

Headway Worcestershire

Management HQ, Headway Worcester Trust

Inspection report

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13 February 2019

25 February 2019

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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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Management HQ Headway provides care and support for people living in their own homes who have acquired brain injuries. At the time of the inspection there were 16 people receiving support with personal care from the provider.

People's experience of using this service: People and their relatives were extremely happy with the care and support they received from the provider.

The management team and staff developed strong relationships with people and their relatives to ensure they received the right support to improve their quality of life.

People told us they felt safe whilst being supported by staff. Relatives were confident family members were well cared for. The provider supported people with complex needs to live independently in their own homes and to be as independent as possible whilst ensuring they remained safe and well. There was a proactive approach to assessing and managing risk which allowed people to rebuild their life following an acquired brain injury.

The provider promoted an extremely high standard of person centred care which was delivered through the assessment and planning of people's individual and specific needs. Care plans were extremely detailed and informative yet highly personal. They clearly identified the positive outcomes and goals people wished to achieve.

Staff were highly skilled, motivated and knowledgeable in the care and support required for people with an acquired brain injury. They provided flexible care and support in line with a person's needs and wishes. The staff team was consistent and people achieved positive outcomes which exceeded expectations. Staff worked alongside other family members and a range of professionals to provide people with a better quality of life, supporting them to develop in areas such as communication, social interaction and independence.

Medicines systems were organised and people were receiving their medicines when they should. The provider was following national guidance for the receipt, storage, administration, prompting and disposal of medicines.

People were involved in all decisions about the care they received. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider was open and approachable which allowed people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the management team.

The management structure in the service ensured people and staff had access to, and support from, a competent management team and specialist advisors. The provider monitored quality, sought people's views and planned ongoing improvements.

Rating at last inspection: Good (Report published July 2016).

Why we inspected: We inspected the service as part of our inspection schedule for 'Good' rated services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection 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

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Management HQ, Headway Worcester Trust

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: The inspection was completed by one inspector and one 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: Management HQ Headway, provides a domiciliary care service for people living in their own homes who have an acquired brain injury.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to be sure the registered manager would be available.

Inspection activity started on 13 February 2019 and ended on 25 February 2019. We visited the office location on 13 February 2019 to meet with the management team, office staff and to review care records, policies and procedures. This was followed up with a telephone interview with the registered manager on 25 February 2019.

What we did: We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is a record about important events, which the provider is required to send us by law.

We contacted the local authority safeguarding team and Healthwatch to gain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we met with one person who used the service and one relative. We spoke on the telephone with 11 people who used the service and five relatives.

We spoke to the registered manager, deputy manager, assistant manager, three office staff, two support workers, the chair of trustees and a fundraising officer. We also sought and gained feedback from nine support workers in the form of a survey.

We reviewed a range of records. These included two people's care and support plans, medicines records, staff recruitment files for two people and the providers training records. 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 told us they felt safe with the services provided. One person said, "I know if something serious happens the staff will be there for me." One relative told us, "[Person's name] is very safe. [Person's name] hasn't had a seizure for a while but all staff know what to do and are well trained."
- Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- The provider worked with a range of professionals and organisations to ensure people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management.

- Care plans and risk assessments were up to date and regularly reviewed to ensure they reflected people's current and changing needs. Staff were provided with clear guidance of actions they should take to manage and support people with health conditions, for example, epilepsy.
- Staff could clearly explain how they minimised risks to people's health and well-being. For example, one member of staff told us how they supported a person who has multiple allergies.
- The provider worked closely with occupational therapists (OT's) and physiotherapists to ensure people with complex health needs were assessed and provided with any specialist support and equipment to live in their own home safely. Staff received extensive training which ensured the safe use of any equipment.
- The provider had contingency plans in place to support people in emergency situations for example, staffing shortages, adverse weather conditions or electrical failures in the team office.

Staffing and recruitment.

- Robust recruitment process helped to minimise risks to people. All staff were checked before they began work for the provider to ensure they had the appropriate skills and character to work with people.
- There were sufficient staff to meet people's needs. Staff told us they worked flexibly and were supported to respond to changes in people's needs when required. One person said, "I have never had any late or missed calls. If anything happens they [office team] ring up and tell me in advance."

Using medicines safely.

- People who required help or prompts to take medicines received support from staff who had received specific training.
- People were happy with how their medicines were managed. One person said, "Staff come in every day to help me with my tablets. They manage my [medicine name] very well and know about my appointments to have my bloods taken."
- A relative said, "Staff come in every day to give [person's name] their medicines because they can't do them, they are kept in a safe and the staff note this information onto a record sheet."

- Staff kept accurate records of when people's medicines were received, administered, prompted or refused. The management team monitored records to ensure people received their medicines as prescribed and action was taken to review medicines when needed.

Preventing and controlling infection.

- People were protected from the risk of infection by staff who had received training about infection control and followed safe practices. Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons. One person told us, "Staff put cream on my legs after my bath for dry skin, they have gloves, aprons and everything in between available to use."

Learning lessons when things go wrong.

- Effective arrangements were in place to learn when things went wrong.
- Where accidents and incidents occurred, the management team would look at these, learn lessons from them and ensure any changes were shared with the whole staff team.

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.

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

- People's needs were fully assessed before they began to use the service. This helped to ensure the provider had staff available to provide personalised care to meet people's needs and choices.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported along with the life goals they wished to achieve.
- People received care and support in accordance with their assessed needs because the provider and staff clearly understood the importance of care plans and made sure they were kept up to date.

Staff support: induction, training, skills and experience.

- People were supported by staff who highly skilled and knowledgeable to support their individual needs, for example, one person needed support and encouragement from staff to get up and go out each day to prevent them becoming socially isolated.
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- All staff said the management team were approachable, supportive and were always available if they required advice or support. One member of said, "The managers are always at end of phone. They are really, really helpful and tell us no questions are stupid. I feel safe at work, we have lone worker risk assessments in place and get personal alarms."
- Staff were supported through regular supervision and appraisal.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where a person is living in their own home it is still possible to deprive the person of their liberty in their best interests. Application for authorisation must be made to the Court of Protection. 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.

- The majority of people using the service could make their own decisions. When required, staff supported people with their decisions. Care plans clearly set out the support people needed with decision making.

- When people lacked mental capacity to make specific decisions, procedures were in place to ensure these were made in the persons best interests and involved professionals and people important to the person.
- Staff worked in a way which respected people's wishes. People were supported to take positive risks which supported them to regain independence.

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

- When people required support with making meals, staff provided this safely and considered people's choices and the level of support required.
- One person said, "The staff help me with my meals, they take me shopping to buy my food. I prefer home cooking so we make a meal together that is fresh."
- The provider had strong links with health professionals and staff were aware of people's individual preferences and needs for eating and drinking.
- Care plans reflected recommendations by dieticians and speech and language therapists (SALT) to minimise risks for people.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- The provider worked extremely closely with a wide range of health professionals and other organisations who specialised in the care of people with an acquired brain injury to ensure they receive joined-up care to achieve the best outcomes.
- People were supported by staff to access a range of healthcare appointments to support their health and wellbeing.

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 truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff were highly motivated to provide care and support which was person centred, kind, compassionate and focused on achieving the best outcomes for people.
- Staff had developed meaningful relationships with people and their families following from what one person described as 'life changing events.'
- People said staff were extremely respectful and treated them with kindness. One person said, "Carers help maintain my privacy and dignity in the shower. I'd be forever thankful to them for what they do for people, it's wonderful."
- The provider supported the whole family to ensure all were cared for and relationships maintained during times of crisis. This included where family units had broken down due to one parent having an acquired brain injury and the pressure this placed on the family because of unemployment, loss of the family home and changes to relationships. One member of staff said, "We help people to rebuild their life after an acquired brain injury, we have supported people to get benefits, a home of their own and contact with their children after relationships have broken down."
- The management team recognised people needed to be supported by staff who they could build positive relationships with and whom they could trust. They tried to match staff with people to ensure continuity of care and positive relationships.
- The provider received many compliments about the support they provided from people, their relatives and professionals. These included; praising staff for their support during benefits appeals, providing care for the whole family and, helping people to regain their independence after their acquired brain injury.
- The provider went above their role as a domiciliary care provider and worked closely with other organisations to identify and support people with an acquired brain injury who may not have been referred to the service. This included people who were homeless or who had drug and alcohol dependency because of their acquired brain injury and the impact this had on their life.
- Care and support plans considered people's disability, age, gender, sexual relationships, religion and cultural needs

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

- People and their relatives were actively involved in care planning and reviews. The provider worked in partnership with people and empowered them to have a voice and share their views. One person said, "Staff always gain my consent before they start their shift, they ask me how I am every day and what they can do for me that day."
- The provider supported people where they were at risk of homelessness due to not being able to manage finances and the benefits system. Staff told us how they had supported one person who had lost their

benefit entitlements, were living with no hot water, heating or electric and were on the verge of homelessness because they could not pay their bills and did not understand the benefit appeal system following their acquired brain injury. The provider issued an emergency loan to the person and supported them to have their benefits immediately reinstated, manage their bills and remain in their home.

- People were supported by Advocates when required. Advocates help to ensure people's views and preferences are heard where they are unable to voice and express their own views.

Respecting and promoting people's privacy, dignity and independence.

- The service provided both practical and emotional support not only for the person but also the whole family. They understood the impact and difficulties faced for the person with an acquired brain injury along with the additional pressures caring for the person had on the whole family.

- Staff could clearly explain how they respected people's right to have privacy and dignity promoted. One member of staff said, "Where people can safely manage their own person care, I allow them to do this knowing I am close by if they need my support. I allow people to be alone and private. I always allow people to do as much as they can for themselves and only support when they need it."

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People spoke extremely highly of the service they received and felt it focused on the support they required to live as independently as possible following their acquired brain injury. One person said, "I really am proud to be one of Headway clients, the support they provide is honestly life changing. They've turned my life around for the better and I wouldn't have it any other way."
- Relatives told us how the service supported them to continue in their employment knowing their relatives were well cared for. One relative said, 'Through all of your support I can go to work now knowing [person's name] days are more fulfilled and I'm not having to worry about [person's name] being at home. Something that has hit home to me since life changed, is how important your support is, just knowing there is someone to call upon lifts that weight off.'
- The provider and staff displayed an extremely person-centred approach which was reflected in people's individual assessments, care plans and the support they received. Plans were regularly reviewed and people told us the management team often visited them to check they were getting their care how they wanted it.
- People's communication needs were known and understood by staff. Support plans clearly identified how people communicated their needs and the provider ensured all information was provided in a format all people could understand. This ensured people communication needs met the requirements of the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- The provider was creative and innovative in supporting people to live as independently as possible. Opportunities for a range of social events were provided to support people to live as full a life as possible and prevent social isolation. The provider raised funds to support people to have holidays with support from staff and learn new skills.
- People told us how staff went above and beyond their roles to support them. One person said, "Staff have decorated my house, now it is more homely and personal. It wasn't before, I couldn't describe it to you as it was filthy and disgusting but now a full makeover has happened, I am so pleased to be able to live in an environment I love."
- People told us staff did everything they wanted them to do and more. One person said, "I feel I can talk to my carers, they always stay for their time and I know if something serious happens, they will always be there for me."
- The provider supported people to apply for employment, volunteering roles, benefits and, secure funding to have adaptations made to their homes so they could live as independently as possible. One person said, "Headway helps people to regain their confidence within the community. They give people back their confidence to live their lives independently. It's not about just putting care into people's homes, it's about rebuilding people's lives."
- The provider was extremely flexible and responsive to people's changing needs. An effective out-of-hours

call service was operated 24/7 ensuring any concerns were addressed immediately or people were referred to the relevant professionals when required. One person said, "I don't look at them like my support workers, they're the closest I have to family, I can contact them at any time." People and their relatives told us how they could 'drop in' at any time to the offices to speak with the management team or seek advice and reassurance from the health professionals based there.

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Improving care quality in response to complaints or concerns.

- People were extremely complimentary about the service they received. One person said, "Headway HQ, I think are wonderful. I would just like to say if it wasn't for Headway HQ I don't think I would be alive. Just over two years I have had this service and found them absolutely fantastic, most brilliant company I have ever known. Headway HQ deal most specifically with people who have a head injury, you don't hear much of that." One relative said, "This is an exceptional service."
- People told us they could feedback their experience about the care they received with the provider. The provider had a range of ways people could give their feedback. This included through reviews, surveys, self-help support groups, meetings and events. One relative told us how they attended regular support meetings where they could share their experiences of caring for a person with an acquired brain injury with other people, make suggestions and be involved in service developments and organise fund raising events.
- People and their relatives knew how to make a complaint. One person said, "I know who to complain to if problems arise, directly to Headway HQ main office. In the years I've been here I've never complained once because the support Headway HQ has given me is priceless. [Staff names] have enabled this service to be life changing."
- The provider had received one complaint since the last inspection. Complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service.

End of life care and support.

- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- When required, people would be supported to make decisions about their preferences for end of life care. The provider worked closely with other professionals to ensure people received individual care and were supported to remain comfortable and pain free.

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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People received care which was extremely personalised to their individual needs, focused on their outcomes and recovery. Staff were matched to people in line with their preferred wishes and choices to provide consistent, personalised support.
- The provider had an excellent knowledge of their staff team and promoted the organisations values through meetings, supervisions and formal staff appraisals. One member of staff said, "I love Headway, I couldn't do anything else. I have such a variety, everyone is different, I'm fascinated by the support we can provide for people with an acquired brain injury. I like the fact we are not there to do everything for people we are there to encourage and promote their independence."
- The provider clearly understood their responsibilities under the duty of candour and were open and honest about any lessons that needed to be learnt because of any incident which had placed a person at risk of harm. The registered manager welcomed all feedback from people who used the service, partner organisations and relatives and used this to continually improve and develop the service they provided

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People benefited from a service run by a management team who were highly committed to working in partnership with others to make continued improvements. Regular management, trustee and specialist neurology advisor meetings were held to discuss service development following good practice guidelines and health publications around the care and support of people with acquired brain injuries.
- People were supported to participate and be involved in the running of the organisation. One person who had been supported by the service following an acquired brain injury was now a trustee within the organisation and spoke at public events about the service and how this helped their recovery.
- The chair of the organisation was a retired specialist neurological nurse who had worked with the provider and had extensive knowledge around the care and support people with an acquired brain injury required. They shared their knowledge and expertise with the provider, staff, people and their relatives to improve outcomes.
- Quality assurance systems were in place and used effectively to monitor the service. Audits and checks were completed on a regular basis by the management team. Regular spot checks and reviews were in place to ensure high standards of care were met and maintained.
- Care records were reviewed internally by the registered manager and health professionals to ensure the service was continually adapting and providing a high-quality service to meet people's outcomes. One

health professional stated how the provider was, 'Very receptive to change and new approaches.'

- Communication within the service was exceptionally good. One relative said, "I am kept up to date with everything about [person's name]. I get invited to all reviews and attend support groups and events Headway runs. Staff in the office always let me know if [person's name] needs anything extra."

Continuous learning and improving care.

- Feedback from people, relatives and professionals involved with the service said it was of a consistent high-quality. One relative said, "Life is not always fair but those at Headway make it fairer. We now look upon you as true friends."
- The provider worked to develop services in support of the NHS ten-year plan. Lottery funding had been secured to invest in support for people with mental health conditions and homelessness. The chair of trustees said, "There is a lot of cross over with mental health, acquired brain injury and homelessness. We are looking at developing a wellbeing centre which focusses on mental health conditions as well as coping with an acquired brain injury."
- The management team spent time with people who used the service and staff. This allowed them to gain people's trust, views and involve them in any changes being made to the service.
- The provider continually applied for additional funding and undertook fundraising events to allow them to develop and enhance the services offered to people.

Working in partnership with others.

- The provider worked in close partnership with the local authority and shared their premises with a team of specialist neurology OT's. Staff, people and their relatives had access to these professionals whenever they needed it for specialist advice and support. One member of staff said, "We can contact the OT's directly for our clients, everyone is so easy to contact if I need to. The OT's are based in HQ and are available for us to call at any time."
- The management team had established and maintained excellent links with a range of other healthcare professionals, organisations and the local community which people benefitted from.
- The provider worked closely with advocates and solicitors to get people the right support following their acquired brain injury. One person commented, 'Thank you for taking the time to support us in our appeal, your help contributed to a positive outcome.'
- The provider worked in close partnership with others to build a seamless service for people transitioning in and out of hospital and rehabilitation services. This support was essential to support people to start rebuilding their lives.
- Trustee's, managers and staff all strive for excellence through consultation, research and reflective practice.