being more readily available and being current as changes could be updated as they happened. Staff shared mixed views about this system, with most suggesting they needed time to become familiar with it, for some support when getting used to it and for more detail to be added. There was evidence that the creator of the system had taken on board some staff suggestions to make information more accessible. For example, staff had said they could not readily access policies and procedures kept at the office. The system was adapted to now have full access to these and other documents.
- Staff told us that team meetings no longer took place regularly and this meant they did not have a group forum to discuss practice and thus improve care. The provider was reintroducing meetings after being made aware of this prior to the inspection.

Working in partnership with others

- Some feedback from social care professionals had not been positive suggesting that joint working was not currently having positive outcomes. Some professional questioned decisions made by the provider that negatively impacted on people being supported. Other professionals however shared positive feedback. One professional told us, "I have always been very impressed with the service over the years I have been working with them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always safely identified, managed and reduced to ensure peoples ongoing safety</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered manager had failed to identify and respond appropriately to allegations of unsafe or abusive practice leaving people vulnerable to harm</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Proper checks to the suitability of persons employed were not being appropriately carried out meaning staff appointed may not be suitable to work with vulnerable people</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were at risk of their needs not being met because there were insufficient staff provided and at times staff were not present in the home.</p> <p>Staff did not always have the relevant skills to meet people's care needs safely. New staff</p>

were not supported in their role which, placed people at risk of inadequate care and support.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have monitoring and auditing systems in place to ensure the safe and effective running of the service.

The enforcement action we took:

We served a warning notice against this breach.