

# Headway Birmingham & Solihull Leighton House

## 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

About the service: Leighton House provides personal care within people's homes and when they access the community, to ten adults who have an acquired brain injury.

People's experience of using this service: People and staff were complimentary of the service. People were asked for feedback on their experience of the service through surveys and telephone calls. Staff felt supported, listened to and able to contribute to the running of the service. A number of quality audits were in place and the provider and the registered manager had plans in place to drive improvement in the service.

Staff were professional and competent; people and relatives said the service was safe. Staff demonstrated a good awareness of each person's safety and how to minimise risks for them.

Staffing arrangements were consistent and reliable.

Staffing levels were safe, and people and relatives told us they received consistent support from the same carers.

Staff were recruited safely and the appropriate pre-employment checks were in place.

Staff were given an induction and training suitable to their job role. Staff told us they were given time to get to know people as part of their induction. People and relatives felt this was good practice as staff got to know the people they were supporting on a personal level.

People's calls were on time or staff called if they were going to be late. The provider monitored care staff attendance at calls using electronic call monitoring.

The provider arranged training for staff that met the needs of people using the service. They were assessed for their competency which helped to ensure they were safe to work with people.

The service worked in line with the Mental Capacity Act 2005 and staff had a clear understanding of how to support people with fluctuating capacity and giving support with decision making.

Feedback from relatives and staff was that the service was well-led. They told us the management team was always available to speak with.

People told us they would feel confident to raise any complaints they might have. We saw complaints were identified, investigated and used to improve the service.

Rating at last inspection: The service was last rated as Good (2 February 2016)

Why we inspected: This was a planned inspection.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Leighton House

## 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:** This inspection was carried out by one adult social care inspector.

**Service and service type:** Leighton House is a domiciliary care agency. It provides personal care to people living in their own homes and when accessing the community. Not everyone using Leighton House received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 10 people were receiving personal care.

**Notice of inspection:** We gave the service 48 hours notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

**Inspection site visit activity** started on 18 March 2019 and ended on 19 March 2019. We visited the office location on 18 March 2019 to see the registered manager and to review care records and policies and procedures. We made calls to people using the service and relatives on 19 March 2019.

**What we did:** We reviewed information we had received about the service, this included details about incidents the provider must notify us about, such as a serious injury, for example; and we sought feedback from the local authority and a professional who worked with the service. We contacted the local authority safeguarding and commissioning teams to gather information about the service. They raised no concerns about the care and support people received from Leighton House. We used all this information to plan our inspection.

During our inspection we spoke with five members of care staff, one person using the service, and two

relatives.

We reviewed a range of records. This included care records, information relating to staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People/relatives told us they felt safe. Comments included; "Staff help [name] do things that potentially wouldn't be safe otherwise. So yes, that is helpful" and "I have peace of mind knowing the carers are attending."
- Staff told us that they had effective safeguarding training and could explain the safeguarding processes in detail.
- Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "The management team are very receptive to any issues that I have raised, I believe if I pass things on they would be looked into."
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People's needs and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments were carried out in several areas. For example; nutrition, mobility and the environment. The risk level and actions to reduce the risk were clearly documented.
- Risks to people were regularly assessed and safely managed.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough care staff to meet the needs of people and to deliver the service safely.
- All staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely

- Risk assessments relating to medicines were carried out where people needed support from care staff.
- Medicines were stored securely in people's homes when this was necessary.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.
- Risks around medicines were assessed and formed part of the person's care plans.
- Records showed that medication was administered as prescribed and MARS were audited by the registered manager monthly to help ensure medicines were given safely.

#### Preventing and controlling infection

- Staff had completed infection control training.
- Spot check visits were completed by the manager to ensure care staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.
- Staff told us they had access to PPE.

#### Learning lessons when things go wrong

- The provider showed us a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.
- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff working together to provide consistent, effective, timely care

- People, relatives and staff told us that there was continuity of care. People had visits from regular care staff.
- Care plans were regularly updated and audited by managers to ensure that changes in need were documented.
- Staff communicated effectively with each other. Staff told us the methods they used to communicate included email, text message and through the staff management system.
- People/relatives told us; "Care staff are consistent and reliable, on time and polite."

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

- People's needs were assessed before the service began to provide support and people confirmed this. This included their physical, social and emotional support needs.
- Staff confirmed they received information about people new to the service and were always introduced to the person by a manager before they delivered care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- Staff applied learning effectively in line with best practice, which led to effective outcomes for people and supported a good quality of life.
- The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted information to meet people's needs, for example information about the service had been produced in large print for one person who used the service.

Staff support: induction, training, skills and experience

- Staff received adequate training, support and induction to enable them to meet people's needs. Specialist training included; brain injury training, violence and aggression, epilepsy, communication, working with the brain injured person, sex and sexuality, cognitive rehabilitation, insight and psychological adjustment, emotional adjustments and coping after brain injury.
- One staff member we spoke with told us they felt they had received adequate training to meet the needs of the people they were supporting, they said, "The training on induction equipped me with the information I needed to carry out my role."
- People using the service felt staff were competent. One person we spoke with told us they had confidence

in all the staff. They said, "All the carers seem to know what they are doing, they are quite specialised I think."

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

- People told us they were supported appropriately with eating and drinking.
- We saw people's preferences and requirements were recorded within people's files.
- Where required staff monitored and recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.
- People's risk assessments considered whether there were any risks in relation to eating and drinking. For example, one care plan recognised the risks around swallowing and guidance was in place for staff to follow.

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

- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information on to relatives and managers. Alternatively, staff assisted the person to call for support themselves.
- Relatives told us that staff effectively identified any health concerns and ensured the correct professional was contacted 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 particular 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that care files contained details about people's capacity to make decisions.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment where possible.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff told us that if they had any concerns about decision making they would pass this on to the management team.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us care staff were very caring. Comments included; "The team are very good, very caring"; "The care staff are good, consistently caring and happily do anything I ask of them" and "Very happy with the care and support."
- Staff told us they used care plans to find out about people to get to know the person and build positive relations with them. A staff member told us, "I look at their care plans on each visit to see if anything has changed and stay up to date."
- Staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences.
- The management team planned to ensure all care staff received training in equality, diversity and inclusion.

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

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- Care plans were reviewed regularly and as and when a person's needs changed. The person and relatives were involved in reviews of their care plan if this was required.
- None of the people who used the service at the time of our inspection had an advocate, but the provider explained they would share information about local advocacy organisations, with anyone who they felt may benefit from independent support with decision making.
- People and relatives felt involved in their care and told us they could express their views. One person told us, "I am involved in planning, I have worked alongside the carers to tell them how I want my care to be delivered." Staff told us they were led by the person and that no day was the same. If the person wanted a rest, they would do other jobs or sit and chat to them. If the person needed their care times to be changed to fit around an appointment, people/relatives told us the service was flexible and worked around the appointment.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were attentive, kind and caring. Staff had a good understanding of people's needs and wishes. Staff ensured people's privacy and dignity.
- Consideration to privacy and dignity was embedded throughout each care plan we saw.
- Staff could describe to us in detail how they supported people with personal care and ensured the curtains were closed and people remained covered up to support their dignity.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- The provider developed a care plan for each person, which contained sections about different aspects of their care. Care plans were very detailed, for example, one person's plan explained exactly how they preferred to be supported with personal care and what they preferred to do for themselves.
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person/relative told us, "Staff know me well and know how I prefer things. This is important as I don't like to keep telling people every day."
- Care plans included people's personal information, people's routines and support needs. They were up to date and reviews took place regularly with people. A staff member told us, "Care plans contain just the right amount of information so I know how to support people, if something changes I let the office know and they update the paperwork."
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community. Staff supported people to go cycling, swimming, shopping and many more activities.
- Care files contained information on people's life history. This provided a platform to support genuine engagement with people.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Complaints were handled in the correct way and a response was sent in a timely manner.
- A complaints register was in place that included details of the complaint and action taken, which provided oversight to the management team.
- Staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated.
- People and relatives told us they knew how to raise complaints. One person/relative told us, "If I have a problem I just ring the office and speak to [Name of client supervisor], I know they will do their best to sort things out for me."

End of life care and support

- The service was not currently supported anyone coming to the end of their lives. However, the management team assured us that they would continue to support people if they were able to meet their needs and would provide specialist training for staff as required.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post. 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.
- There was a positive culture where staff and management took pride in the care and support that they provided. A person/relative said, "The management team are accessible and try to sort out any issues."
- The management team worked well together to ensure the day to day running of the service, clear contingencies were in place to cover absences.
- People's confidential information was kept secure at the office base.
- The registered manager was aware of their responsibility to report events to the CQC by the submission of statutory notifications.

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

- The management team had clear values and vision for the service. The mission of the service was to 'promote understanding of all aspects of brain injury and to provide information support and services to people with brain injury, their family and carers'. These values were shared by care staff. One care staff member told us, "When someone acquires a brain injury it is a challenging time for people and those close to them. I feel proud to be part of this team that can make things a little easier to them to cope with."
- Staff were positive about their workplace and complimentary about the support they received from the management team.

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

- Staff were seen to be engaged and involved. Staff groups met frequently and the management team met with staff regularly to support them in their role. A staff member told us, "I feel well supported, the management team are really approachable and I have regular one to one sessions with my manager. Staff are always welcome to call in the office when they are passing or have a question."
- Headway released a quarterly newsletter that included the latest news, events and fundraising updates.
- The registered manager told us how important it was to have meaningful relationships with people's families. They said, "We include families as much as possible with the consent of the person using the service."

#### Continuous learning and improving care

- Visits were carried out on people's homes by the management team which enabled them to obtain feedback from people and check the environment, equipment's, medicine management and safety.
- Spot checks were carried out to check staff performance on service delivery and approach when supporting people. Outcomes of spot checks were discussed with staff along with further learning and development.
- This meant that there were systems in place to ensure there was a culture of continuous learning and people received effective care at all times.

#### Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.