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

Overall summary

This inspection took place on 26 November 2015 and was announced. Leighton House provides personal care within people's homes and when they were out in the community, to twelve adults who have an acquired brain injury. Some people who were receiving support live on their own whilst other people live with their relatives. This was the service's first inspection since they were registered with the Commission.

There was a registered manager at the service. 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.

People told us that they felt safe whilst receiving support from staff. Staff were able to tell us potential signs of abuse and how to raise concerns should they need to. Risks to people had been assessed and measures put in place to reduce the risk for the person. Staff informed us

Summary of findings

that they also assessed risks daily depending on the person's abilities that day. Staff had received training about the care needs of the people they were supporting to enable them to provide safe and effective care.

People and their relatives told us that they were supported by sufficient staff who knew people well. Relatives were very complimentary of the caring nature of staff and made positive comments about the staff. People told us that they received support from regular staff who they had got to know well.

Staff spoke enthusiastically about the people they were supporting and it was evident that they had a good knowledge of the person and of acquired brain injuries. Staff felt valued and supported in their role and there were systems in place for staff to seek advice should they have any concerns.

We found that people were involved in planning their care to ensure that they received care in the way they wished. People had their care reviewed regularly and changes to care were made in response to people's requests. We saw that people were enabled to regain skills in independence and we were provided with many examples of how the service had supported people in this way.

We looked at whether the service was applying the principles of The Mental Capacity Act 2005 (MCA) effectively. We found that staff had received training on this MCA although understanding of this legislation varied amongst staff.

People and their relatives knew how to raise any concerns, should they have any and felt assured that they would be dealt with appropriately. Where concerns had been raised we saw that the registered manager had taken action and acted promptly.

People and their relatives were confident in how the service was led. There were systems in place to monitor the safety and quality of the service and we saw that plans were in place to develop the service further.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to recognise the signs of abuse and knew what action to take should they have any concerns.

Risks to people had been identified and measures put in place to reduce the risk to the person.

Good

Is the service effective?
The service was effective.

People told us that staff had the skills and knowledge to support them.

Staff had some knowledge of the Mental Capacity Act (2005).

Good

Is the service caring?
The service was caring.

People and their relatives told us that staff were caring. Staff spoke about the people they were supporting in a caring way.

People were involved in planning their care.

Good

Is the service responsive?
The service was responsive.

People told us that staff were responsive to any requests for changes in support.

People were involved in reviewing their care at regular intervals.

Good

Is the service well-led?
The service was well-led.

The registered manager monitored the quality of the service.

People, their relatives and staff were happy with how the service was led.

Staff felt valued and supported in their role.

Good

Leighton House

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 26 November and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us plan the areas we were going to focus our inspection on. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commission services from the provider for their views of the service.

Before the inspection we sent surveys to people who used the service to gather their views of the service they received. We also sent surveys to people's relatives and staff. Surveys were returned from five people, one relative and eight staff.

During our inspection we spoke with the registered manager, the nominated individual, two service co-ordinators, the personnel manager and two staff members. We looked at records including three people's care plans, three staff files and training records. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. After the inspection we spoke with two people who used the service, three relatives and two staff members.

Good

Is the service safe?

Our findings

People who we spoke with told us that they felt safe whilst receiving support from staff. One person told us, “Oh yes, I’m safe.” All the relatives we spoke to told us they thought their family member was safe and one relative told us, “Oh yes he’s absolutely, totally safe.”

Staff we spoke with were able to describe the different types of abuse people were at risk of and understood their responsibilities to report any concerns they may have. One member of staff that we spoke with described the actions she had taken to raise concerns about a person’s personal circumstances that she had identified may have resulted in abuse occurring. The action this staff member took prevented the likelihood of this person being abused and the staff member told us “We’ve put things in place and she is now safe”. We saw that safeguarding training had taken place to ensure staff had the knowledge about current safeguarding procedures. The registered manager was aware of her responsibilities to make safeguarding referrals to the local authority.

We saw that people had been given information in an easy read format about abuse when they started to use the service. This information told people what abuse was and who to contact if they were concerned.

We looked at the provider’s recruitment procedures and found that Disclosure and Barring Service (DBS) checks had been obtained prior to staff working with people to ensure staff employed were safe to be supporting people. However, we found that two staff files did not contain a second reference and one of the references supplied was not a suitable candidate to give a reference. Following this inspection the registered manager has informed us that appropriate references were being sought and that systems around recruitment would be altered to ensure suitable references are gathered prior to the staff member starting work with the service.

People that we spoke with told us there were sufficient staff to support them. The registered manager informed us that agency staff were not used as the service had bank staff who were able to cover any staff absences.

We looked at the ways the service managed risks to people. Initial assessments that detailed risks were carried out with people before the service agreed to give support to the person. This ensured that the service only provided support to people who they knew they could meet their needs. We found that individual risks to people had been identified and measures were put in place to reduce the risk to the person. Staff told us that risks were reviewed and discussed with the person depending on the person’s ability that day to ensure that safe care was provided. Where accidents had happened immediate action was taken to check on the person’s well-being. There were also systems in place to review any accidents to determine if any preventative measures could be put in place to avoid further occurrences.

Staff did not have the responsibility of administering medication but did verbally prompt some people to take their daily medication. Staff had access to information about the medicines people were taking including the amount people should take and the frequency. The registered manager told us that they also planned to include more specific information about medicines within people's care plans.

Good

Is the service effective?

Our findings

People told us that they were supported by staff who had the skills and knowledge to understand their individual needs. One person told us, “My staff know about brain injury.” Relatives described staff as being, “Experienced in head injuries.”

Staff that we spoke with told us that they received sufficient training to enable them to carry out their job effectively. It was evident from speaking with staff that they had a good understanding of brain injuries and the way different brain injuries could affect people. The registered manager informed us that all staff were completing the care certificate. The care certificate is a nationally recognised induction course which aims to provide care staff with a general understanding of how to meet the needs of people who use care services. We saw that training was not provided on some people’s health conditions. Since the inspection visit the registered manager informed us that the service was taking measures to rectify this. Staff informed us that they received supervisions and that systems were in place that ensured they could seek advice at any time should they have concerns.

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 of 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. We found that staff had received training on the MCA and had some knowledge of what this meant for the people receiving care. We saw that some people had been identified as lacking capacity but there were no assessments that detailed what decisions the person was unable to make. Where someone had been identified as lacking capacity the service involved relatives in making everyday decisions that were in the best interests of the person, and staff informed us that they enabled people to make daily choices about care using people’s known preferences.

Staff that we spoke with told us that they would always seek consent from the person before assisting them with personal care. Staff explained that they would use their knowledge of the person and their communication style such as observing for changes in body language to ensure that the person consented.

Although staff supported some people with eating and drinking, relatives were usually responsible for supplying sufficient food for the person. We found that where people required support with eating and drinking, some details were recorded about the level of support needed.

Staff we spoke to told us that they monitored people’s health and well-being although they did not regularly liaise with healthcare professionals as relatives usually took this responsibility. Staff told us that if a person was unwell then they knew the appropriate people to contact should the person be unable to do this themselves. We found that information about emergency treatment for some people’s health conditions was not available. The registered manager told us that they would put this in place so that staff could take appropriate action should they need to.

Good

Is the service caring?

Our findings

People told us that staff were, “Very nice staff” and “The staff are very good.” One relative described the support one staff member had given as “She’s worked a miracle”, and “I could not praise her high enough”. The relative also described the relationship between her relative and the staff member as, “Such a good rapport, they are laughing all the time, her dedication is unbelievable”. Another relative told us, “I’m happy with the service, they are like a second family to us.” Another relative told us that staff had, “Gone over and beyond” and described the staff member as, “Absolutely brilliant” and that the service was a “Bit of a lifeline.”

People that we spoke with told us that they received support from consistent staff and one person told us that they had, “Worked with people long time.” Relatives told us that people were supported by the same staff members who had got to know people well.

Staff spoke with enthusiasm when asked about the people they supported. It was clear from discussions that staff knew people well and enjoyed supporting people. Staff we spoke with explained that they looked at the person as a whole and supported people with their emotional needs as well as physical needs.

Staff we spoke with knew people’s life histories and used this information in discussions with people they supported.

We saw that the registered manager had introduced a formal system for staff about people’s life history which covered key areas about the person before and after their brain injury to promote understanding for staff.

We saw that people were involved in developing their plan of care which included likes and dislikes and included some detail around how they wished to receive their care. People were also able to state the specific days and times they required support. One person had been supported to compile a list of ‘top tips’ that staff needed to know when supporting the person. We noted that some care plans lacked detail of the specific support needs of people. The registered manager assured us that people were supported by consistent staff who knew people well and therefore had knowledge of how people liked to receive their care.

One of the service’s main aims was to enable people who had acquired a brain injury to re-learn skills they needed to become as independent as possible. Staff we spoke with understood that goals set for people had to be realistic, achievable, and within a certain timeframe and took into account the whole person’s needs. People’s goals were discussed with them at the initial meeting that the service carried out and were reviewed regularly with the person. The registered manager was able to demonstrate many examples of how the service had supported people to re-gain their independence, including a person who, over time, managed to devise a menu and cook a meal for his family. The registered manager described one of the service’s aims as people being able to, “Rebuild lives for new potential”, and told us that as part of this aim the service promoted awareness of acquired brain injuries.

Good

Is the service responsive?

Our findings

People told us that staff acted responsively to their requests to change their care. Relatives gave examples of when staff had responded to people's changing needs and how the staff worked flexibly with the person daily. This included changing people's requests for different support times.

Care was reviewed more frequently when a person first started to use the service to ensure the care provided was meeting their needs. After this staff provided monthly updates on people's care and care plans were altered accordingly. Reviews with people occurred regularly and these reviews included any other people who were important to the person receiving the service. Relatives told us they were contacted by the registered manager to review people's care packages on a regular basis. Following a person's review we saw that there were systems in place to inform staff of any changes to a person's care needs.

Staff that we spoke with understood that a person's ability could change every day so they reviewed care with people before supporting them. Staff told us that they supported people daily in decision making depending on the person's ability that day. We saw that staff completed records that were kept in the person's home detailing achievements that day and what was planned for the next session. This record was helpful for people who had impairments in their memory to remember what had been planned for the next visit. Activities were chosen on a daily basis with suggestions made based on the person's known likes and dislikes. We saw that there were systems in place for staff to share important information between each other to ensure continuity of care for the person.

One relative told us how the service had supported their relative to use technology to keep in touch with loved ones who lived far away. The relative described staff as being patient in their approach when teaching the person how to use the technology.

We asked people if they knew how to raise a concern or complaint about the care they received. People told us they felt able to raise any concerns and one person told us they would, "Make a noise about it" should they need to. When people first started using the service they were provided with an easy to read complaints procedure that detailed how to complain and who to contact. Relatives told us that they would raise any concerns, should they need to, with the registered manager or staff. There had been no official complaints in the last twelve months but we saw evidence of concerns being investigated with the same importance as a complaint. Any concerns that had been raised were discussed at a regular managers' meeting to ensure that appropriate action had been taken.

Good

Is the service well-led?

Our findings

People were happy with how the service was managed. Relatives knew who the registered manager was and felt confident in the running of the service.

The registered manager understood her responsibility to inform the Care Quality Commission of specific events that occurred at the service. The registered manager was aware of recent changes to regulations and was clear about what this meant for the service.

All the staff we spoke with felt valued and involved in the running of the service. Staff were able to make suggestions for improvement and one staff member told us about a suggestion she had made, which was then put in place, to aid communication between staff members who were supporting the same person. The staff member described the outcome for the person as, "To ensure the standard of care and continuity remains the same." Staff meetings were carried out weekly with the team managers to feedback on any updates on people's care and general staff meetings occurred regularly. We saw that staff had the opportunity to take part in a staff survey and the results from the survey were generally positive.

People were able to comment on the care they received through a 'before and after' survey. This detailed the level of support the person required before receiving the service and after the service input. This survey allowed the service to measure whether goals had been achieved and gave encouragement to people receiving the service by highlighting achievements made. The registered manager wanted to develop this survey further to allow people to comment on more specific areas of support needed in the future.

The service had a clear leadership structure in place which staff understood. Staff knew who they could contact should they have any concerns. The registered manager told us of development plans the service was making to ensure service coordinators had more specific responsibilities to make the running of the service more effective.

We looked at how the quality and safety of the service were monitored. We saw that the service carried out an annual review of its objectives which detailed whether the service had met its objectives and action plans for the following year. The registered manager understood the need for continuous improvement and told us, "We will keep looking to do things better."

The service carried out monitoring checks of staff when they were at a person's home and had recently made one staff member responsible for this. The staff member was going to be responsible for carrying out checks of staff when they were in people's homes and would also provide support for staff, as a mentor, should they need it.

Although most of the people and relatives we spoke to told us that staff were rarely late, they described actions staff took to keep them informed if a member of staff was going to be late due to circumstances out of their control. The service was introducing a new computerised system that would monitor staff arriving and departing from a call which would therefore be able to monitor any lateness.