

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Headway Shropshire

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, SY3 5HJ

Tel: 01743365271

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2012

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Cooperating with other providers** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Complaints** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

## Details about this location

Registered Provider	Headway Shropshire
Registered Manager	Mrs. Jean Robinson
Overview of the service	Headway provides personal care and support to people who live in their own homes. People who use the service have an acquired brain injury.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 September 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We spoke with the manager and four members of staff. We also spoke with three people who used the service and one relative.

People were satisfied with the care and support they received from Headway. They were involved and consulted in the way care was given and reviewed. People were supported to retain their independence as much as possible. Staff were described as "very helpful".

Care plans contained clear guidance for staff on people's needs and how these should be met. This was done in a way that reflected people's individuality and preferences.

People were protected from the risk of abuse because staff were trained to recognise and report any concerns.

The agency supplied people with information about how to raise any concerns and complaints in the service user guide.

Systems were in place to make sure that checks were made when new staff started working at the agency to make sure that they were suitable.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People told us that they were treated with respect by staff when they were provided with support. They said that they were offered choices about what support was offered and the way it was given. People were supported in promoting their independence and community involvement.

A relative told us that staff were always polite and courteous.

The manager told us that a copy of the service user guide and the statement of purpose had been given to everyone when they started using the service. These told people what services the agency provided and included details of the agencies commitment to offering a service that recognised equality and diversity issues. They made clear that people were seen as individuals and their lifestyle choices and preferences would be respected.

People who used the service were given appropriate information and support regarding their care or treatment. Records showed that people were involved as far as possible in planning how their care and support was given. Plans were reviewed if necessary to fit in with people's preferences. Examples of where this had been taken into account included trying to provide staff of the same gender as the person.

Training records supplied by the home showed that all but one member of staff had completed training in equality and diversity. Staff told us that they were aware of the importance of seeing people as individuals and respecting their lifestyle choices.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People told us that they were very satisfied with the support provided by Headway. People said that they had a copy of their care records and could look at them at any time. They were involved in planning and reviewing their care. People said that staff always turned up when they were supposed to and always let them know if they were going to be late. They told us that staff checked the care plans when they arrived and always wrote down what they had done during the visit.

Staff confirmed that they read the care plans for all the people they supported. They said that any changes were passed to the care coordinator and records were reviewed and updated whenever necessary. Staff were knowledgeable about people's needs. Systems were in place for staff to read care plans before they started working with people.

The manager told us that the care coordinator visited people in their own home and did an assessment of their needs to see if Headway could offer the right support. Assessments included the views of people and how they wanted support to be given.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of three people who were supported by Headway. They contained a copy of the pre service assessment, care plans, risk assessment and reviews. For people funded by social services copies of their assessments were also on file. We saw that care plans recorded people's needs and how these were to be met by staff. Risk assessments were detailed and both records were updated if there were any changes.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

The manager told us that some people were supported by the agency and other people such as healthcare professionals. The care plans looked at recorded who was responsible for arranging and supporting people with medical and healthcare appointments.

The manager told us that a copy of the care plan was in each person's own home and that with the person's permission, this was sent with them if they were admitted to hospital.

Staff told us that they had good working relationships with health and medical professionals and that everyone worked together in the best interests of the person using the service.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People we spoke with were all able to raise concerns and were confident they would be listened to. They were all positive about the staff and said that they felt safe with them. One person described the staff that supported them as "wonderful" and "great".

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The manager told us that they had a copy of the locally agreed multi agency policies and procedures and a copy of the Departments of Health's document 'No Secrets'. These set out what abuse could be and how to report it should it happen.

Training records supplied by the agency showed that all the staff and the manager had completed training in how to keep people in their care safe. All the staff spoken with confirmed that they had completed training and were aware of their responsibility to keep people in their care safe.

The agency had a whistle blowing policy that all staff were aware of. The provider may find it useful to note that not all staff knew the contact details of external agencies that could be contacted if any concerns raised had not been addressed.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People told us that they had no complaints about the service provided. They all said that they could raise any concerns or complaints with the staff or manager. People were confident that they would be listened to and taken seriously.

The agency had a complaints policy and procedure which included the timescales within which any complaint would be investigated. Details of this were included in the service user guide which was given to everyone who uses the service. The guide also included the contact details of other agencies including social services, which people could contact if they were not satisfied with the agency's response.

People were given support by the provider to make a comment or complaint where they needed assistance. The service user guide explaining this was available in large print and languages other than English so that it was accessible to people.

The manager told us that the service had not received any complaints but that if they did, they would be recorded and investigated.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. Records contained an application form, proof of identification and references. The manager told us that they were aware that sometimes two references had not been sought for all new staff. Systems had been put in place to address this and the files of the two latest staff to be recruited both contained all the necessary checks.

Staff told us that they had completed an application form and attended for interview before they started work. They told us that they had completed an induction and worked with experienced members of staff before working on their own.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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