

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	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 29 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with seven people who used the service. They all shared very positive experiences about the care and support they received. They told us they received a "friendly" and "reliable" service. Comments included, "They are very caring and give a good quality service" and, "I can't fault them, I think they are great".

People were involved in assessing, planning and reviewing their care and support. They told us that they were "very happy" with the standard of care and support they received. We saw the service was responsive to changes in people's needs and circumstances. There were enough staff employed to ensure people received a safe and reliable service. People told us they were informed in advance of the times and names of the support workers who were visiting them. One person said, "I like the same staff as it takes a long time to get to know them".

Staff received a range of training to give them the skills and knowledge to keep people safe and meet their specific needs. Most support workers told us they felt supported in their work. One support worker told us, "I absolutely love my job and definitely gain job satisfaction". Another told us, "We enable people to get their life back on track. I love it".

We found the provider had systems in place to gain people's views and assess and monitor the quality of service that people received.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

Everyone we spoke with told us they were "very happy" with the support they received from the service. They felt the staff knew them well and met their needs.

Managers told us the ethos of the service was about enablement and support in order to move people on and improve their quality of life and reduce dependency. This was reflected in discussions held with people who used the service and staff we spoke with. Staff spoke passionately about their work and about promoting people's independence, confidence and self-worth. They very much saw people as individuals and spoke about providing support to people rather than caring and 'doing' for them.

Managers told us about the referral, assessment and care planning process. They told us people were fully involved in the process which was reflected in discussions we held with people and the support records we looked at. We saw that an assessment of need had been undertaken by the service or obtained from the funding authority. This ensured the agency were able to meet people's individual needs.

The support workers we spoke with considered they had sufficient information to effectively work with the people they supported. They told us they were confident the service met people's needs.

We looked at the care and support three people received in detail. Support plans were signed by the person and the manager and reviewed with the person and key people involved in their support. They included short and long term goals centred on promoting people's independence and empowering them. Managers shared an example of how they had worked with health professionals and made lots of changes to accommodate one person's changing needs.

We found most support plans were updated as people's needs changed. The provider may wish to note that one of the support plans we reviewed had not been updated to

reflect changes in the person's health needs. However, we saw staff had been emailed with the information and staff spoken with were aware of the changes and demonstrated a clear understanding of people's needs. The registered manager fully acknowledged that support plans needed to be working documents and updated as people's needs changed.

People were asked if they had any particular support needs each day. This showed the service was flexible to each person's particular needs. We saw support workers wrote clear descriptions about the support they provided at each visit. These reports were returned to the office on a regular basis. This meant that managers could confirm that the care and support of the person had been delivered in line with their support plan.

People received a safe and reliable service. We saw that risks had been identified and plans put in place to manage the risks. These included environmental, mobility, medication, verbal aggression and financial risks.

People told us that staff treated them with respect. People who required support with their personal care told us staff always ensured curtains were pulled to and doors closed. This showed staff promoted people's privacy and dignity. One person told us, "The staff are brilliant, they know me well and help me a lot". People told us their support workers arrived on time and said they were kept informed if they were running late.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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People told us they were sent a rota each week detailing the times of their visits and the staff supporting them. One person told us, "I know whose coming. The staff are good, they've never been late". Another person told us they had difficulty understanding the times on the rota. We advised the registered manager of this and they told us they would amend the rota for the person to make it easier for the person to understand.

We saw people had been asked what support they required over the forthcoming festive period. We saw people were able to 'bank' their support hours if required in agreement with managers. This meant people received their support at times to suit them.

People considered there were enough staff employed to meet their needs. They told us they received a reliable service. We saw staff were flexible to accommodate people's needs for example supporting people to attend health appointments.

At the time of our inspection there was a registered manager employed, a care co-ordinator, an admin assistant and 11 support workers for 25 people using the service. Managers told us four new staff had recently been employed to accommodate new contracts gained. They told us the service currently had two staff vacancies. New staff were employed on a six month temporary contract which was made permanent based on a successful probationary period. This ensured they had the right person for the job.

We were told people had experienced changes in staffing and management. One person told us, "There has been a high turnover of staff; staff retention seems to be a problem". There had also been some staff sickness. We saw the service were able to cover absence, training and holidays. On the morning of our inspection a support worker had called in sick. Cover was arranged and the person was informed of the change in support worker and hours.

Most of the staff we spoke with told us they had sufficient time to carry out the support and tasks required of them. They told us if they identified a person required additional time they raised it with managers and it was acted on.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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People told us they found staff "professional" and "reliable". They considered staff knew them well. Comments included, "The staff are good". "Staff are very respectful and caring and I feel comfortable with them". "I get on well with them all" and, "The staff are competent, they're great".

We saw new staff received an induction to their work. This included working alongside experienced support workers until they felt competent and confident to work unsupervised. One support worker told us, "I did lots of shadowing so felt really comfortable when I started". We found evidence of this on the care records we sampled. We saw their induction covered a variety of training to include the principles of care, the organisation and role of the worker, equality and diversity, abuse awareness and maintaining safety at work. This demonstrated staff received the training and support they needed to carry out their work effectively and safely.

Staff received appropriate professional development and all but one had obtained a professionally recognised care qualification or enrolled to start their award. The registered manager told us, "If a member of staff had a specific interest in doing something they can come and talk to us and we'd see if it's relevant and beneficial to the job". They told us training was funded and staff were paid for attending training. This was confirmed in discussions held with support workers.

Support workers told us they received good training opportunities. They told us they had received essential training to keep people safe in addition to training specific to meeting people's individual needs. For example, acquired brain injury, epilepsy, stroke awareness, self-harm, challenging behaviour and understanding mood and bipolar disorder. This was reflected in the training records and certificates we saw on staff files. This meant that staff were provided with training that assisted them in their role in order to ensure the safe delivery of care and support to people. The registered manager told us, "We are proud that we specialise in acquired brain injury and staff feel secure and knowledgeable in that specific injury".

Most of the support workers we spoke with told us they were supported in their work. One

person said, "Morale is brilliant, we're a lovely team". We saw staff had the opportunity to meet on an individual and group basis through one to one meetings, team meetings and appraisals. Although some staff spoken with felt they would like more opportunity to meet as a team, particularly given the staff changes. Comments included, "We need more opportunities to gel as a team" and "We don't get to see each other as much but I know people are there if I need support". One person considered communication could be improved. Some staff raised concerns with us about the change in management and leadership of the service.

We saw training was discussed as part of supervision and team meetings. This meant that staff had opportunities to receive feedback about their performance and to discuss their training needs. The care co-ordinator had recently attended training in supervision and had introduced a new detailed format for recording discussions held. The registered manager told us they were looking to formalise spot checks on staff in the near future as part of the quality assurance process.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

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### Reasons for our judgement

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People spoke positively about the quality of service they received. They told us they felt listened to and staff acted on what they said. One person told us, "I didn't like one of my support workers so told the office and it was changed". Another person told us the service was, "Faultless".

We saw people were asked for their views about the care and support they received. People were sent a survey to complete twice a year. Comments in the surveys returned this year were mainly positive. We saw people were also asked their views during their care reviews. This showed that the agency had a range of methods in place to seek people's views about the service and ensure the service was fully meeting their needs. One person told us, "I get a quality service". Managers told us they had been unsuccessful in obtaining views from professionals and shared reasons for this with us.

We saw the service had received a number of thank you cards from relatives of people who were currently using the service or had used the service. Comments included, "Thank you so much for all you did" and, "I am very pleased with the way things are going at the moment". Carers groups were held monthly to provide support for people in addition to social events.

Staff told us managers welcomed suggestions for improvement. One member of staff told us, "You can only get better". The majority of the people we spoke with were unable to identify areas for improvement. One person told us, "Change isn't always needed. The people we support need routine otherwise it can be detrimental to their health and well-being. It needs to be their choice rather than other peoples".

The agency had systems in place for monitoring complaints. We were told no complaints had been received since the last inspection. The registered manager advised us that complaints and compliments were shared with the Board of Trustees on a monthly basis in addition to feedback gained from surveys. The manager also completed a detailed report about the service for the Board. We saw results of surveys were also made available to

people in Newsletters that were regularly published. Newsletters also included events, items of interest and people's stories.

We were shown the telephone log system that had been introduced to independently monitor times support workers arrived and left each call. Managers advised that there had been no missed calls. This showed people received consistent care and support.

We were told care records and training records were in the process of being audited to ensure they were all up to date given the change in staffing and management.

Staff received training in relation to health and safety. We saw that risk assessments had been undertaken and incidents were recorded. This meant that the service had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

## 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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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