

Headway Suffolk Ltd

# Headway Suffolk

## Inspection report

8 Epsilon Terrace, West Road  
Ipswich  
IP3 9FJ

Tel: 01473712225

Website: [www.headwaysuffolk.org.uk](http://www.headwaysuffolk.org.uk)

Date of inspection visit:

29 July 2022

01 August 2022

09 August 2022

Date of publication:

23 September 2022

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Headway Suffolk is a domiciliary care agency which provides personal care to adults living in their own homes. Affiliated with the agency is a community hub located at the premises, which provides a range of services to people and their families affected by a brain injury and living with neurological conditions. This includes support groups, tailored activities, access to resources, assistance with life skills and with recovery and rehabilitation. There were 16 people being supported with the regulated activity of personal care at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People and their relatives were extremely complimentary about their experience of Headway Suffolk and would recommend the service. Passionate and committed staff led by a dynamic leadership team worked in partnership with people, relatives and other professionals to achieve person-centred care and high quality outcomes for people.

Staff frequently went the extra mile to ensure people received tailored care and support in line with their wishes, promoting their independence and wellbeing. The impact of this was meaningful and underpinned people being fully respected, valued and at the heart of their care.

Staff protected people from being discriminated against, appreciating and championing diversity and ensuring people's privacy and dignity.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people had been assessed and were managed safely. People were supported by a staff team who were safely recruited, trained and knew how to protect them from potential harm.

Staff felt supported and valued in their role by the management team, morale was high and there were enough staff to meet people's needs. People received their care visits at the times they expected, for the length of time agreed, and from staff they knew and had formed positive relationships with.

People received their medication as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's care records were re-assessed regularly and guided staff on how to assist people safely and encourage and promote their independence.

People and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed.

Effective systems to monitor the quality and safety of the service were in place.

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

#### Rating at last inspection

The last rating for the service at the previous premises was Good, published on 13 September 2018.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Headway Suffolk on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This service was registered with us on 21 April 2020 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was exceptionally caring.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> the service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was exceptionally well led.	<b>Outstanding</b> ☆

# Headway Suffolk

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2022 and ended on 9 August 2022. We visited the location's office on 29th July 2022 and 1 August 2022 to meet with people who used the service. Telephone calls were made offsite to relatives and staff. We had a face to face meeting via Teams with management on 9 August 2022 when we gave feedback.

#### What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. The registered manager was not present during the inspection. We spoke with five staff, the provider's nominated individual and another manager involved with the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received electronic feedback from six members of staff, one person who used the service, a relative and two professionals who work with the service.

We reviewed a range of records. This included three people's care and medication records, staff records in relation to recruitment, training and supervision and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and at ease when they received their care. One person said about the staff, "I feel safe, well protected and comfortable with them, they treat me very well."
- Relatives shared several examples of when the staff had taken appropriate action to keep their family member safe from harm, for example liaising with relevant healthcare professionals if they had concerns. One relative shared, "The carers are so in tune with [family member] they notice any changes, even slight ones and if they are worried, they will ring the doctor for advice and keep me updated. They are invaluable like that; always making sure [family member] is happy and safe."
- Staff had received safeguarding training. They knew how to identify and report potential abuse and how to support people, if this occurred. Staff were confident if they raised any concerns they would be dealt with appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and relatives were positive about the way the service balanced meeting people's individual needs alongside their safety. One person said, "I can get very anxious, when it's really bad I won't want to go out and can go into myself. The pandemic really affected me, I felt scared all the time, of everything and everyone. It wasn't safe. My carers were fantastic, really patient and kind. We talked it through, they reassured me, encouraged me and supported me to get out and about. They didn't push me, we went slowly. They understood, we started with small things, little steps and now with their help I am out and about most days."
- There were detailed records of people's care and support. This included individual risk assessments, which guided staff on how the specific risks in people's daily lives were assessed and mitigated. These were kept under review and updated where required.
- A system was in place for accidents and incidents to be recorded and analysed by management for any themes and trends. This meant that lessons could be learnt, and the risk of reoccurrence minimised.

Staffing and recruitment

- People received their care calls from staff they knew, and at the allocated time and agreed duration. One person said, "I get regular carers that come, we have a good routine going, it works well. They come on time if there is a hold up, a problem with traffic they ring and let me know." Another person shared, "They are brilliant, I have a regular team of carers a mixture (of personalities); they are all good." A relative shared, "We have a rota with the names and times of the carers that are due to come. Communication has got better when changes occur. The office let you know. There was a time during COVID when there was lots of changes due to staff sickness and communication was affected."
- Staff and the management team worked hard to ensure that people received their care visits as planned.

At the time of the inspection there had been no reported missed care visits since the service started operating.

- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

#### Using medicines safely

- Where people were supported with their medicines this was done safely.
- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

#### Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice in their homes and wore personal protective equipment (PPE). One person said the staff, "Always wear a mask, washes their hands, wears gloves and regularly changes their aprons and gloves."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a regular testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.
- All visitors to the office and the community hub (where a range of activities took place) received a welcome tote bag on arrival which contained for their personal use antibacterial hand gel, face mask and toilet roll to minimise the risk of infection and transmission.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team carried out an assessment of people's requirements before they began to use the service to ensure that they were able to meet the person's individual needs. The assessment included people's physical, cognitive, wellbeing and social needs.
- People's care and support needs were assessed, planned and delivered in line with recognised best practice and current legislation.
- Records were regularly reviewed and updated as people's needs changed and consistently reflected that people were involved in their ongoing planning and development.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent, knowledgeable and familiar with using specialist moving and handling equipment which gave them reassurance.
- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member shared, "The training is very specific and thorough. We cover the essential areas that you need to do your job safely and well. We also learn about different brain injuries and neurological conditions and the impact this has on people as well as their families. This is really helpful in developing our understanding of people's unique circumstances and of different approaches to use to safely care and support them."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that form part of a robust induction programme.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care made available. A member of staff commented, "This is a good company to work for. Headway Suffolk value and invest in their staff. We have regular supervisions, team meetings and there is a lot of training available. The management and my colleagues are always on hand if I have any questions or need some help. It is a very supportive workplace."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs.
- People were supported to access health care appointments and timely referrals for advice were made to ensure people received appropriate support and treatment.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The management team understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person shared, "The carers always ask me what I need, what do I want, would I prefer this or that? They never take me for granted and I appreciate that more than I can say." A relative commented, "I have heard the carers asking permission checking first with [family member] before giving personal care."
- People's care records documented that staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People shared examples of the exceptional care and support they received and of the positive relationships they had with the staff. They told us they felt 'seen and heard' by all the staff. This also included the drivers who supported people to attend the community hub (linked to the service), and to be involved in a range of activities and attend appointments. One person said, "All the Headway Suffolk staff see past my disability, they give me the confidence to try things and to not give up. If I am having a bad day it makes no difference to them, they don't judge, they cheer me up and get me going again." Another person said, "The staff have become my friends."
- Another person shared the positive impact of the outstanding care and support they received by the staff, "I wouldn't be here without Headway Suffolk, I really wouldn't. It [life] can all get a bit too much sometimes. But they are a constant in my life and everything to me. I would not have the strength and determination to keep going without them; they keep me going, they are ALL heroes, truly amazing, love them from the drivers to my carers they mean so much to me."
- People's relatives praised the positive and enabling approach of the staff towards their family members. One relative said, "The carers are very kind, attentive and compassionate towards [family member]. They have formed such a lovely relationship; it's very tangible, you can see it on [family member's face], how much they look forward to them coming, it's the highlights of their day." Another relative told us, "The carers are very intuitive, know [family member] so well; know what makes them tick and how to get the best out of them."
- People were respected and equal partners in their care arrangements. They were involved as much as they wanted to be in shaping their goals and outcomes. One person told us, "I make choices about my daily care and support all the time; never been an issue. My carers act on my instructions. I have a [care] plan of what my needs are, what I like and what I don't like. This was agreed from the start and is really important to me. I have been with several care agencies over the years and always had to fit in with them. Headway Suffolk are by far the best; they listened to me and try to accommodate me as much as they can." A relative shared, "There have been [care plan] reviews to check everything is okay and if any tweaks might be needed. Both [family member] and I have been involved and our input is fully considered. We couldn't ask for anything more. We are very very happy."
- Staff were skilled at recognising and aiding people including their families and support networks when they may need additional help and emotional support within their daily lives. For example, signposting them to advocates for independent advice and other stakeholders that could be of assistance. One person shared how staff had sensitively encouraged them to speak with a bereavement counsellor and how this had

helped them with coping with their loss.

- People's protected characteristics in relation to their equality and diversity needs such as age, disability and religion were considered as part of the ongoing assessment and care planning process and reflected in their care records.

Respecting and promoting people's privacy, dignity and independence

- People praised the service and the meaningful impact it had on their lives. One person told us, "My carers are all brilliant, they treat me with dignity and respect, all very obliging, everything possible, they will do."
- People were supported by staff to maintain and increase their independence wherever possible. One person described how they had developed a good rapport with a member of staff whose continuous support and encouragement, 'makes me more independent and happier'. They shared how this had increased their confidence and contributed towards them being less 'reliant' on others and being 'more in control of my life.'
- Relatives commended the approach of staff and said they consistently treated people with respect. One relative shared, "The carers are very good, very dignified towards [family member]."
- Staff proactively enabled people to develop their life skills and independence through an 'eat well' cookery club. Sensitively taking into account the impact of neurological conditions and brain injuries, this initiative of making healthy nutritional meals from scratch, using microwaves and slow cookers was both creative and practical. The risk of people using gas appliances and forgetting to turn them off was reduced and what was learnt could be applied in their homes.
- Care records were clear what people could do for themselves and where assistance was needed. Staff used language that was enabling, person centred and respected people.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individual and person centred care. Care records took account of people's personal preferences and needs.
- Several relatives shared examples of how staff were skilled in supporting their family member when they were experiencing distress, inferring a need, expressing feelings or an emotional reaction that they could not always verbalise. They described how staff, were alert and able to respond quickly to changes in an individual's mood, communication and behaviours, using proactive techniques such as changing the environment or diverting the person's attention to an activity they enjoyed, which calmed the situation and reassured the person.
- Where required people had a specific behaviour support plans in place. This was an agreed protocol that provided key information to staff regarding a person's initial signs of distress, frustration and the actions to take to safely support them, mitigate risk and enable them to lead a more independent life. A member of staff said, "Sometimes a person's brain injury/condition/disability makes them get upset and frustrated, especially when they can't do something, they could rely on doing before. We support them with new life skills, a different approach and coping techniques to help them manage and achieve their goals."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Through the facilities provided at the community hub people had the opportunity to participate in a range of activities that met their needs and preferences, aided their recovery and rehabilitation and improved their life skills. This included sports, cognitive games, cooking, allotment, arts and crafts and fishing.
- The management team understood the importance of forming positive relationships to reduce the risk of social isolation and of people becoming withdrawn. There were several support groups including a well-attended dementia group where people living with the condition had developed and maintained friendships.
- To further assist people to develop and maintain relationships that were important to them, promote their independence, access the community and feel safe in doing so, people were given a Headway Suffolk identification card they could carry on their person. This explained how their brain injury/neurological condition affected them and had assistance numbers including free legal advice that could be contacted in the event of an emergency. One person shared how this had made them feel more confident and empowered to go out. They said, "I used to be very active, always out and about but then I became scared to go out on my own, leave my house, worried about what might happen and when [pandemic] happened it got worse. I stopped going out. The support from my carers and having this card has increased my freedom

and confidence."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team were aware of their responsibilities under the AIS. People's care records were accessible, containing information about their ways of communicating and their preferred methods. This included staff using pictures, easy read, sign language and photographs where appropriate to convey information to help people understand.
- The management shared that any information could be provided in other languages or in alternative formats such as audio recordings and braille should these be required.
- Throughout the service there were easy read and pictorial information for people on a range of subjects. From health and safety information including COVID 19, to safeguarding and how to complain if they were not happy with the service. There was also clear signage and accessible information on the range of planned activities taking place in the community hub as well as the resources people could access.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak with if they had any concerns and were confident their complaints would be appropriately addressed. One person said, "I had a few niggles at the start but spoke to [registered manager] and it was sorted." A relative commented, "I haven't got any concerns or the need to raise any issues so I have not made a complaint, but if I felt I needed to I wouldn't hesitate and I know who to speak to."
- A complaints policy and procedure were in place. Records showed where concerns and formal complaints had been received, they had been responded to in a timely manner with lessons learnt to prevent reoccurrence.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- It was evident that a culture that put people first was at the heart of the service. The leadership team and staff championed people being at the forefront of their own lives. One relative shared, "The staff at Headway Suffolk encourage people to live their lives to the fullest; it is not a one size fits all approach. My [family member] is positively thriving!"
- People were supported to have access to the appropriate care that they needed, when and where they needed it, taking into account their personal choices and preferences. Staff confidently advocated on behalf of people to navigate health and social care services and other stakeholders where required.
- Feedback from people and relatives was moving and powerful, sharing personal examples of being 'valued', 'respected', 'seen and heard' by the Headway staff. They praised the attentive care and support teams, the dynamic leadership and the drivers who 'made them laugh and smile,' especially on the 'not so good days." They described how this made a positive difference in their lives. One person said, "The staff are precious, very very caring, considerate and thoughtful. They make time to have a quick word see how you are and take an interest in you. The hub is a lifeline for me, gives me a reason to get up. The staff are more like friends."
- Throughout this inspection it was visible that the provider and staff were extremely passionate and committed to delivering exceptional quality care and support to people, enabling them to achieve positive outcomes. People were partners in their care and records reflected their choices and decisions were acted on.
- People's views on their care and support provided were sought through regular reviews and people were complimentary about their care arrangements. Feedback of people's experiences was also gathered through satisfaction surveys which were used to develop the service. For example, suggestions for different hub activities such as cooking healthy eating meals and planned excursions had been acted on.
- The proactive and dynamic leadership of the service were acutely aware of the increased risk of mental health needs for people living with a neurological condition and of them becoming isolated from their friends and family. In response to this the 'Brainy Dog's project was set up to give people the chance to take home a suitable rescue dog, to provide them with companionship and help support their rehabilitation. The provider's nominated individual explained. "The love of a dog helps to replace the many aspects of people's lives that they lose through brain injury, such as friendship, a reason to get up, and a responsibility."
- A relative shared the positive impact of the project saying, "[Family member] is more committed to doing their exercises, the training needed as the dog is dependent on them. It is a win win as this is going to help

their rehabilitation mentally, physically and emotionally." The positive impact of this successful initiative is that it was being rolled out to also support ex-offenders and young people who struggle at school to gain confidence and new skills by training the dogs.

- Emphasis was placed on engaging people who used the service, families and staff to be actively involved with Headway Suffolk. In May 2022 the leadership team provided them with an opportunity to attend their annual Neuro conference either in person or virtually. The conference included key note speakers, updates from the service and involved people with a brain injury and neurological conditions to come together to raise awareness and promote and share best practice.
- In acknowledgement of staff going above and beyond in delivering high quality care during the challenges of the pandemic, members of staff were awarded with a trophy and certificate in recognition of their hard work and achievements. The provider also introduced a range of initiatives to assist with wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an established leadership structure in place and morale was high. Staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks. A member of staff said, "My experience at Headway Suffolk has improved my confidence and I feel valued as a person. Building bonds with the individuals using the service has always been a pleasure and the staff team always look out for you and support you in any way they possibly can."
- The management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The management team monitored the safety and quality of the service to ensure continuous learning and further development. This included regular checks and audits for example, medicine administration, care records and accidents and complaints.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. Feedback from professionals cited effective collaborative relationships. One professional commented how the service had assisted with a safeguarding issue, "We had a person being at risk of a cuckoo situation with several homeless drug addicts and dealers who were extorting money from them. Headway's support was invaluable; they stepped up their level of support at very short notice and worked closely with the police and social services." A 'cuckoo' situation is where a vulnerable person's home is taken over by people to use the property to facilitate abuse.
- The service was an active presence in the community. During the pandemic a food bank was set up in the community hub with involvement from the local supermarkets and other retailers. This enabled people who used the service some of whom were classed as high risk to access an environment that was safe and accessible, whilst supporting them with their rehabilitation and daily living skills.