

Headingley Care Centre (Edlington) Limited

Headingley Court

Inspection report

Headingley Way
Edlington
Doncaster
DN12 1SB
Tel: 0345 2937647

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 13 October 2015 and was unannounced. The service was registered with the CQC in April 2014 so this was the first inspection of the service under the new registration.

Headingley Court is a purpose built home providing care and support to people with nursing needs. The home provides accommodation on one level. It is situated in the village of Edlington in Doncaster close to local amenities.

The service had a registered manager in post at the time of our inspection. 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.

The provider had a policy in place to protect people from abuse. The policy included types of abuse, and how to recognise and report potential abuse. Staff we spoke with confirmed that they had read the policy and told us they would report anything of this nature immediately.

Summary of findings

The provider supported people to take their medicines in a safe and appropriate manner. The provider had a policy in place which detailed how staff should store, record, dispose and administer medicines safely.

The service had a staff recruitment system in place. Pre-employment checks were obtained prior to people commencing employment. However, we saw the recruitment policy required updating as it still referred to Protection of Vulnerable Adults (POVA) and Criminal Records Bureau (CRB) checks which have now been replaced with the Disclosure and Barring Service (DBS) check.

We observed staff working with people and found there were enough staff to meet people's needs. Each care plan we saw contained a dependency score of high, medium or low depending on how much care and support the person required. This was used to determine staffing levels.

Support plans we looked at included risk assessments which identified any risks associated with the person's care and support.

Staff we spoke with told us they received training relevant to carry out their role. They told us their training covered mandatory subjects such as food hygiene, health and safety, first aid, moving and handling and safeguarding.

The care plans we looked at indicated that people had been involved in them and in making decisions about their care and support. For example, people had signed a consent form to have their photos taken for identification, and social activity displays.

Food and drink was provided to people in sufficient quantities to ensure they received a healthy balanced diet. We saw meals were served on a very flexible basis and as and when people wanted to eat.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

Through our observations it was clear that people had a good relationship with the staff and we were told they saw them as their friends. The atmosphere in the home was very friendly and happy with people chatting and laughing together.

Care plans we looked at contained an assessment of the person's needs and a series of care plans which clearly set out how to assist the person.

The provider had a complaints procedure displayed on the notice board and it was available in an easy read version. We spoke with the registered manager who showed us a log of complaints which detailed actions taken and the outcome.

We spoke with people who used the service and asked them if they felt the home was managed well. They all told us that the manager was always around and her office door was always open. Staff we spoke with said they really enjoyed working at the home and felt involved in the service developments, and were supported by the management team.

We saw audits took place to ensure policies and procedures were being followed.

People who used the service were involved in the development of the home and were able to contribute ideas.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had a policy in place to protect people from abuse. The policy included types of abuse, and how to recognise and report potential abuse.

The provider supported people to take their medicines in a safe and appropriate manner.

The service had a staff recruitment system in place. Pre-employment checks were obtained prior to people commencing employment.

Support plans we looked at included risk assessments which identified any risks associated with the person's care and support.

Good



Is the service effective?

The service was effective.

Staff we spoke with told us they received training relevant to carry out their role.

The care plans we looked at indicated that people had been involved in them and in making decisions about their care and support.

Food and drink was provided to people in sufficient quantities to ensure they received a healthy balanced diet.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

Good



Is the service caring?

The service was caring.

Through our observations it was clear that people had a good relationship with the staff and we were told they saw them as their friends. The atmosphere in the home was very friendly and happy with people chatting and laughing together.

Staff knew people well and respected their wishes and preferences.

Good



Is the service responsive?

The service was responsive.

Care plans we looked at contained an assessment of the person's needs and a series of care plans which clearly set out how to assist the person.

The provider had a complaints procedure and people felt able to talk to staff if they had a problem.

Good



Is the service well-led?

The service was well led.

We spoke with people who used the service and asked them if they felt the home was managed well. They all told us that the manager was always around and her office door was always open.

Good



Summary of findings

We saw audits took place to ensure policies and procedures were being followed.	
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Headingley Court

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 checked 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.

The inspection took place on the 13 October 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an 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.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority

and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service, and two relatives of people who used the service.

We spoke with five care workers, a nurse, the registered manager and the operations manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they enjoyed living at the service and found the staff very supportive and caring. From our observations we found staff were kind and people related well with them.

One person we spoke with said, “I feel very safe. I have a key to my room, if I want to talk to people about anything I can.”

The provider had a policy in place to protect people from abuse. The policy included types of abuse, and how to recognise and report potential abuse. Staff we spoke with confirmed that they had read the policy and told us they would report anything of this nature immediately. One care worker said, “It is important to ensure people are safe and to report any concerns without delay.”

The provider supported people to take their medicines in a safe and appropriate manner. The provider had a policy in place which detailed how staff should store, record, dispose and administer medicines safely. We observed a nurse administering medicines to people on the morning of our inspection. We found the nurse completed the task safely, and where appropriate asked people if they required pain relief. The nurse used hand gel to clean their hands between administering medicines to different people.

We looked at Medicine Administration Record (MAR) sheets and found they were accurate and contained correct information. Each time medicines were given the MAR sheets were signed indicating whether the medication was taken or not. Medicines prescribed on an ‘as required’ basis, were also recorded. We saw that this was signed for on the MAR sheet when given and the reverse of the MAR indicated the carer’s notes which recorded the effect of the medicine.

Medicines were stored correctly, in a locked cabinet which was kept inside a locked room. The provider also had a fridge for medicines which required storing at a cool temperature. We saw temperatures were taken of the room and the fridge to ensure they remained at the correct temperatures.

People’s care plans we saw reflected how they liked to take their medicines. For example, one person’s care plan said the person liked to have their medicines in a small pot and take them with coffee or water.

The service had a staff recruitment system in place. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked at files belonging to three staff and found the recruitment policy had been followed effectively. However, we saw the recruitment policy required updating as it still referred to Protection of Vulnerable Adults (POVA) and Criminal Records Bureau (CRB) checks which have now been replaced with the DBS check.

We observed staff working with people and found there was enough staff to meet people’s needs. Each care plan we saw contained a dependency score of high, medium or low depending on how much care and support the person required. The registered manager told us that this tool assisted the provider to gauge the number of staff required on each shift. Staff we spoke with told us there were usually enough staff around unless someone rang in sick. We asked what happened in these circumstances and staff told us that senior staff or nurses tried to get cover, but if no one was available the registered manager sometimes works alongside them.

Support plans we looked at included risk assessments which identified any risks associated with the person’s care and support. For example, one risk assessment stated that the person was prone to falls and would lean on furniture for support. The risk assessment indicated that staff needed to supervise the person while mobilising. We saw staff were carrying out this as part of the person’s care package.

Is the service effective?

Our findings

We spoke to people who used the service about the support they received from the care staff and nurses. People told us they were confident that the staff were knowledgeable about their job and were able to support them in line with their individual care plans.

People we spoke with told us that staff knew them well and were able to understand their needs. One person said, “I have a keyworker and she knows me very well. She knows what I like and what I don’t like. She is very good.”

Staff we spoke with told us they received training relevant to carry out their role. They told us their training covered mandatory subjects such as food hygiene, health and safety, first aid, moving and handling and safeguarding. We looked at three staff files and found they contained certificates for training courses completed. We asked the registered manager if they kept a record of training and she produced a training matrix. The matrix included all training courses that were available and informed the registered manager when updates were required. The matrix indicated that moving and handling training should be updated on an annual basis. We saw that 35 percent of moving and handling training was out of date. We spoke with the registered manager who informed us that training dates had been arranged and would be taking place shortly.

Staff we spoke with told us they were well supported by the management team. They said they had regular supervision sessions where they were able to contribute to them. One care worker said, “We meet with a senior on a regular basis and have supervision sessions.”

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) are aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Through our observations and from talking with staff we found the service to be meeting the requirements of the DoLS. Staff were knowledgeable about this subject and told us they would ask their senior team if they wanted to clarify anything. We spoke with the registered manager who knew people well and when to apply for DoLS for people. The provider used a checklist to ensure all aspects were considered prior to sending an application to the supervisory body.

The care plans we looked at indicated that people had been involved in them and in making decisions about their care and support. For example, people had signed a consent form to have their photos taken for identification, and social activity displays. We observed staff working with people and saw people were given choices and these were respected.

Food and drink was provided to people in sufficient quantities to ensure they received a healthy balanced diet. We saw meals were served on a very flexible basis, and as and when people wanted to eat. Food served was fresh and looked nice, and people had a choice. Guidance on healthy eating and drinking was available in the dining room. There were also comment cards available for people to comment about their meal. We saw care plans included catering requirement forms which indicated the person’s likes, dislikes and the type of diet they required. This gave staff relevant information to ensure people received the correct diet.

People we spoke with said they enjoyed their meals. One person said, “We get a good choice and we are always offered alternatives if we don’t like what’s on the menu.” Another person said, “The food is great.”

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. The care plans we looked at demonstrated that people had access to their own GP and other professionals as required. For example we saw people had been referred to, and were receiving treatment from, tissue viability nurses and podiatry. People we spoke with told us that care staff helped them to make appointments and accompanied them to the relevant surgery.

Is the service caring?

Our findings

We spoke with people who used the service and observed interactions between care workers and people. We found that people's needs were assessed and care and treatment was delivered in line with the care plans we looked at. One person who used the service said, "I am delighted to live here." Another person said, "I am going to have a special surprise party and I am going out to choose something to wear."

Through our observations it was clear that people had a good relationship with the staff and we were told they saw them as their friends. The atmosphere in the home was very friendly and happy with people chatting and laughing together. We saw staff were polite and caring in nature and people were offered choices which were respected. Staff had the ability to liaise with people at their level, understanding people's preferences and needs.

Care plans we looked at had been developed with the person and included important information such as family contacts and birthdays. People signed their care plans where possible. We saw one person had not signed their care plans but it was documented that the person had been involved and had verbally agreed to the plans in place.

Staff we spoke with knew people very well and were able to talk to us about their care plans and what support people required. Each person had a keyworker and a named nurse who communicated with the person and their families and reviewed care plans. They also got involved in sorting out appointments and ensuring people had someone to escort them if required. People we spoke with told us they had a good relationship with their keyworkers.

Staff had a good knowledge about privacy and dignity and ensured this was maintained at all times. We saw staff asked if they could enter people's rooms or knocked and waited for a response. One care worker said, "I talk to people and explain what I am doing and involve them. It is all about the person and I am here to ensure they received that care and support they need." Another care worker said, "It is important to get to know people so you can recognise their needs and know what their preferences are."

Some people invited us into their bedrooms and they told us that they had been involved in choosing the décor and how they wanted their room to look. People had photos and items they liked around them. One person was very happy that they had a pet and was able to keep it at the home.

Is the service responsive?

Our findings

Support plans were person centred and clearly involved people and others relevant to their care.

Care plans we looked at contained an assessment of the persons needs and a series of care plans which clearly set out how to assist the person. For example, one person had a care plan in place about mobility. This clearly explained what moving and handling equipment should be used. It stated the name and type of hoist, what sling to use and where the loops should be positioned.

People had the opportunity to discuss their support plan, with staff, on a regular basis. People we spoke with told us they were involved in this process and could voice their opinion about their care and contribute to their plan.

People were involved in a range of activities and social outings and events. We spoke with the activity co-ordinator who told us she asked people what they would like to do and tried to arrange outings and events to suit people. Visits over the last year had been varied and included, a trip to a mining museum, butterfly house, Chatsworth House, Bakewell, Coronation Street tour and a trip on the narrow

boat. A visiting church provided a service on a regular basis for people who wanted to get involved. The activity co-ordinator was in the process of arranging an evening out to the Disney on Ice show.

One person we spoke with told us that they really enjoyed going in to town to the local college to the hairdressers. They then went out for lunch. The person said, "It's a great morning out, I really enjoy it and it feels like a real treat."

The provider had a complaints procedure displayed on the notice board and it was available in an easy read version. We spoke with the registered manager who showed us a log of complaints which detailed actions taken and the outcome. The provider had received several complaints in the past year but they had all been dealt with effectively.

People we spoke with told us they could talk to staff and the registered manager about anything. One person said, "Staff really understand and if I have a problem I can talk to any of them." Another person said, "I can speak openly to staff, if they can help me sort things out they will." People told us they were confident that their problems would be resolved.

Is the service well-led?

Our findings

We spoke with people who used the service and asked them if they felt the home was managed well. They all told us that the manager was always around and her office door was always open. Staff we spoke with said they really enjoyed working at the home and felt involved in the service developments and were supported by the management team.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported by a deputy manager and a team of senior care workers.

We looked at a range of audits and saw that these occurred on a regular basis to ensure policies and procedures were followed. Audits included infection control, catering, pressure care, daily charts, care plans, and medication. Action plans were in place to raise concerns and address any issues.

We also saw that a quality and compliance audit tool was used and looked at areas such as finance, reportable incidents, complaints, staffing and training. We saw that in July 2015 the audit highlighted that 17 staff were due to receive refresher training in moving and handling. We saw from the training matrix that this was still out of date. We spoke with the registered manager about this and was informed that this training was taking place over the next two weeks.

We saw evidence that people were involved and consulted about the service and any changes. Each month people were involved in resident and relative meetings where people were asked for comments and the outcome was displayed in the main corridor. This was called, 'You said, we did,' and included comments people had made. For example, 'We would like a smoking shelter,' 'We purchased one to be delivered in October 2015,' and 'We would like bedrooms decorated,' 'We had started a bedroom decorating plan.' This showed people views were valued and used in developing the service.

We spoke with staff who told us they felt valued and had staff meetings on a regular basis. They told us they were able to contribute ideas and suggestions that would improve and develop the service. Staff we spoke with knew their role within the organisation and understood when to escalate issues to members of the management team. Staff told us they could speak with the registered manager anytime and said she was approachable and listened to them.

During our inspection we saw the registered manager interacted well with staff and people who used the service. Her office door was always open and she interacted well with people who approached her.