Head First (Assessment, Rehabilitation and Case Management) LLP

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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

This comprehensive inspection took place on the 9 and 10 January 2017 of Head First (Assessment, Rehabilitation and Case Management) LLP

Head First employs the care staff in that they direct and control the staff they deploy. They provide a specialist case management service for people with acquired brain injuries and their families living within the community. This includes supporting people who use the service to directly employ support workers, some of whom may provide personal care. The service provides the management, training and supervision of support workers. Head First work with 149 brain injured clients and their families. Head First recruit support / manage support workers for 51 clients (201 support workers in total) and have agency support workers for another 16 clients (25 support workers in total).

The manager was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

We looked at the medication records for eight people. The medication procedure for staff was to prompt people or to administer their medication. Records informed that support staff would record all medication on the provider's medication record sheets and on their live computer system to inform medication had been provided. There was information in relation to covert medication practices for staff to follow; we were told that no person was receiving this service.

We looked at records relating to the safety of the office premises and its equipment, which were correctly recorded. We were shown where confidential records were stored and saw they were in locked filing cabinets and electronic records were password protected..

People were supported to prepare food and drinks and could choose the meals that they prepared if this was part of their person centred care plans (PCCP). Where people's weight changed, this was recognised, with appropriate action taken to meet the person's nutritional needs.

The provider complied with the Mental Capacity Act 2005 and its associated codes of practice in the delivery of care. We found that the staff followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations where in order to maintain people's rights. The service was providing support to people who did not have the capacity to make their own decisions in different areas of their lives, due to the brain injuries they had sustained.

We found that the person centred care plans and risk assessment monthly review records were all up to date in the eight files looked at on the service's computerised system. There was updated information that

reflected the changes of people's health.

People told us they felt safe with staff. The management had a good understanding of safeguarding. The registered manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority. The CQC were not being notified as required; this was discussed as managers were uncertain of their duty to report statutory notifications to CQC. This was clarified and the CQC immediately received three retrospective incident notifications.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidents. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

The staffing levels were seen to be sufficient at all times to support people and meet their needs and everyone we spoke with considered there was adequate staff to provide the support the service was managing on their behalf.

The service ensured all new staff had a Disclosure and Barring Service (DBS) check. Three of the nine staff files looked at did not include a photograph of the staff. The staff personnel records did not include all of the relevant information required. We spent time discussing this with the management team and they took action immediately.

The service had an induction programme in place that included training staff to ensure they were competent in the role they were employed for, at Head First. Staff told us they did feel supported by the registered manager, the clinical manager, case managers and senior support workers.

The eight person-centred care plans we looked at gave details of people's medical history and medication and information about the person's life and their preferences. People were all registered with their own local GP of their own choice and records showed that people were supported if required to see a GP, dentist, optician, chiropodist or other health professionals as the chose.

We have made recommendations that the provider ensures that audits completed have what actions they have taken recorded to show how their systems used are effective.

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.

Staff had been recruited safely. Disciplinary and other employment policies were in place.

Medication records were in place and medicines were documented appropriately.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people. The relevant local authorities were alerted of incidents; however the CQC had not been informed by the service of the incidents.

Is the service effective?

Good

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

People we spoke with said they enjoyed their meals that they were supported by the staff to prepare and that they had plenty to eat. People's weights were monitored if required and dieticians and health specialists were contacted on their behalf.

Is the service caring?

Good

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Is the service responsive?

Good

The service was responsive.

People who used the service were involved in their own, person centred care plan and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care plan review documentation was always updated and seen to be relevant.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess the quality of the service provided. However, the systems in place were not completed to show actions taken and lessons learnt.

People who used the service and staff were asked about the quality of the service provided.

Staff were supported by the registered manager, the clinical manager, case managers and senior staff.

The provider worked in close partnership with other professionals to make sure people received appropriate support to meet their needs.

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Detailed findings

Background to this inspection

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

This inspection took place on the 9 and 10 January 2017. We gave notice to make sure that the registered manager or a senior person was on duty to enable the access to the records required for this comprehensive inspection. The inspection was carried out by one adult social care inspector.

When we visited the service, we looked at records, which included the eight people's person centred care records, nine staff files and other records relating to the management of the service. We spoke with the registered manager, the clinical manager, two case managers, the human resources (HR) manager, an HR assistant, a senior support worker and five support staff. We also spoke with one person receiving support.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at the safeguarding information, complaints and any other information received from members of the public.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe when supported by the support staff. When asked if they felt safe, one person told us "I am safe, staff listens to me".

We looked at the staff personnel files of nine staff members who worked for the service and found that the pre-employment checks carried out by the service did not include all of the relevant records required. For instance three of the nine did not have a photograph of the staff member. There was only one reference in one staff members file who had recently been recruited. This was discussed with the managers who acted straight away; photographs were completed and the information was in place to inform how the service had liaised with referees numerous times without response.

We recommend that the provider regularly audit staff recruitment records to inform them of any omissions and ensure they contain the relevant details to inform of actions they have taken.

A Disclosure and Barring Service (DBS) check had been completed for all staff at the service. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

Head First provides a service which recruited support staff to support to 80 people living in their own homes. The team consists of a case manager and team of support staff who puts into place a care package for the individual. The support includes daily support for all of the people's care and support. The managers told us that they liaised closely with the contracting companies, representatives and families legally acting for the person to ensure the service could provide the relevant staff. Feedback from people using the service was that there was good continuity and reliability of staff visiting and supporting individuals. There were 208 support staff currently working at the service with a HR and management team.

We spent time with the managers looking at the medication policy and procedure at the service. We noted that medication records were in the person centred care plans of the eight people we case tracked. The medication records and medicine charts for all eight people were correct. The records we looked at were correctly signed by staff and people we spoke with told us that they gave their consent for staff to support them with their medication.

Staff had received training in medication administration. Staff we spent time with told us the procedure they followed and informed us that any issues with medication were always reported to the managers who dealt with the issue immediately and liaised with the relevant health professional. Staff were also required to input medication into the live system used at the service that informed and recorded the daily support provided.

The health and safety of the environments that staff from the service visited had been checked through various risk assessments to ensure the safety of the premises. The locations that staff supported people in was their own homes. Staff supported people when required to deal with environmental issues with the

information was available for staff in case of an emergency and gave details of who to contact.

Records showed that all staff had completed training about safeguarding adults. The registered manager and other managers ensured that staff had refresher training every year. We were given the training plans and safeguarding training was in place to update staff knowledge. The provider had a policy on safeguarding and this was dated April 2016. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We discussed the reporting of incidents to the CQC with the registered manager and clinical manager who told us that they were unsure if they were to tell CQC if they had reported to the local authority. We informed them that they had a duty to notify the CQC. We were sent the three notifications that had been reported to the relevant local authority immediately after discussion.

We saw that risk assessments had been completed which had identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all of the eight person centred care plans looked at. The review was indicated by a date within the person's records on the service's computer system. Information recorded if any changes had occurred and what actions were required to be implemented or with no changes documented meaning the reviews had produced no new information. The original risk assessments had been completed with regard to moving and handling, the environment, medication, equipment, socialising in the community and people's physical and mental health.

We saw that the service had accident records that were completed in full showing what the incident was and how they had investigated, made referrals to other professionals and reported where required.

Good

Is the service effective?

Our findings

We asked people about the skills of the staff and if they were competent in their roles. Comments received included "Fantastic, really good staff", and "The staff are all brilliant".

People were supported to have sufficient food and drink provided by support staff if it was part of their person centred care plans (PCCP). We talked with the support staff about food and diets and were told by a person, "My support workers cook with me, I choose what to have and we cook together most of the time". Staff told us that they supported people to prepare their food and monitored people if required when they cooked if this was part of their PCCP. We were told that if people needed a special diet, or if there were dieticians involved, staff ensured they kept to t the recommended diet or encouraged people to do so. The support staff checked people's weight if required in the PCCP and told nutritionist and dieticians of any issues.

We looked at staff training. Staff were up to date in training for providing support for people. We looked at the training material and saw that the training was provided internally by the provider and also by external providers for specialist training if it was required for a person using the service. We were provided with the training programme and sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, first aid, challenging behaviour, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

We spoke with staff who told us the training provided was good. Staff were confident and happy about the training they had completed. The staff working at the service also had a thorough induction that was provided in line with the 'Care Certificate' that is a set of standards for social care and health workers in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care and support workers. This training had been updated and reflected the speciality of the service provision for people who had suffered brain injuries. The staff handbook required updating with the changes that had taken place since it was issued in 2012.

In discussion with the managers we were told that the service will be introducing a new training programme that they will be looking at getting accredited specifically for staff supporting people with brain injuries. We were provided with the information of the organisation they are working closely with. The service does provide external training to people including family members of people with brain injuries.

All staff had been provided with supervision meetings by the management team. The managers told us that the senior support staff were also trained to provide supervision to their teams. We looked at nine staff files and saw that they all had supervision records in place that ranged in the frequency of meetings in relation to the staffs contracted hours. Staff told us they had supervision with the case managers or a senior and said there was an open door policy and all the managers were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal. We spent time talking to the managers and they confirmed that appraisals had taken place.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005.

We spent time with the registered manager and the lead in MCA and DoLS at the service who was a case manager and experienced with requirements of the MCA 2005. The service had an appropriate procedure in place. The staff we spoke with were aware of the MCA and some of the impacts it could have on their role. All the support staff we spoke with had received training in the Mental Capacity Act 2006 and the associated Deprivation of Liberty Safeguards. Staff told us that they always sought people's consent. There were people provided with support by the service that did not have capacity and the service had applied for thirteen people as the service had identified the risk that the people could not go into their communities on their own. We saw the applications of the thirteen people the service were waiting for the local authority responsible to implement the DoLS assessments.

We observed staff interacting with a person on one of the days we were at the office. From their interactions it was clear staff had a good knowledge of the person and how to meet their support needs. Staff were very supportive and were heard throughout their visit to the office confirming comments made by the person, supporting them to make decisions and being patient. A person that we spent time with told us that staff met their individual support and care needs and met their preferences at all times.

People were supported to attend healthcare appointments in the local community by staff. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change and records looked at informed that staff dealt with the changes effectively. The records we looked at informed the staff how to ensure that people had the relevant services supporting them. For example one person had health professionals visiting them and staff worked with them to ensure they were fully briefed on any changes to the person's health.

Good

Is the service caring?

Our findings

People told us that staff were always respectful and caring when supporting them. One person who used the service said, "They're all brilliant, great staff, very good help and they support me a lot when I need it".

We saw when members of staff were talking with a person who required support; they were respectful to the individual and supported them appropriately in a respectful manner. We observed staff and overheard telephone conversations of staff reacting to people calmly and were always reassuring and pleasant.

We spent time looking at records of compliments from people and relatives of the people supported by staff from Head First. All were very positive about the care and support provided. Comments made included, "Couldn't have better people looking after me" Another commented, "The staff do a very good job".

We asked a person if the staff respected their privacy and were told they did at all times. We observed people being listened to and talked with in a respectful way by the managers and staff at the office. Staff were all seen and heard to support the people communicating in a calm manner and also reassuring people if they became anxious. The relationship between the people being supported was respectful, friendly and courteous.

The managers and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the managers that no one had recently used this service.

We observed that a lot of hard work goes into the assessments at the beginning of the service request and referrals for Head First. Information looked at showed how the service planned the care and support appropriately in a bespoke care package. Throughout this inspection visit staff told us that every person is unique and as such the support from the right staff was required. Staff teams were chosen by the managers who they had assessed as having the correct approach to build relationships and trust that enabled them to provide a person centred care package.

Good

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way staff supported them and the way care was provided. A person spoken with were sure they would know how to complain if it became necessary and had not, so far, made any complaints. They told us "I don't need to complain, I'm happy. I would speak to the manager if I did".

In all of the eight people's files we looked at the person centred care plans (PCCP) were up to date and relevant, and records reflected any change in service provision. The PCCP were very informative and gave a clear picture of the care and support requirements of the people they were supporting. For example, one person required more support from staff as they were unwell. The PCCP had been updated and the required support had been provided with staff liaising quickly with the commissioners to ensure the support met the person's needs. We saw that the information was reviewed and information updated to reflect changes that had taken place.

Head First had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked a person if they had the complaints procedure and had they used it. They told us that they had the complaints procedure and would use if required. We saw from the records that there had been two complaints in the last two years. Records were in place to show what actions had been taken and informed when the complainant was liaised with to ensure they agreed with the actions.

A person we spoke with told us that they were fully involved in their PCCP. They reported that they had full choice in their PCCP and the way it was provided and they all considered they were in control of the care and support they received. They told us that staff always consulted them about how their support was to be provided and they clearly understood the reason why they required care and support from Head First.

The managers informed us that a service was not provided until they had been to meet and assess the person in their home surroundings. We saw records of these assessments in people's files. The assessment forms had been completed in great detail and recorded the agreement for the service to be provided. The forms were signed by the person requiring the support service or if not a representative or family member.

The PCCP and care plans included examples of specialist advice that had been sought and provided from the service. For example, a person had also been provided with health care professional support when arriving back to the service after a short stay in hospital. Staff told us that they informed the managers of any changes to the person's health. Records showed this communication took place regularly to ensure the wellbeing of the person.

Staff completed a daily log on the services live system called 'Gizmo' after each visit and we saw that entries were detailed and described the support and care that had been provided and how the person was feeling.

We asked how staff liaised with any community services on behalf of the people who received care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the managers of any actions taken and record in the daily record, the actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other health and social care professionals to provide the support and care required.

Good

Is the service well-led?

Our findings

The people we spoke with who used the service told us that the registered manager was always available and so were the other managers if they wanted to speak with them. Comments included "The manager is really good, she's friendly" and "Really nice lady; all of the managers are lovely".

There were systems in place to assess the quality of the service provided. These included person centred care plan audits, staff training audits, health and safety audits and incident and accident audits. There had been no medication audits completed; however all staff spoken with had completed training and when we looked at the medication records that had been completed in the community, found they were correctly completed. We looked at the audits for January 2015 to December 2016. The audits showed how the registered manager and clinical manager had implemented action plans; however there were no documents in place to inform what they had done to evaluate and improve the service. The managers informed us that they were usually able to act on issues immediately and were supported at all times by the registered manager and the provider.

We recommend that the provider ensures all relevant records of actions taken are completed to inform how they are effectively monitoring their service and what improvements they had implemented because of their findings.

When we looked at the staff files we were told by the management team that the staff recruitment files had not been audited recently. We discussed the omissions in the staff files and the management team acted immediately to ensure everything was put in place for all of the recruitment records of staff working at the service. This was done when we were at the service.

We were shown records of information gathering where people using the service and staff were invited to complete a confidential questionnaire on the service. We looked at the information collated that informed the service was providing an overall good service to people and that staff were happy working there. Any issues were discussed and actions were implemented for example changing staff to meet the support requirements of a person if they did not gel with them. We were told it was important that the people being supported worked well with staff to enable them to be independent and trust that staff were acting on their behalf.

There was a three tier management structure at Head First which comprised the registered manager, the clinical manager and the case managers. There were senior support staff working alongside support staff in the community. The leadership was visible and it was obvious that the managers knew the people supported when we discussed people. Staff told us that they had a good relationship with the registered manager and the management team who were supportive and listened to them. We observed staff interactions with the managers which was respectful and positive. There was always a manager or a senior member of staff on duty to make sure there were clear lines of accountability and responsibility for the support staff.

The managers and the staff had a good understanding of the culture and ethos of the service, the key challenges and their achievements, concerns and risks. Comments from staff were "It's a good place to work, I really enjoy working here", and "I think we do provide great support to people here, we all work hard, it's a great service". Another comment was "Great place to work; I really do love my job. I get a lot out of supporting people to be confident, independent and happy". Another staff member said "Its hard work but the work we do is important for people with brain injuries, its interesting and challenging work. I really think we make a difference to the quality of people's lives".

We noted that the provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

We looked at the ways people were able to express their views about the support that they received. One person told us "I am always asked if I am happy with the support I get and I say yes because the staff are really good". Information we looked at showed that meetings took place with staff, and people and were asked if they had any issues.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service understood that the CQC were required to be informed of significant events in a timely way. This meant we could check that appropriate action had been taken.