

# Care service inspection report

Full inspection

## Edinburgh Headway Group Support Service

Headway House  
Astley Ainslie Hospital  
Canaan Lane  
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Edinburgh Headway Group

Service provider number: SP2003003249

Care service number: CS2003013972

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

|                                      |   |           |
|--------------------------------------|---|-----------|
| Quality of care and support          | 5 | Very Good |
| Quality of environment               | 5 | Very Good |
| Quality of staffing                  |   | N/A       |
| Quality of management and leadership |   | N/A       |

### What the service does well

The service offers a friendly and supportive service environment for people with acquired brain injury.

People who used the service (known as "Members") gave us positive feedback about the quality of their service. It was evident that Edinburgh Headway Group (referred to hereafter in this report as Headway) provided them with an important social and recreational resource, as well as offering its members rehabilitative support across a range of presenting issues.

Family representatives we spoke with explained that they valued the work of Headway, telling us that the support offered helped sustain them in their caring role, as well as offering an important social and rehabilitative service to their loved ones.

Staff were a considerable asset to the service. They were trained in areas relevant to the people they worked for and delivered support with a good awareness of the providers organisational values and wider principles of choice and respect.

The service provider followed safe recruitment best practice, in respect of paid and volunteer staff.

### **What the service could do better**

There were areas for improvement in respect of regulatory processes, including facilitating statutory service reviews and developing more detailed support planning documentation, including case note recordings.

The service must submit notifications of accidents and incidents in accordance with their statutory responsibilities, as per regulatory guidance.

Risk assessments should be developed to include details of all significant presenting issues, clearly outlining and evaluating risk management strategies.

### **What the service has done since the last inspection**

The service has continued to maintain and develop positive relationships with it's members and their family representatives.

Headway have maintained and developed very good working relationships with a range of professionals from health and community based services.

The service has appointed a Volunteer Co-Ordinator. Volunteers have an important role in Headway, supplementing the paid workforce and adding a range of skills to the resources available from the service.

The service has just introduced a Brain Injury Carers Support Project, operating for a 2 year period. This project has a focus on supporting unpaid carers of adults with an acquired brain injury (ABI) and replaces the Befriending Project, which ended on 31st March 2016.

## Conclusion

Headway offer a progressive, rehabilitative day opportunities to the people they work for. There was a strong emphasis on partnership working within the service. This extends to service users, their representatives and a range of health and community based organisations.

The focus on partnership working helped ensure that service delivery was person centred and that people using the service had access to the supports they needed in order to achieve their aspirational goals and positive outcomes.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2012, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com). This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Edinburgh Headway Group is a voluntary organisation, providing day care and support to adults who have suffered a traumatic/acquired brain injury. There are circa 65 members who use the service. Approximately 25 members attend the centre on a daily, planned basis, though some members may attend on a drop-in basis.

The service, which was registered with the Care Commission in April 2002, is located within the grounds of Astley Ainslie Hospital. The premises are owned by NHS Lothian.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of environment - Grade 5 - Very Good**

**Quality of staffing - N/A**

**Quality of management and leadership - N/A**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We visited the service between 9:30am-5pm 21 April 2016 and between 9:15am-5:30pm 25 April 2016. We returned for a further meeting, attended by the Lead Inspector, Inspector Team Manager, the Registered Manager and the Chief Executive of Edinburgh Headway Group, between 3pm-4:15pm 10 May 2016.

During our inspection we formally interviewed two members, one of whom is a members representative on the providers management committee, two family representatives and one volunteer member of staff. The volunteer member of staff was also a representative on the providers operations and management committees. In addition, we carried out interviews with the volunteer co-ordinator, the gym supervisor, an activities assistant and the rehabilitation co-ordinator. We also spoke with the registered manager and the providers chief executive during our inspection.

Whilst on site, we attended a member based activities planning meeting and participated in a quiz activity. We also joined members and staff at lunchtime, in the garden area. We spoke informally with several other members and a volunteer during the inspection and we were able to observe staff practice.

We considered a range of material whilst on site and the registered manager sent us additional information on request.

We looked at:

- the supervision and training records for six members of staff



- the matrix which detailed PVG, reference and training dates for volunteer staff
- detailed evaluation of five members support files
- the service Protection of Vulnerable Groups (PVG) records for all paid and volunteer staff, also looking at the providers safe recruitment practice
- a sample of minutes from staff team , volunteer staff and operational sub-committee meetings
- a sample of the service's newsletter
- risk assessments for two planned social outings
- the services accidents and incident reporting records, including any notified to the Care Inspectorate
- quality assurance feed back from Members, which included letters and e-mails and exit questionnaires.

Whilst we were on site we walked around the premises, looking at the range and quality of the facilities and resources available at the service. We visited the gym, the main activities room, the garden area, the toilets and the small room used for therapeutic activities.

We considered a range of other documentation, including:

- complaints Procedure
- safeguarding adults policy and procedure
- supervision policy
- volunteer agreement procedure

- risk assessment guidelines for Edinburgh Headway Group
- service information leaflet
- annual report and finance statement for Edinburgh Headway Group (March 2015)
- members involvement questionnaires results
- activities outings & timetable 2015.

In addition, we considered the information from four staff questionnaires, issued by the Care Inspectorate as part of information gathering prior to inspection.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may

consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document. This identified areas where the service felt they performed well and some areas for development.

The self assessment was completed to a good standard and had an outcomes focus.

## Taking the views of people using the care service into account

"they have helped me a great deal, given me structure and routine. I enjoy the activities and peer support"

"staff are polite and respectful, they have the skills needed to offer support and know what they're doing"

"I would like more toilets and a shower facility on site, more space"

"I'm involved in planning for when we move to new premises"

"I've always felt safe here"

"they have helped me a great deal in my rehabilitation. The activities have helped me regain my cognition and they have helped me achieve my physio goals"

"I like the peer support group meetings and I've made friends here"

"my family have become involved in fundraising at Headway"

"I wouldn't change anything"

### **Taking carers' views into account**

"I attend the AGM and take part in the forum"

"the manager is approachable and I'm happy with the standard of staffing"

"they speak respectfully and always offer choices, this is very reassuring for me"

"I would like more wheelchair accessible transport for outings"

"it would enhance the service if they could offer personal care"

"he's not motivated at home , but here he goes with the walking group"

"the staff are caring, friendly and have insight"

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### Statement 3

“We ensure that service users' health and wellbeing needs are met.”

#### Service Strengths

People who used the service spoke very positively about the benefits they derived from attending Headway. One person highlighted the fundamental role of the service in respect of their continuing rehabilitation following a serious vascular episode which had a significant and life changing impact on their cognitive and communication skills, as well as their physical mobility.

We heard that Headway had been able to offer the support and resources they needed to follow a detailed programme of physiotherapy based exercise, aimed at regaining co-ordination and mobility.

The person concerned explained to us that the support of staff had been an integral part of their recovery plan. Staff were able to follow professional guidance around a complex physiotherapy regime and helped enable the person concerned, using their skills and experience to motivate, supervise and facilitate a significant and profound level of change.

It was evident from our discussion that staff support had played an important part in the achievement of successful rehabilitative outcomes for the person concerned. The member we spoke with said that they could never have managed to achieve their targets without the inputs from the Headway team.

We noted that the person concerned was now mobile, with aids and equipment. We recognised that the service had helped them achieve fundamental health and well being outcomes.

When we observed activities at Headway, we saw people participating in events which promoted physical exercise and improved cognitive functioning. There was a Tai Chi class held in the garden area. We noted that this attracted a high level of member engagement. People were focused on movement which helped promote physical dexterity, as well as relaxation. This type of planned activity embraced the principles of holistic approaches and helped deliver positive health and well being outcomes.

In another planned activity we saw that people enjoyed taking part in a quiz. Members were divided into teams and tried to answer questions offered. We observed that there was humour and a degree of peer support whilst answering the questions, with some members engaging with other people who presented as less able, helping to include them in the event.

Some of the people we spoke with informally told us that they enjoyed coming to Headway. One person said that they liked the company and support of their peers, enjoying a stigma free environment where they didn't feel self-conscious about the effects of their head injury on their communication abilities. Another person said that they liked the change of environment and that it gave them structure to their day, which would otherwise be absent. They went on to comment that attending Headway helped them feel less socially isolated.

It was evident to us that people using the service valued attending Headway, deriving a range of benefits from attending that promoted a sense of enablement, mutual support and community.

We spoke with two family representatives and it was clear from our discussions that their loved ones enjoyed attending the service. In addition, they both said that they felt sustained in their role as carers, through the support offered at Headway.

The service recognises the importance of augmenting the role of family carers and has just began a project which they hope will progress the wider support agenda. This service, known as the "Brain Injury Carers Support Project" has an extensive remit which focusses on people's informal caregivers. It is anticipated that the project will add significant value to the carer group and contribute to the broader aspects of health and well being for people using the service.

We recognise that carers played a significant role in the wider aspects of health and well being for some members. The service played an important role in the networks of support that helped maintain their caring role. This embraces the broader principles associated with promoting member health and well being outcomes.

### Areas for improvement

We considered the notifications the service provides to the Care Inspectorate and looked at the accident and incident records that are maintained on site. We noted that there were some events we considered reportable under statutory requirement and we discussed this with the registered manager, highlighting the events in question and the associated regulatory guidance. We have made a recommendation around this issue.

There were areas for improvement associated with how the service evaluates risk and the associated response measures detailed in care planning documentation. We heard from the registered manager that there were a significant number of service users who experienced episodes of seizure, associated with epilepsy. This was reflected in the services accident and incident recordings since the time of the last inspection.

We found that there was room for improvement with regard to the documentation and detail around epilepsy and managing risk in the service user support planning documentation. There were no personalised epilepsy based risk assessments, with files only containing a basic response protocol which highlighted the need to call emergency services in event of a seizure.



In order to help promote a safe service environment and ensure that staff are fully conversant with how each member presents, we feel there must be more detailed guidance around predication of the events and circumstances which may precipitate a seizure. This would include details of any preventative measures to be implemented and more information around responses from staff should a seizure occur. These risk assessments should also capture information on the capacity of the individual to manage their epilepsy, particularly in respect of recognising when they needed to take medication used to prevent seizures.

Risk assessments must also be developed in respect of other aspects of health and well being. We saw references in case notes to people who sometimes presented with challenging or disinhibited behaviours, yet this was not adequately documented in care planning information. This also observation also applied to files for some people with visual impairment and mobility issues.

In another file we looked at we noted that the person had complex needs associated with visual and physical impairment. They had limited mobility and used a wheelchair. The assessment stated that they needed assistance to carry out safe transfers and that they would not use the toilet during their time at Headway. There was no detailed care planning information around the service response should that person require to use the bathroom facilities, nor was there any risk contingency around this possibility.

The service must take measures to fully risk assess issues associated with the health and well being of the people they support, ensuring that supporting paperwork addresses all presenting issues, as well as detailing any staff responses. Risk assessments should be signed and shared with the relevant person and/or their family representatives.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 2**

1. The provider should demonstrate that personal plans records all risk, health, welfare and safety needs in a coherent manner which identifies how needs are to be met. In order to do this the provider should:

- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned and to be provided; this includes all risk management issues.

The National Care Standards-Support Services-Standard 10-Feeling safe and secure & Standard 16-Keeping Well.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - the health and welfare of service users. And regulation 5(1) - personal plans.

2. The Provider should ensure:

- Notification reports of all accidents and incidents which are potentially detrimental to the health and welfare of service users are sent to the Care Inspectorate.

Records that all registered services (except childminding) must keep and guidance on notification reporting-Care Inspectorate (2012-amended April 2015).

## Statement 5

“We respond to service users' care and support needs using person centered values.”

### Service Strengths

The service provider had organisational values and an ethos which embraces the key principles associated with person centred values. This is supported through staff induction and training which emphasises the importance of the individual and recognises that each person is unique and has their own particular needs and support goals.

When we observed staff practice, at an activities planning meeting, an organised quiz event, at an informal lunchtime gathering and at other times throughout our inspection, we saw that staff were polite, communicated effectively and always sought to offer choice to the people they worked for.

People using the service and their family representatives we spoke with verified that staff are a considerable asset to Headway. They were described as having the skills, patience, knowledge and understanding to work effectively with people.

We recognised that staff offered support in a way that promoted person centred values and that this led to personalised service delivery which contributed to the achievement of positive outcomes for the people they worked for. It was apparent to us that staff knew the individual members well and that they were able to bring this kind of detailed knowledge to bear whilst delivering person centred support.

We saw some good examples of how person centred values were integrated into routine care planning. There is a strong emphasis on member participation in aspects of service delivery and development, including planning for social events and outings. During our inspection we attended a planning discussion in which all of the members present were invited to contribute to suggestions for future activities.

People also spoke to us about activities which focused on particular interests or support needs. We saw that the activities were diverse and fed directly into the services person centred agenda. People could participate in walking groups, cooking classes, receive therapeutic and relaxing treatments in a dedicated "quiet room", as well as take part in musical and other creative outlets.

When we observed staff-service user interaction, we saw that staff always offered choice and sought people's views on activities and participation. It was apparent that this was well established practice and that verbal communication was a routine way in which members presented their views and engaged in person centred dialogue.

This focus on consultation promoted choice and personalised service delivery outcomes for members attending Headway, contributing to the facilitation of positive support outcomes.

Members were also represented at service development level, with a presence on management level committees. This helped ensure that people using the service had a say in respect of how the providers wider strategic and organisational development outcomes.

### **Areas for improvement**

The service should ensure that they develop systems which will help ensure that members views on the quality of their support and staffing are captured and fully evidenced. This would be achieved by facilitation of formal service reviews, in line with the statutory requirement to carry them out at a minimum of six monthly intervals.

A review should involve a minuted discussion with the member, family representative and key staff. This should have a focus on evaluating support outcomes and be shared with all participants. Facilitating service reviews would help promote the providers person centred ethos, ensuring that the service documents the positive work they carry out and the views of the people they work for.

We discussed the issue of service review with the Registered Manager and Chief Executive at Headway, highlighting their statutory obligation to convene reviews and offering our view that a detailed review discussion would complement the routine update of support plans and add value to the services wider quality assurance systems. On the basis of an agreed understanding of what we require from the service, we are highlighting this area for development as a recommendation only.

When we looked at the files maintained by the service, we saw that they did not maintain case note recordings which detail the nature of contact for the members using the service. A brief account of the members day, capturing information on what they did and any other significant issue, would offer a useful way of evidencing the work carried out at Headway. This is an area for development and the service should consider routinely introducing case notes into their standard documentation.

The service management should seek to ensure that the participation and assent of members/family representatives is fully evidenced in the documentation maintained in member case files. We saw some paperwork that lacked the signature of the people it related to. In some examples it was apparent that the person concerned was unable to sign. In these examples the service should seek the signatures of family/service user representatives.

In our previous inspection we made a recommendation around member involvement in staff recruitment and the capturing of their views on the quality of staffing and introducing them into staff supervision.

These issues remain as areas for further development. The service recognises the value of member involvement in recruitment, but, as yet, this has not become a standard feature of the recruitment process. When we discussed this with the registered manager, we suggested that they consider facilitating a recruitment themed event which captured member views on the ideal qualities of a member of staff and obtain questions for use at interviews. This would help the service engage people who might otherwise not wish or be able to participate directly in the recruitment process and promote positive personalisation outcomes for people using Headway.

We also discussed the current staff induction systems, suggesting that the service could enhance the person centred agenda by recording the views of members on the work practice of new staff and utilising this in supervision/ appraisals. This type of participation would help ensure that the service evidence member views on the quality of staff and meet the previous recommendation around 360 degree inputs into their appraisal

We repeated the previous recommendation on service user involvement in staff recruitment and inputs into staff appraisal.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 2**

1. The provider should ensure that support is reviewed at intervals in keeping with required legislation and show the involvement of service users.

In order to achieve this:

- all personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.
- the review discussion must generate a documented minute which records service user views on the quality of their support and is shared with all participants.

This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans.

2. The service should consider involving members in the recruitment of all staff.

The service should consider a system of 360 degree feedback so that members can contribute to the appraisal of the staff.

The National Care Standards, Support Services, Standard 8, Making Choices

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 2

“We make sure that the environment is safe and service users are protected.”

### Service Strengths

The service has a standard number of premises based checks which helps ensure that the service environment is suitable for delivering support safely to the members.

Electrical goods and appliances had all been subject to an annual Public Appliance Test (PAT) and that this helped ensure they were fit for use. There were fire extinguishers throughout the premises and we were advised that the building was subject to annual fire safety inspection. These equipment and premises based checks helped to ensure that Headway offered safe environment outcomes for people using the resource.

Access to the services' gym was always supervised and the gym instructor was suitably qualified, with a considerable degree of expertise and experience. The gym was an area which members used to follow exercise based rehabilitative schedules and it was used extensively by some people. There was a schedule for cleaning and maintaining the gym equipment. This was followed as detailed.

The maintenance of equipment, supervised access and knowledge and experience of the gym supervisor helped ensure that members had the resources needed to safely progress their rehabilitation goals and achieve positive support outcomes.



When members arrive at the service they are requested to sign in and they sign out when they exit. This system helps ensure that staff know the numbers of people on site, in case of any emergency. Visitors are also routinely asked to sign in on arrival.

The premises are fully wheelchair accessible. There is ramped access to the side of the building which allows wheelchair entry and the doors throughout the building are wide enough to allow safe access. In addition, there are some aids and equipment in the toilets, handrails and a pull cord based emergency alert, which helps people with mobility issues to safely use the facilities. These factors contributed towards good accessibility outcomes for people using the service.

The provider has a policy on staff recruitment which follows established best practice. This necessitates that all staff, be it volunteer or paid, undertake a PVG check and they also submit the names of two references.

We saw information which demonstrated that the service implements this policy. The volunteer staff group had a matrix which identified their start date and whether PVG checks and reference protocol had been followed. We saw information which clarified the same process had been followed in respect of paid staff.

Robust adherence to safe recruitment procedures helped ensure that all staff who worked in the service were considered fit to work with members. This contributed to the provision of positive safe environment outcomes for people using Headway support.

We looked at staff training records and noted that the service offers training which helped ensure that staff had the skills and knowledge required to work effectively with the people attending Headway. Staff had undertaken a range of training, including: adult protection, epilepsy awareness, acquired brain injury, emergency first aid and boundaries.

When new staff are introduced into the service, they have an induction in which they are introduced to the providers mission statement, ethos and core values. Induction includes an introduction to the National Care Standards and policies and procedures and it is accompanied by a workbook which helps ensure that these key areas are fully understood by new workers.

We recognised that the providers procedures, induction and training provision supported good practice and promoted positive safety outcomes for members attending Headway.

### Areas for improvement

When we walked around the premises we noted that one of the main corridors, used to travel between the hall and the gym area and the toilets was used to store equipment and materials. Whilst the majority of the equipment concerned was located along one wall, there were some items stored on the other side.

There were members using Headway who had compromised visual and experienced spatial awareness distortion and we were concerned that the way goods were stored in this corridor could constitute a trip hazard for them. We discussed this with the registered manager, suggesting that the service consider ways in which to improve safety and ensure that this corridor was safe for all members.

In one of the two toilets used by members, there was a waste disposal bin which stated it was to be used for safe disposal of pads. The bin was operated by manually lifting the lid. This is contrary to established best practice around infection control and we suggested to the registered manager that they obtain a pedal operated bin, as used in an adjacent toilet which was part of a hospital facility. The use of a pedal operated bin will help the service minimise risk of infection and promote positive safe environment outcomes for people using the service.

We wondered if the service might consider installing a raised toilet seat in the facilities. This would help ensure safe transfers for some people with reduced mobility and would complement the other safety equipment already installed in the toilet.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

#### Service Strengths

The service offers a friendly and stimulating environment for its members. People we spoke to made it clear that they enjoyed attending and that Headway played a fundamental role in their social, recreational and rehabilitative support.

One service user explained that the service offered them routine and structure in their lives. They were motivated to attend and greatly enjoyed the company and support of their peers. The opportunity to become involved in wider aspects of how the service developed gave them satisfaction, promoting a positive sense of self-worth and empowerment through feeling valued and able to contribute to the service providers operational and developmental outcomes.

A family carer explained to us that attending Headway was the main social outlet for their loved one. It offered them company and a change of environment, enhancing the quality of their lives. We also heard that access to the resource helped sustain them in their role as an unpaid carer. It was evident to us from this discussion that the role of the service was a vital supportive resource for these members.

#### Areas for improvement

There were areas where the service environment could be improved in respect of its general facilities. Some of the issues are inherent to an older building which has had multiple uses in the past and has been adapted for use as a day resource. We took this into account when appraising the service environment, recognising that the provider faces some limitation in respect of their tenure of the premises, which are owned and maintained by the local NHS Trust.

There was potential for developing the garden area further. Although this resource was well utilised, weather permitting.

It would benefit from having some accessible paths which would help ensure that members who used wheelchairs or who had compromised mobility, could safely navigate their way around this area.

Members play a part in maintaining the garden area and we wondered if the service could consider ways in which this activity, which has therapeutic benefits, might be made more accessible. This could be facilitated by the use of hanging baskets and planters, as well as more raised beds for growing flowers or vegetables. There was one raised bed on site, however access to it required traversing areas of lawn which were not easily accessible for people with wheelchairs or reduced walking abilities.

We heard that the garden was greatly appreciated by members and whilst we were on site, we observed activities being held in this area, including a Tai Chi group and a writing group.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Quality theme not assessed

## Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

### 4 What the service has done to meet any requirements we made at our last inspection

#### Previous requirements

1. The service should ensure that all members have up-to-date support plans and that the support plans are reviewed at least once every six months. These support plans and reviews should be outcomes focussed. Both should be signed by the member and a record made of who attended the review.

This is in order to comply with SSI 2011/210 Regulation 5(2)(a) and (b) - a requirement about personal plans.

Timescale for implementation: three months.

This requirement was made on 09 October 2013

Support plans were updated as per requirement. We have made a recommendation in relation to reviews and asked the service to develop a quality assurance based review system.

**Met - Within Timescales**

2. The service should ensure that a restraint policy is put in place based on the Mental Welfare Commission's guidelines.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - a requirement about the welfare of users.

**Timescale for implementation: three months.**

**This requirement was made on 09 October 2013**

The service have developed an appropriate policy which meets this requirement.

**Met - Within Timescales**

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

1. The service should consider involving members in the recruitment of all staff.

**National Care Standards, Support Services, Standard 8, Making choices**

**This recommendation was made on 09 October 2013**

Partially met. This remains an area for further development.

2. The service should consider a system of 360 degree feedback so that members can contribute to the appraisal of the staff.

**National Care Standards, Support Services, Standard 8, Making choices.**

**This recommendation was made on 09 October 2013**

Not met-repeated recommendation.

3. The service should consider developing their adult protection policy to include a flowchart so that the staff are aware of the process for reporting concerns. The policy should also have the contact details for the local social work department, the police and the Care Inspectorate. The whistleblowing policy should also have upto- date Care Inspectorate contact details.

**National Care Standards, Support Services, Standard 2, Management and staffing arrangements.**



**This recommendation was made on 09 October 2013**

Met via revised policy.

**4. The service should consider introducing a system to show that staff have signed to indicate that they have read each policy and that there are questionnaires to test their understanding of certain policies such as adult protection.**

**National Care Standards, Support Services, Standard 2, Management and staffing arrangements.**

**This recommendation was made on 09 October 2013**

Met through the introduction of new standard procedures.

**5. The service should ensure that formal supervision takes place at agreed intervals. The supervision session should be recorded and both parties should sign to indicate that they agree with the contents.**

**National Care Standards, Support Services, Standard 2, Management and staffing arrangements**

**This recommendation was made on 09 October 2013**

Not fully met, some gaps were evident in supervision records.

**6. The service should ensure that up-to-date Care Inspectorate details are in the complaints policy.**

**National Care Standards, Support Services, Standard 12, Expressing your views.**

**This recommendation was made on 09 October 2013**

Met through revised policy.

## **6 Complaints**

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

| Date        | Type                     | Gradings                  |               |
|-------------|--------------------------|---------------------------|---------------|
| 9 Oct 2013  | Announced (Short Notice) | Care and support          | 5 - Very Good |
|             |                          | Environment               | 4 - Good      |
|             |                          | Staffing                  | 5 - Very Good |
|             |                          | Management and Leadership | 5 - Very Good |
| 12 Jan 2011 | Announced                | Care and support          | 5 - Very Good |
|             |                          | Environment               | Not Assessed  |
|             |                          | Staffing                  | Not Assessed  |
|             |                          | Management and Leadership | Not Assessed  |
| 16 Mar 2010 | Announced                | Care and support          | 4 - Good      |
|             |                          | Environment               | 4 - Good      |
|             |                          | Staffing                  | 4 - Good      |
|             |                          | Management and Leadership | Not Assessed  |
| 22 Oct 2008 | Announced                | Care and support          | 4 - Good      |
|             |                          | Environment               | 3 - Adequate  |
|             |                          | Staffing                  | 4 - Good      |
|             |                          | Management and Leadership | 4 - Good      |

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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