

Headway Devon

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was announced and took place on 18 and 19 April 2017. The inspection was carried out by one inspector. The service was last inspected on 12 and 13 May 2016 where we found breaches of regulations. These related to safe care and treatment, governance and staffing. The service was rated as 'requires improvement' and the provider was required to submit an action plan explaining what they were doing to meet the legal requirement to improve the service. We carried out this inspection in April 2017 to check whether these improvements had been made.

Headway Devon provides support, care and social reintegration for people with acquired brain injuries in Devon. The enabling service provided by Headway Devon is not regulated by the Care Quality Commission and was therefore not covered in this inspection. At the time of this inspection there were just two people whose support included assistance with their personal care needs in their own homes. Our inspection mainly focussed on these two people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found medicine administration systems were not safe. Medicine administration records (MAR) contained unexplained gaps, which meant people were not fully protected from medication errors or omissions. At this inspection we found systems had been developed with the aim of ensuring people received their medicines safely. However, despite the introduction of these systems we found they were not yet fully embedded. There were some gaps in recording the administration of creams and an error, which had not been picked up by spot checks or audits.

At the last inspection we found risk assessments were not always accurate or dated, and did not always contain the information staff needed to support people safely. These failings in recording and documentation had not been picked up by the quality monitoring system. At this inspection we found improvements had been made. Care plans contained risk assessments with measures to ensure people received safe care and support. They were dated, current and had been reviewed regularly. Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way.

At the last inspection we found care staff had not received face to face support for some time due to a lack of supervisory staff. They told us they felt isolated and unsupported, and that managers did not listen to them. At this inspection we found improvements had been made. A service manager and two full time supervisors were in post, as well as the registered manager. This meant there were now sufficient supervisors to provide the support each member of staff needed to do their jobs effectively. The supervision and performance management policies had been reviewed and a new supervision format introduced. Staff

had one to one supervision every six weeks, and regular 'spot checks' to evaluate their practice. A supervisor told us, "I make sure I'm available to staff. They can always ring the office or another supervisor if necessary". The majority of staff told us they now felt well supported. We saw from the minutes of the monthly managers meetings that supervisions and spot checks were monitored regularly, to ensure they were kept up to date.

At the last inspection staff told us that although training was provided, it was difficult for them to attend because of their workload. Training records were inaccurate, which meant it was difficult for managers to see which staff had completed training and which training was due. At this inspection we found improvements had been made. A new learning and development policy and training programme were in place, training records were maintained workloads were better managed, enabling them to attend training courses. Staff spoke positively about the training. Comments included, "Headway are brilliant. The training is awesome" and, "I've had loads of training. They were good courses, very helpful."

People told us they felt safe. One person told us, "I fell down one day and couldn't get up. They got me up, no bother at all". The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. Staff were able to recognise different forms of abuse, understood the provider's safeguarding and whistle blowing procedures and knew who to contact if they had any concerns. Accidents, incidents and complaints were documented and analysed to ensure any wider actions needed to keep people safe were identified, and allowed the service to learn from any mistakes.

People were supported by a consistent team of staff who knew them well. We observed people were relaxed and at ease with the staff supporting them, and they and their relatives spoke highly of their care, professionalism and kindness. Staff had a good understanding of each person's individual needs and treated them with dignity and respect. They understood the importance of encouraging and supporting people to make their own decisions about all aspects of their lives, asking for their consent before providing care. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. There were also regular opportunities for them to give feedback about the quality of the service, for example via individual reviews, user consultations and sitting on the board of trustees.

People were supported to eat and drink if they required assistance. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The registered manager had been proactive in addressing issues raised at the last inspection. They had also developed an action plan in response to recommendations made during a commissioned audit of human resource policies and processes, and in an 'Investors in People' report. This included reviewing and revising policies and processes to improve the operation of the service and the quality of the support provided to people using it and to staff.

The registered manager and staff team were proactive in keeping their knowledge and skills up to date and using this knowledge to develop and improve the service for the benefit of the people using it. They were also working to raise awareness and knowledge of ABI (acquired brain injury) by hosting conferences attended by staff and external professionals.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Effective systems were not in place to ensure people received their medicines safely.

People's needs were assessed to ensure risks were identified and safely managed.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff.

Is the service effective?

Good 

The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training to ensure their skills and knowledge were maintained. They were aware of their responsibilities under the Mental Capacity Act 2005.

People were supported by a consistent team of staff which meant staff knew people well and had a good understanding of their needs.

Staff were available to support people to access appointments if needed, and liaise with health and social care professionals involved in their care if their health or support needs changed.

Is the service caring?

Good 

The service was caring.

People and their relatives told us that staff were kind and caring, including the office staff.

Staff were respectful of people's privacy and dignity.

Staff were committed to promoting people's independence and

supporting them to make choices.
The service was able to offer care to people at the end of their lives. People's end of life wishes had been discussed and documented.

Is the service responsive?

Good ●

The service was responsive.

People were involved in drawing up their care plans. This meant care plans were personalised to each individual and helped staff understand how they wanted their care to be provided.

Staff were knowledgeable about the people they supported, and aware of their preferences and interests, as well as their health and support needs.

There was an effective complaints process which people were encouraged to use if necessary.

Is the service well-led?

Requires Improvement ●

The service was not fully well led.

The quality monitoring system was not fully effective in identifying gaps and errors in the administration of medicines to ensure they were administered safely.

People were supported by a motivated and dedicated team of management and staff.

The registered manager invited and welcomed feedback from people, relatives and other agencies, and used this to improve the quality of the service.

People and staff at Headway Devon worked to promote the services they provided through raising awareness in the wider community.

Headway Devon

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 18 and 19 April 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service, and we needed to give people notice before we visited them.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we went to the agency offices in Exeter and spoke to the registered manager and the service manager. We reviewed the care records of two people that used the service, the records for eight staff, and records relating to the management of the service. We visited two people who received a personal care service and spoke with them about the service they received. We spoke with two relatives and four care staff.

Is the service safe?

Our findings

At the last inspection in May 2016 effective systems were not in place to ensure people received their medicines safely. People's medicine administration records (MAR) contained unexplained gaps, which could be because the person did not want to take their medication, or it was given to them by their family when they visited. This was not always recorded, which meant people were not fully protected from medication errors or omissions. At this inspection in April 2017 we found that although systems to support the administration of medicines had been developed, they were not yet fully effective in ensuring people received their medicines safely. For example, we found some gaps in MAR charts related to the administration of creams, which was prescribed to prevent skin breakdown. On one occasion medicines had been left out for a person whose risk assessment stated, "Won't take medicines if left out for them...Do not leave medicines out to take later", which meant the person may not have had their medicines as prescribed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We discussed these issues with the supervisor who, by the second day of the inspection had brought it to the attention of the registered manager and emailed the relevant care staff, planning to follow up with them in supervision.

The MAR sheets had been revised and contained clear details of the medicines to be administered with their dosage and frequency. They prompted staff to initial and record when medicines were given, with a code to specify if, and why, they had not observed medicines being taken. This included, 'R', refused, 'L', left to be taken later, and 'X', absent or not visited. There were clear instructions for staff to report any gaps they found on the MAR sheets to the office, and space for staff to write any concerns. The sheets in people's houses were checked regularly by supervisors and were returned to the office at the end of each month to be audited. Staff had had one-to-one supervisions to ensure they understood how to complete the new MAR sheets. Minutes of managers meetings showed supervisors had been asked to "impress on staff the need to fill out the logs and MAR". Staff told us, "Its working much better now. Staff can make notes on the back. It's improved quite a bit." A relative said, "The carers always ensure [family member] takes their medicines. I have no problems with anything".

At the last inspection in May 2016 we found the service was not always safe because risk assessments were not always accurate or dated, and did not always contain the information staff needed to support people safely. At this inspection in April 2017 the registered manager told us, "The risk assessments are much better. We have revised the forms". Care plans contained risk assessments with measures to ensure people received safe care and support. They were dated, current and had been reviewed regularly. The level of risk had been assessed, and included the actions necessary to minimise the risk. For example, one person had been assessed as being at high risk of falls. The risk assessment stated, "Discourage to go outside, encourage use of walker indoors, and ensure walker is always in reach. Staff to prepare and carry food and drink for them. Ensure wearing pendant alarm". Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. For example one person

with poor mobility wanted to walk from their house to the car when going out. A risk assessment had been carried out with the person, which meant they were well aware of the potential risk and were able to make an informed choice. Their relative told us, "They do a great job. If [family member] fell over walking to the car, I wouldn't blame them".

People told us they felt safe. One person told us, "I fell down one day and couldn't get up. They got me up, no bother at all". We observed people were well treated and appeared relaxed and at ease with the staff supporting them.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. The registered manager had worked closely with the local authority, acting promptly and decisively to address concerns and minimise risk. They had raised safeguarding alerts, carried out investigations and taken any action necessary to keep people safe, including using the service's disciplinary process to investigate any concerns and keep people safe from poor care. The PIR stated, "We are also part of a Victim Care Support Unit Initiative for Devon and Cornwall Police. This unit provides immediate support and referral on to organisations for all victims of crime". This involvement meant the service was able to access specialist information and support for one person following a serious crime.

People could be confident staff would arrive on time, and they would not experience missed visits. Each person received support from a small team of staff they knew. One person told us the next week's timetable was delivered every Monday, so they knew who was coming and when. Staff were given sufficient travel time between visits, which reduced the likelihood of them being late. Staff used a telephone monitoring system linked to the agency's computer system to log in when they arrived at each visit, and again before they left. Care plans contained an emergency cover plan for contingencies like bad weather, or if a carer was unable to visit. A 24 hour 'Guardian' telephone system meant people and staff were able to access support and advice at any time, night or day.

Is the service effective?

Our findings

At the last inspection in May 2016 we found the service was not always effective. Care staff had not received face to face support for some time due to a lack of supervisory staff. Several staff told us they felt isolated and unsupported, and that managers did not listen to them. In addition they were concerned that a lack of accountability and monitoring meant people were at risk of receiving poor care. Although training was provided, staff told us it was difficult for them to attend due to their workload. Training records were inaccurate, which meant it was difficult for managers to see which staff had completed training and which training was due. There was a breach in Regulation 18 (HSCA RA Regulations 2014) Staffing, and the service was found to require improvement in this domain. At this inspection in April 2017 we found improvements had been made. The service has therefore moved from Requires Improvement to Good in this key question and is no longer in breach of regulation.

The majority of staff told us they now felt well supported. One member of staff said, "I have been feeling progressively more supported. The support from the service manager has been really helpful. It's more supportive and better structured than it was". A supervisor told us, "I make sure I'm available to staff. They can always ring the office or another supervisor if necessary". A service manager and two full time supervisors were in post, as well as the registered manager. The supervision and performance management policies had been reviewed and a new supervision format introduced. Staff had one to one supervision every six weeks, either via Skype or face to face. A supervisor told us supervision was about... "getting to know staff and clients, talking about concerns and any issues for staff, training and development, and to set objectives to be worked towards before the next supervision". In addition supervisors carried out regular 'spot checks', where they observed a member of staff working with a person to evaluate their practice. The supervisor focussed on a range of issues including understanding and management of risk, punctuality, dignity and respect. The person receiving care was asked for their feedback. The member of staff was then able to reflect on the findings of the spot check in supervision, which helped them to identify what they were doing well and any areas for development. We saw from the minutes of the monthly managers meetings that supervisions and spot checks were monitored regularly, to ensure they were kept up to date.

The registered manager told us that since the last inspection in May 2016, there had been an audit of staff training which had enabled them to identify any gaps and consider how they could be met. This had resulted in a new learning and development policy and training programme. The recruitment and retention of new staff meant that staff were now free to attend. Staff spoke positively about the training. Comments included, "Headway are brilliant. The training is awesome. The training depends on the specific client. I have recently done epilepsy training, I mentioned that I wanted to do it in supervision", and, "I've had loads of training. They were good courses, very helpful".

People were supported by staff who had undergone a thorough induction programme which gave them an understanding of the needs of people with acquired brain injury, and the ethos, policies and procedures of the organisation. It included equality and diversity, safeguarding, health and safety and infection prevention, and incorporated the national skills for care certificate, a more detailed national training programme and qualification for newly recruited staff. During the induction period new staff had opportunities to shadow

more experienced staff. This enabled them to get to know people and how they liked to be cared for. The timescale for completing the induction programme was adjusted to meet the skills, knowledge and confidence of the staff member. Following the induction, a rolling programme of modules provided more specialist training relevant to the needs of people with an acquired brain injury. This included communication, memory, cognition and perception and 'looking after your own psychological well-being'. We saw that training records were now maintained, which allowed the monitoring of training provision, and meant all staff were receiving the training they needed to work effectively with people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. At the time of the last inspection in May 2016, staff did not receive training in MCA. This training was now being provided, which meant staff now had a clearer understanding of their responsibilities under MCA and people's rights would be protected if they lost capacity to make decisions about their care and treatment. During our inspection we saw staff seeking people's consent before providing any support. They also offered choices and respected people's rights to make their own decisions. One member of staff told us how they asked one person the same question in different ways to check that they had understood and were making meaningful choices. When people lacked the mental capacity to make certain decisions the service had contributed to a best interest decision making process with the local authority, to ensure any decision made was the least restrictive and in the person's best interests.

People received effective care and support from a consistent team of staff who knew them well and had the skills and knowledge to meet their needs. One person told us, "It's a good service, a very good service. Everything is good. They help me do the garden, they help me do everything". This was confirmed by relatives who commented, "There have been no problems. I'm very happy with the care", and, "I personally think they do a very good job, within the funding constraints". Written feedback from a person who had left the service stated, "I just want to take this opportunity to say thank you for all the support I was given by Headway. Each week I have been helped and now I feel that I can stride out on my own. Your help has been invaluable and I would not be able to branch out without your help".

Care records contained guidance for staff to minimise risks related to insufficient food and fluids. We saw carers following this guidance. For example, "Encourage to drink every visit and leave the person with fluids", and, "Staff to prepare and carry food every visit." One person told us, "They support me with food and drink. If I need it, they help me. They make drinks for me. They prepare food for me. I say what I want and they prepare it".

Where necessary staff helped people to see a range of health and social care professionals according to their needs. A relative told us, "They did a wonderful job getting the dentist out to [family member]. They had bad toothache. The dentist saw them at home and removed the tooth, so they're now pain free". The service liaised closely with health professionals to ensure they supported people to manage their health needs effectively. For example, records showed that concerns about one person refusing to take their medicine had been promptly followed up with the GP, and advice given and followed.

Is the service caring?

Our findings

People told us that staff were kind and caring, including the office staff. Comments included, "They are kind. Very good, excellent! I get on well with all of them", and, "I've no complaints. Yes, they are kind". This was confirmed by a relative who said, "I think they do a wonderful job. They do a fantastic job. Some of them go above and beyond. If I was allowed to I would give them a big present at Christmas". They told us how their family member usually had microwave meals, however one member of staff had, "turned up off their own back and cooked them a steak. A nice bit of meat and fresh vegetables. They've done that on several occasions. Even the young carers, I'd like them all to have a big pat on the back. They make such a big effort with [my family member]". Written feedback from another relative said, a member of staff was "caring and professional and very kind. They always use [family members] foot spa and soak their feet for them".

Staff knew people very well. They told us about the people they supported, and what was important to them. This meant staff could have conversations with them about their interests and the things and people they valued. They knew how people wanted their care provided and their preferences. For example, they knew that one person liked to have a cheese sandwich for their lunch and asked them, "Would you like a cup of tea? You like it black don't you?"

The PIR stated, "It is the aim of Headway Devon to ensure that all service users are treated in a dignified and respectful manner, and that their individual needs are recognised and fully met by the services provided". We saw staff treated people with dignity and respect, and asked for their consent before assisting them with a task. They saw their role as supportive and caring, but were keen not to disempower people. For example, one person asked the carer to choose their lunch for them out of the freezer, but the member of staff came back to show them two options and they were then able to choose which one they wanted. Staff understood the importance of good communication in helping people to express their views. They explained how they supported one person's communication in line with their care plan which said, "Encourage the person to communicate with you and their family and neighbours. Write down any crucial information. Ask [person's name] to feed back to ensure they understand. Encourage the use of hearing aids".

The service ensured relatives were kept informed about the welfare of their family member and any changes to their care package. One relative told us, "I'm in regular contact with [service manager]. They ring me if there's anything wrong". Another relative said, "They've improved since last year. They're better at getting in touch with me, for example if a carer has gone of sick. We all do it very well together. They communicate a lot better".

The service was able to offer care to people at the end of their lives. People's end of life wishes had been discussed and documented, which meant they would be respected at the end of their lives. One person, in agreement with their family and GP did not wish to be admitted to hospital if they became unwell, and this was clearly documented in their end of life care plan. A relative told us, "My [family member] gets very agitated if one of the carers thinks they're not that well, especially if they say they'll call an ambulance. I had a talk with [family member] and with carers. I don't want an ambulance and paramedics coming out. They want to die at home." However, staff we spoke to felt uncomfortable with this directive and were unclear

whether the person's advance decision had been formally documented. We discussed this with the service manager who acted immediately to clarify the situation with the GP. They told us they would discuss this issue with staff in supervision, and look into providing training around advance decision making and end of life issues. This would allow staff to feel reassured and more confident in this area, and ensure the person's end of life wishes were respected.

Is the service responsive?

Our findings

People received support that met their individual needs and wishes. The registered manager consulted with each person and/or their families and representatives to draw up and agree a plan of their support needs. This meant care plans were personalised to each individual, and contained the information needed to help them understand the person and their needs, and how they wanted their care to be provided.

The care plan was kept in a folder in the person's home, with a duplicate in the office for staff to refer to. Care plans contained information about people's physical and psychological support needs and any related risks, including medication, eating and drinking, mobility, communication needs and personal care needs. They contained a list of tasks and clear guidance which enabled staff to meet people's needs effectively, for example, "Encourage with food and fluids every visit". MAR charts and daily records were also in people's folders for completion by staff. There were signed forms consenting to support with medicines, guidance about how to make a complaint and contact details so people knew who to contact at the agency for advice or support. The registered manager told us they had introduced 'outcome measures' to the care plans of people that used their 'enabling' service. This meant that care plans were more structured with clear objectives and outcomes according to the needs of the person, with the aim of improving their independent living skills as much as possible. For example, going out for a cup of tea might be broken down into measurable goals including ordering the tea for themselves and managing their money.

The PIR stated, "Clients are involved individually with their care plans. Individual care plans are reviewed on a regular basis with clients, and also when there is a change in the service user's individual needs. Supervisors visit service users in their own homes to review and update care plans". We saw care plans had been regularly reviewed which meant the information they contained about people's support needs was up to date. People and their relatives confirmed they had contributed to their review, with the support of staff where necessary.

Staff recorded information about each person at the end of each visit. These records included information about the person's well-being, health, medicines and food and how they were spending their day. This meant the next member of staff and the person's family were kept informed about the person's well-being and any concerns on a daily basis. This information also ensured the effectiveness of the persons support was reviewed at every visit, so that it remained responsive to their needs and preferences.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. We saw written feedback from a member of staff who had supported a person during a hospital admission. It said, "Staff at the hospital were very complimentary about our help with [person's name]. They appreciated our knowledge and understanding and thanked us for our advice."

The PIR stated, "Clients are involved in all aspects of their care, from developing care plans to discussing any issues or concerns they may have with managers. This can be via letter, email, telephone or face-to-face at home or in the office". Annual satisfaction surveys were sent to people and their representatives, to seek

their views on the quality of the service they received.

A copy of the complaints procedure was in people's folders, and gave clear guidance about how to make a complaint. Relatives told us the service was responsive to any concerns raised and dealt with them effectively. We saw from records that complaints were investigated and action taken to address concerns. They were reviewed at every Executive Committee meeting, which meant new complaints were discussed, updates provided on existing complaints and action considered to improve the service where necessary.

Is the service well-led?

Our findings

At the last inspection in May 2016 we found the service was not always well led. There was a breach of Regulation 17 (HSCA RA Regulations 2014) Good governance, and the service was found to require improvement in this key question. At this inspection in April 2017 we found that although improvements had been made, they were not fully embedded, which meant further improvement was required although the service was no longer in breach of regulation.

At the last inspection in May 2016 we found gaps in the completion of MAR sheets had not been picked up by the quality monitoring system. At this inspection we found the systems for administering medicines had been reviewed, and action taken to ensure the administration of medicines was managed safely. This included a robust auditing system for the MAR sheets, which consisted of supervisors checking them regularly in people's houses during 'spot checks' and again at the end of each month when they were returned to the office. Despite the introduction of this system and significant improvements in recording, we found it was not yet effective. MAR charts in one person's house contained some gaps related to the administration of creams, and on one occasion medicines had been left out for a person whose care plan instructed staff not to do so. These errors had not been picked up by the quality monitoring system. We raised these concerns with the supervisor and registered manager who acted immediately to address them and minimise the possibility of recurrence.

At the last inspection in May 2016 we found a lack of formal supervision meant staff did not feel adequately supported. They did not feel that any concerns they raised were taken seriously, or that they were being 'listened to'. The PIR for this inspection stated, "Headway Devon provides a robust management and administrative structure to support the services and workforce. All staff are assigned a named line manager, and are supervised every six weeks. This provides a face-to-face opportunity for staff and managers to feed back to each other both about the service itself and also any individual concerns (personal or client based)". The majority of staff we spoke to told us they now felt well supported. One member of staff told us, "Things are OK. They have improved over the last 12 months. There is more training, more staff and supervision is happening now".

The registered manager told us, "It's easy to assume if nobody's making a fuss its ok, but that's not true". They had instigated a 'psychological well-being survey' for staff at their request, which had led to improvements in the way staff were supported. A repeat of this survey was imminent, which would be an opportunity to evaluate whether the action taken had improved stress levels. In addition the service had signed up to a mental health charter for employers, and was considering having 'mental health first aiders', trained to recognise if a member of staff was experiencing a mental health issue and to provide support and guidance. The registered manager told us, "We asked the trustees to consider it. It's a stressful job with complex clients". In addition supervisors were proactive in ringing staff regularly to check they were ok. "We are trying to make everyone feel supported".

We saw that staff now had more opportunity to express their views. One member of staff had expressed dissatisfaction with aspects of their employment. This had been taken seriously and was being formally

addressed. A staff forum was due to take place the week following the inspection, where staff representatives met to consider any issues which might affect staff and how they might be resolved. Any conclusions would then inform the business plan for the service.

The service was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They told us, "We want to provide a good service and be the best we can be". They had been proactive in addressing issues raised at the last inspection. They had also responded to recommendations made during a commissioned audit of human resource policies and processes, and in an 'Investors in People' report. Investors in People provide an internationally recognised accreditation for organisations that meet their required standard for leading, supporting and managing people. Their report looked at areas such as the leadership and management of the service, learning and development and staff support and satisfaction, and concluded that Headway Devon met the standard. Some suggestions for improvement had been made, and an action plan developed which was in the process of being completed. This included reviewing and updating recruitment policies and processes to ensure their effectiveness in minimising risks to people from unsuitable staff. Induction and training had been reviewed as well as the supervision and appraisal policy to make sure staff had the knowledge and skills needed and the support necessary to work with people using the service.

The registered manager was considering how the service might develop and improve for the benefit of the people using it. They told us, "We want to get better at what we do and develop organically, according to what's needed and what we can afford". They were looking at the possibility of arranging half day activity sessions like mindfulness or art therapy, which could be open to people the service supported in the community, as well as people who came to the day centre. They were also looking at the possibility of having staff based in hospitals, who would be available when people were admitted with a head injury, and were involved in multi-agency initiatives looking at preventative support to avoid unnecessary hospital admission.

Staff were encouraged in their continual professional development, for example undertaking relevant national vocational qualifications, and attending national headway conferences where they had the opportunity to network and share best practice with others working in the same field. The management team were proactive in keeping their knowledge and skills up to date and using this knowledge to improve the lives of the people they supported. The PIR stated, "Senior Managers hold positions in Provider Engagement Networks and boards for the Devon County Council, The Torbay Health and Social Care Trust and North Devon Healthcare Trust. This enables them to get first hand access to the latest changes and best practice in the field of local government social care, and provides a voice straight into the county council social care and health development teams". They were also members of a local 'care quality circle', where local care providers met every quarter to discuss issues in the provision of health and social care and share good practice ideas.

People and staff at Headway Devon worked to promote the services they provided through raising awareness in the wider community. For example, they were finalists for charity of the year, in the Exeter Living Awards for two years in a row. They also worked to raise awareness and knowledge of ABI (acquired brain injury) by hosting conferences attended by staff and external professionals. The most recent conference was attended by 60 people and explored how different therapies could help people with ABI, such as mindfulness, art, magic tricks and clinical neuropsychology. The next conference will focus on people in prison with brain injuries, and how they adjust when they return to society.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to

act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

Significant accidents/incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. We have no reason to believe we have not been informed of significant incidents which have occurred within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems were not in place to ensure people received their medicines safely. 12(2)(g)