

Countrywide Healthcare Ltd

Headingley Court Care Home

Inspection report

Headingley Way
Edlington
Doncaster
DN12 1SB

Tel: 01709866610

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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 ●

Summary of findings

Overall summary

About the service

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

People's experience of using this service

People were safe. We observed staff ensured people's safety. People we spoke with told us they felt safe. Staff understood safeguarding and whistleblowing procedures. We observed there were sufficient staff employed to meet people's needs. Staff we spoke with also confirmed this. There was a safe recruitment process, which ensured only staff suitable to work with vulnerable adults were employed. Accidents and incidents were effectively monitored, which ensured staff learned when things went wrong. Risks to people were identified and assessments were in place, which contained good detail to ensure risks were managed safely. People were protected by the prevention and control of infection. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed. Documentation was further improved by the registered manager following our inspection to address some minor issues we identified.

Staff we spoke with were very knowledgeable about people's needs. We observed that care provided was person-centred and individualised. Staff had received effective training to ensure their knowledge was up to date. Staff were supervised and supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to health care professionals. Staff worked closely with other professionals to ensure people's needs were met. Feedback we received from commissioners was positive; they had seen improvements in the care and support provided to people.

People we spoke with told us staff were extremely kind and caring. Relatives we spoke with were positive about the care and support provided and told us they had noticed improvements in all areas over the last few months. Staff respected people's privacy and promoted their dignity. We observed interactions between staff and people who used the service and they were extremely positive, inclusive, respectful and person-centred, promoting people's well-being. Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

There was a quality monitoring system in place. The registered manager and the provider had identified areas they needed to improve following our inspection in January 2021. They had devised an action plan and had worked to complete the actions and make improvements. The audits continued and action was taken to ensure improvements were sustained and embedded into practice. Relatives felt listened to and said complaints were appropriately dealt with and resolved. People we spoke with told us their views were obtained to continually drive improvements to the service. Feedback from staff was extremely positive about the improvements to the service. They worked better as a team and were well supported.

For more details, please see the full report which is on the (Care Quality Commission) CQC website at

Rating at last inspection

The last rating for this service was inadequate (published 17 March 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 17 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 COVID-19 and other infection outbreaks effectively.

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 we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Headingley Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 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 a 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 CQC. 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 six people who used the service, three relatives via the telephone about their experience of the care provided and we obtained feedback from commissioners of the service. We spoke with seven members of staff including the registered manager, nurse, senior care worker, care workers, ancillary staff and the activities coordinator. 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 four people's care records, medication records and weight records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our previous inspection we found a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to robustly assess the risks relating to the health, safety and welfare of people. At this inspection we found the provider was no longer in breach of regulation 12 as they had made enough improvement regarding the assessment of risks.

- Risks were assessed and managed to keep people safe. Care plans contained detailed risk assessments to ensure people's safety. People were supported to manage risks as part of an independent lifestyle.
- People were involved in their care planning as much as possible and the care records we saw detailed people's involvement and their relative's involvement, where applicable.

Using medicines safely

At our previous inspection we found a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the proper and safe management of medicines. At this inspection we found the provider was no longer in breach of regulation 12 as they had made enough improvement regarding the management of medicines.

- Medication procedures were in place to ensure people received medicines as prescribed. We observed staff administer medicines safely, following protocols.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines.

Staffing and recruitment

At our previous inspection we found a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure staff were effectively deployed to meet people's needs. At this inspection we found the provider was no longer in breach of regulation 18 as they had made enough improvement regarding the deployment of staff.

- Staff were effectively deployed to meet people's needs. We observed staff respond to people's needs in a timely way.
- Staff told us there were enough staff to meet people's needs safely. People told us staff were always available when they needed them. One person said, "The staff are lovely, they really help me."

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Preventing and controlling infection

At our previous inspection we found a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the infection control policies and procedures were followed. At this inspection we found the provider was no longer in breach of regulation 12 as they had made improvements to infection prevention and control (IPC) systems.

- The service had systems in place to manage IPC. Staff were kept up to date with latest guidance and requirements. We observed staff promote good IPC practices. For example, they encouraged people to wash and sanitise their hands before and after their meal and regularly during the day to help prevent cross infection.
- Personal protective equipment (PPE) was provided to staff. Staff told us there was a good supply of PPE available in the home. We observed staff wore masks at all times and wore appropriate PPE when delivering personal care.

Systems and processes to safeguard people from the risk of abuse

- People were safe. People told us staff were very good and made them feel safe.
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff understood the importance of the safeguarding adults' procedure. Staff knew how to recognise and report abuse.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- The registered manager ensured lessons were learnt to prevent or reduce incidents. For example, the analysis of falls had identified a higher incidence of falls in an evening so additional staff had been provided to support people at this time.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our previous inspection we found a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure there were skilled and experienced staff deployed to meet people's needs. At this inspection we found the provider was no longer in breach of regulation 18 as staff were effectively deployed to meet people's needs.

- Staff received training to support them to provide effective care. We observed staff responded to people's needs appropriately, following best practice guidance, which evidenced effective training.
- Staff told us they felt very supported by the registered manager and the management team. Staff were well supported and received appropriate supervision.

Ensuring consent to care and treatment in line with law and guidance

At our previous inspection we found a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not always working within the principles of the Mental Capacity Act 2005. At this inspection we found the provider was no longer in breach of regulation 11 as they had made enough improvement in assessing people's mental capacity.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were followed. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision, a decision should be made in the person's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before any service was provided. This was to ensure their needs could be met. We saw the assessments in the care plans we looked at.
- People's diverse needs were met in all areas of their support. Care was delivered following best practice guidance. People's care plans included information about their preferences, choices and decisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a nutritional balanced diet. We observed the lunchtime meal and found there was a good choice of food which was appetising.
- Care plans detailed people's likes, dislikes and any foods which should be avoided. We observed staff supported people with meals where required and ensured any concerns were highlighted and advice sought.
- People's weight was monitored and reviewed to ensure if any advice was required this was obtained. We saw people had been referred to appropriate health care professionals when required.

Adapting service, design, decoration to meet people's needs

- The environment was appropriate and met best practice guidance in supporting people living with a physical disability. The environment had been improved since our last inspection. For example, bedrooms had been personalised, and there were new curtains and wall art. People had requested some improvements to the environment in residents' meetings, and these had been facilitated. The activity room had been improved after a suggestion by one person and new bedding purchased when requested.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked well with health care professionals to ensure people's needs were met. Staff explained to us how they contacted and liaised with specialist professionals, including district nurses, GPs and occupational therapists. We saw evidence in people's care plans of professional input.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity Respecting and promoting people's privacy, dignity and independence

At our previous inspection we found a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive person-centred care which met their needs. At this inspection we found the provider was no longer in breach of regulation 9 as enough improvements had been made and people received person-centred care.

- Staff were kind and caring. We observed staff interacting with people showing compassion, respect and empathy. Staff valued people as individuals. We saw staff were inclusive and the atmosphere was very pleasant. We observed laughter and banter. One person told us, "It's lovely here, it really is, we have a bit of banter and you know, it's well, it's just a bit of fun really."
- Through talking to staff and people who used the service, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's needs were clearly recorded in their care plans. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People's privacy and dignity was maintained. We observed staff and saw they respected people's privacy and dignity.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a very caring way. One staff member said, "We [The staff] are happy, it means the people are happy, and that is what is important."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. We observed staff asked for their consent before supporting them.
- Care records showed the service learned about the person's needs and their history, background, preferences, interests and key relationships in order to provide person-centred care. The service reviewed people's care at regular intervals and responded quickly when people's needs changed, including making referrals to other agencies where necessary.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our previous inspection we found a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always provide person-centred care which met people's needs and preferences. At this inspection we found the provider was no longer in breach of regulation 9 as enough improvements had been made to people's care to ensure it was person-centred.

- People received personalised care. People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the involvement of the person and their relative where applicable.
- Staff had received training to ensure they understood personalised care that was person-centred.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs.
- People were supported to follow their interests and take part in activities. The provider employed an activity co-ordinator and was also recruiting a second co-ordinator so staff would have more time to support people with their interests. The activity coordinator was new in the post but was passionate about providing social stimulation that met people's needs. They had changed their working days so they could support people to attend church on Sundays as this had been requested at a residents' meeting.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the standard and ensured people's needs were assessed before they started using the service to ensure any necessary adjustments were implemented.
- Staff understood how to communicate with the people they supported. We saw detailed communication care and support plans in people's files. We observed staff communicating effectively with people they supported.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The service had only received one complaint in the last year. This

was clearly recorded and resolved. Lessons learnt were also recorded.

- The registered manager had systems in place to communicate with people who used the service, staff and relatives. We saw meeting minutes and people's views were sought and listened to, to ensure continuous improvement of the quality of the service.

End of life care and support

- People's needs were considered as part of end of life care provision. People had an end of life care plan in place, which were being reviewed by the registered manager at the time of our inspection.

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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our previous inspection we found a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were insufficient and inadequate systems in place to monitor and improve the quality of the service. At this inspection we found the provider was no longer in breach of regulation 17 as enough improvements had been made to the quality monitoring systems.

- The registered manager told us the ethos of the service was to provide people with high quality care delivered by a competent skilled staff team.
- The registered manager understood the legal requirements and complied with the duty of candour responsibilities. People told us staff and management kept them informed of any issues and concerns and were open and honest.
- The registered manager and management team demonstrated an open and positive approach to learning and development. They were driving improvements to ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

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

- There was a registered manager who was supported by a team of staff. Staff told us, it was much better since the registered manager was back permanently at the home and not managing two services. They now felt more supported and were working better as a team.
- The quality assurance systems which were in place to monitor the service were effective. Where issues were identified action plans were in place and followed to ensure continuous improvements were made.
- Staff were happy in their roles and felt supported. Staff spoke highly of the team and they told us there was a consistent approach to ensure all staff were supported and well led. One staff member said, "I think we needed the 'kick' as it is now much better, we work together."

Engaging and involving people using the service, the public and staff fully considering their equality

characteristics

- The provider engaged with people and their relatives. The registered manager had set up different methods of communication, for example, phone calls or video calls.
- Staff meetings were held to obtain their views and to share information. Staff told us meetings were held regularly and were effective.

Working in partnership with others

- The registered manager had links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.