

Countrywide Healthcare Ltd

Headingley Court Care Home

Inspection report

Headingley Way
Edlington
Doncaster
DN12 1SB

Tel: 01709866610

Date of inspection visit:

13 May 2021

19 May 2021

Date of publication:

30 June 2021

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Headingley Court is a care home providing personal care and nursing. It can accommodate up to 25 people. There were 22 people using the service at the time of the inspection.

People's experience of using this service and what we found

The registered manager had introduced new quality monitoring systems with the support of the management team. We found the systems which had been implemented had driven some improvements. However, we identified some areas still required more effective quality monitoring to ensure all areas for improvements were identified. The registered manager acknowledged this and was aware more work was required to implement robust systems which required embedding into practice and sustained to continue to drive improvements.

We were not fully assured by infection prevention and control policies and procedures. The provider was not robustly promoting safety through the layout and hygiene practices of the premises. However, issues were addressed following our site visit by the registered manager.

Staff we spoke with told us the service was improved, they felt more supported. There was better communication between management and staff, relatives and people who used the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was inadequate (published 17 March 2021).

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

'Headingley Court' on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information.

Special measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Inspected but not rated

Is the service well-led?

Further information is in the detailed findings below.

Inspected but not rated

Headingley Court Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Headingley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, the deputy manager, a nurse and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, incident reports and daily records. A variety of records relating to the management of the service, including quality monitoring and audits were reviewed.

After the inspection

The manager sent us information we had requested, including the environmental audit, mattress audit and an updated care plan.

Is the service safe?

Our findings

At the last inspection this key question was rated as inadequate and there was a breach of Regulation 12 (h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure infection prevention and control policies and procedures were followed. We have not changed the rating of this key question, as we have only looked at the infection control and prevention measures in place and not the full key question.

At this visit we were still not fully assured of the infection, prevention and control procedures in place. The provider and registered manager were not promoting safety through the layout and hygiene practices of the premises. Some of the maintenance work we identified at the last inspection had been rectified to ensure areas were well maintained and could be cleaned. However, we identified some areas still required improvements. For example, sink units in bedrooms, wardrobes and other furniture in bedrooms. We also found there was no mattress audit completed and we found two mattresses in an extremely poor state. They were heavily stained and had a strong odour. These had not been picked up by staff.

Following our visit, the registered manager completed a full environmental audit and mattress audit. Two mattresses were replaced immediately, and all areas identified that require improvements have been added to the action plan. We will follow this up at our next planned inspection.

S5 How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

At our inspection in January 2021 we found there were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice. At this visit we found some improvements had been made. However, more improvements were required to ensure compliance and safety.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager. They had been registered at two locations, however, had deregistered from one to concentrate on ensuring improvements were embedded and sustained at Headingley court.
- The staff we spoke with told us the service had improved in the last three months. They said they felt more supported and it was much better that the registered manager was based fully at the service.
- The provider and registered manager understood the regulatory requirements. The registered manager was fully aware that work was still required to continue to improve the service. The provider had been overseeing the service since our last inspection to ensure improvements were implemented to improve outcomes for people who used the service.

Continuous learning and improving care

- The registered manager had developed some new systems to monitor the quality of the service. For example, we looked at the audit in relation to incidents and accident analysis and found the new monitoring systems were robust to ensure any issues identified were followed up. However, not all audits were effective, no mattress audits could be provided, and we found two mattresses in a poor state that required replacing. We found many environmental issues that needed attention that were not on the providers improvement plan. These issues were addressed by the registered manager following our site visit.
- Fire safety audits were not effective. The fire risk assessment completed on 15 March 2021, identified several issues required attention. These included door closures not working and gaps in doors that could allow fire and smoke ingress. These issues had not been addressed at the time of our visit. We found three bedroom doors did not close properly when the fire alarm was sounded. We also identified the registered manager's weekly fire checks were not always completed. The registered manager assured us new door self-closures were in the home waiting to be fitted. These were fitted the week following our site visit. The registered manager assured us the fire checks and audits will be completed and embedded into practice to

ensure people's safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Predominantly support we observed was person centred and staff we spoke with knew most people well and how to meet their needs. The registered manager was aware staff required further training and support. They told us this would be addressed at staff supervision to ensure staff received full support in developing their roles to improve outcomes for people. , ensuring good practices were embedded.
- Staff worked together as a team and there was improved leadership and direction for staff. This provided a positive culture. However, staff deployment could be improved to ensure people received appropriate one to one support which was person centred.
- The registered manager had commenced better communication with relatives to ensure they were listened to promoting a positive, open and inclusive culture.