

Headingley Care Centre (Edlington) Limited

Headingley Court

Inspection report

Headingley Way
Edlington
Doncaster
South Yorkshire
DN12 1SB

Tel: 01709866610

Date of inspection visit:
07 December 2017

Date of publication:
09 January 2018

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 ● |

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 7 December 2017. The last inspection took place on 13 October 2015. The service was meeting the requirements of the regulations at that time. The service was rated Good. At this inspection the service remained Good.

Headingley Court is a purpose built home providing care and support for up to 25 people with nursing needs. At the time of our inspection, the home was fully occupied. The home provides accommodation on one level. It is situated in the village of Edlington in Doncaster close to local amenities.

People were protected from avoidable abuse and harm by trained staff. Risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were managed safely. Staffing levels were sufficient to meet people's needs. New staff were vetted as to their suitability to work in a care setting before commencing employment. Systems for the management and administration of medicines were safe. It was clear that people had received their medicine as prescribed.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Staff had been trained in a range of areas to enable them to provide effective care to people in line with their support needs. Staff received regular supervision and appraisals of their work and performance. Staff meetings were organised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Menus provided people with a range of food choices and people enjoyed the food on offer at the home. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

Staff were kind, caring and compassionate with people. People told us their relatives visiting the home were welcomed. People and their relatives were supported to express their views and encouraged to make decisions about their care. People were treated with dignity and respect.

Care plans provided comprehensive information about people, their personal histories and preferences. Staff demonstrated that they had a good knowledge of people's care needs and that they knew people well. Activities were organised by care staff and entertainers visited from outside the home. Complaints were

managed in line with the provider's policy.

People and their relatives were involved in developing the service; their views and feedback were obtained and acted upon. Residents' meetings took place and questionnaires were completed by relatives. A registered manager was in post and was freely available to people, relatives and staff. Good quality care was delivered and a system of audits was in place to measure and monitor the service overall. Any actions identified were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 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 7 December 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition we reviewed the 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 used this information to plan the inspection.

During the inspection we spent time and spoke with four people who lived at Headingley Court. We gained feedback from a visiting nurse who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We reviewed six people's care records including their medicines administration records. We looked at five staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.



Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

People told us they felt safe living at Headingley Court. One person told us, "I'm very safe and happy here." When we asked another person if they felt safe living at Headingley Court they replied, "Oh yes, I am safe and sound."

Safeguarding information was displayed in the service, providing contact details for people and visitors to raise any concerns they may have. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were also aware of the whistleblowing and safeguarding policies and procedures which were held at the service. Staff files showed they had received training updates on safeguarding adults and were provided with annual updates to refresh their knowledge. Any concerns raised were fully investigated and reported as appropriate to the local safeguarding team. This meant people were safeguarded from the risk of abuse.

The service had a policy on equality and diversity. Staff had been provided with specific training on equality and diversity. This ensured that staff were aware of how to protect people from any type of discrimination. Staff were aware of how to ensure people's rights were protected.

People's care plans included detailed risk assessments and clear guidance for staff on how to ensure people's safety was maintained while encouraging as much independence as possible.

There were health and safety risk assessments in place. Regular fire drills had been completed and all staff had received fire safety training. Personal Emergency Evacuation Plans (PEEPs) had been developed for each person living in the service. These documents provided first responders with details of the level of support each person would require in the event of an emergency evacuation. Staff were aware of colleagues who were nominated fire marshalls.

People were protected against the risk of being cared for by unsuitable staff. All staff had been checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. The provider had ensured that there were sufficient numbers of experienced and trained care staff on duty to safely provide people's care and support in a timely way.

People received their medicines in a timely way and as prescribed by their GP. All medicines were competently administered by staff that had received the necessary training. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy.

We looked around the building and found the environment was clean and there were no unpleasant odours. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

Equipment used in the service such as moving and handling equipment, wheelchairs, hoists etc., were regularly checked and serviced by professionals to ensure they were always safe to use. The premises were regularly audited to ensure it was safe for people to live in. Necessary safety checks and tests had been completed by appropriately skilled contractors.



Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

During our inspection we observed people received effective, safe and appropriate care which was meeting their needs and protected their rights. They were supported by an established and trained staff team who had a good understanding of people's needs. We spoke with staff members and looked at the staff training matrix. This confirmed training covered safeguarding, moving and handling, fire safety, first aid, pressure ulcer prevention and end of life care. Comments received from people who lived at the home included, "The staff are all very good. I think they know what to do."

Newly employed staff were required to complete an induction before starting work. This included training and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate. This national recognised training programme is designed to help ensure new care staff have a wide theoretical knowledge of good working practice within the care sector. The induction programme for new staff covered fire procedures, safeguarding, infection prevention and control, moving and handling, medicines and record keeping. There was also a period of working alongside more experienced staff. One staff member told us, "The induction was thorough and I particularly enjoyed the shadowing aspect where I could watch and learn."

Staff received regular supervision from the registered manager, records we saw confirmed this. In supervision meetings, staff were asked for their views on their work, team working and were given the opportunity to discuss any concerns or issues they might have. Staff had an annual appraisal of their work and performance. Staff meetings were organised and we looked at the minutes for a meeting held in October 2017. Items discussed included care plans and seasonal activities.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the MCA and DoLS legislation. People's capacity had been assessed and applications made to the local authority under DoLS where needed.

There were systems in place to monitor people's on-going health needs. We spoke to a visiting nurse during our inspection who commented positively on the care provided by staff at Headingley Court. They said,

"Everything seems very organised and the staff are helpful and knowledgeable about the people they provide care to." People had access to a range of healthcare professionals based on their health and social care needs. Records showed people received care from community nurses, occupational therapists, opticians and GP's.

People said they enjoyed their meals, and had enough to eat and drink. One person said, "I really like the food here it's lovely." The menu was varied and the choice of meals was appetising and catered for a wide range of tastes. People were able to choose menu alternatives if they wished to. There were drinks and snacks available throughout the day. People could choose where they ate their meals and staff supported those who needed some assistance. Where needed, staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as blended or fortified diets.



Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

People told us they were happy living at Headingley Court. During our inspection we saw people were relaxed, smiling and enjoying the company of the care staff. People were comfortable in their home. Staff provided reassurance and support when required while encouraging people to complete tasks independently. One person told us, "The staff are all lovely." Another said, "I am really happy here, the staff are all friendly and caring." A visiting nurse commented, "I don't have any concerns about the care given by the staff here."

Staff were cheerful, kind and treated people with patience and understanding. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given. Staff talked with people at their level or sat down next to them, before asking them for their views or making alternative suggestions, for example asking them where they would prefer to sit. We spent time observing how staff supported people. We found that staff knew people well and had an in-depth understanding of their individual likes and preferences.

People were treated with dignity and respect. One person said, "Staff listen to me and treat me well. They talk to me about everything and I know I can always ask staff for help." People's privacy and confidentiality were respected with records securely locked away when not in use. We saw one staff member approach a person and discreetly assist and talk to them about changing their clothes following an incident of incontinence.

People's bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things which were particularly important to them and to have things around them which were reminiscent of their past.

People and their families were involved in decisions about the running of the service as well as their care. People and their families were invited to attend regular meetings with the registered manager. Issues discussed involved food, activities and plans for the future. This meant the service sought the views and experiences of people and their families of the service provided.

People or their relatives were involved in planning their care and lifestyle in the home. Records showed

people's views and preferences for care had been sought and were respected. People's life histories, their important relationships, hobbies and previous life experiences were documented in their care plans. The records included detail about how people preferred to spend their day, their night time needs and what social activities and hobbies they enjoyed. This information was useful for staff to get to know the person well and provide activities they enjoyed.



Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

People and healthcare professionals were very positive about the care and support provided at Headingley Court. Comments included, "I really like it here," "It's a nice place to be with nice people." A Healthcare professional told us, "I have no concerns at all about the care provided here, the staff will ask for advice if they need it and any recommendations we make are carried out."

People who moved into the service had their needs assessed to ensure the service was able to meet their needs and expectations. This assessment was the basis for the full care plan which was created in the first few weeks of being at the service. The registered manager and staff were all knowledgeable about people's needs.

Most people's care plans we looked at were detailed, informative, and designed to help ensure people received personalised care that met their needs. Particularly important information including details of the person's interests and likes and dislikes was highlighted for staff in a document titled, 'This is me'. Where routines were important to people these were fully documented to ensure staff understood how each person preferred to be supported. Staff told us, "The information in care plans gives me everything I need to give the care people want to receive." We did find that some aspects of people's care plans were not fully up to date. For example, one person's list of personal possessions and clothing had not been updated since 2012.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might result in a change of how their care was delivered. For example, staff checked people's skin for marks which might indicate the beginnings of pressure damage. The checks were recorded and audited regularly so any deterioration in skin in their skin condition would be highlighted and the appropriate action could be taken.

Activities were organised by staff and external entertainers also visited the home. Activities were recorded on a board for people to see and were numerous, including games, arts and crafts and films. On the day of our inspection we saw the activities staff reading a novel to a person with restricted vision. The registered manager had recently made available a voice activated internet system. We saw people requesting music to

be played, which they enjoyed. We also saw people returning to Headingley Court with staff who had accompanied them into the local community for a walk or for a trip to the local shops. We also saw people went out with their relatives and friends.

A regular newsletter was produced at Headingley Court to keep families and visitors informed what was going on at the service. The minutes of the recent residents meeting was also displayed for people to read.

The registered provider had a clear complaints policy and process that explained how people could complain and what people could do if they were not satisfied with the response. We saw guidance on display in the home telling people how they could complain if they had any comments or concerns they wanted to raise. The registered manager told us and records showed they had not received any complaints recently.



Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

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

There was a clear vision and strategy to deliver quality care and support. The registered manager was visible and available to staff, people and their families. There were clear lines of accountability and responsibility within the service and at provider level. The registered manager was supported by a deputy manager. A regional manager, on behalf of the provider, visited regularly to support the registered manager and audit the service. People told us they felt the service was well led with a clear management structure. Staff described the culture of the home as, "Supportive, friendly and open." Staff told us communication within the home was good and they could approach anyone for help and advice. Handovers were completed at the start and end of each shift and staff were knowledgeable about people's changing health needs. This ensured staff were kept up to date with changes to people's care and support.

Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The services quality assurance system were robust and designed to drive continuous improvement in performance. Regular audits of medicines, infection control, finances and accidents and incidents had been completed to ensure all staff were complying with relevant procedures. The service actively sought and encouraged feedback on its performance from people, their relatives and health and external professionals. Recently received feedback was consistently positive and complimentary. In addition, the registered manager completed regular spot checks to ensure people received support in accordance with their individual care plans at all times. Where quality assurance systems identified any issues, action plans were developed. These detailed the specific issue to be addressed and stated which staff were responsible for the action and set time scales for the identified actions.

The manager understood their responsibilities to provide notifications to the Care Quality Commission

(CQC) regarding significant events such as; serious injuries and deaths. The previous CQC report and rating was displayed in the communal area of the home as required by the regulations.