

Countrywide Healthcare Ltd

Headingley Court Care Home

Inspection report

Headingley Way
Edlington
Doncaster
DN12 1SB

Tel: 01709866610

Date of inspection visit:
31 December 2019

Date of publication:
04 February 2020

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 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.

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

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. Medicines were given safely to people by trained and knowledgeable staff, who had been assessed as competent, although we have made a recommendation regarding medication. There were enough staff who were appropriately deployed to meet people's needs. Infection control was well managed and the home was well-maintained and free from hazards.

People's needs were assessed before they moved into the service to ensure the home would be able to meet their needs. 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. Staff had been recruited safely and received training appropriate to their role. Staff received supervision and appraisal to develop their skills and knowledge. People were supported to eat a balanced diet, had a choice of meals and any dietary preferences were catered for.

Everyone we spoke to was consistent in their views that staff were very kind, caring and supportive. People were relaxed, comfortable and happy in the company of staff and we saw positive staff interactions during the inspection. People's independence, privacy and dignity was promoted, and their views and opinions sought and valued. People were treated with dignity and compassion. They were supported to be as independent as possible and express their views about their care and support

Each person had a care plan that contained details about their choices and preferences. These plans had been reviewed regularly and updated when needed and provided accurate and clear guidance for staff about how to support people. People continued to be supported to lead full and active lifestyles, follow their interests, and take part in social activities. People knew how to make a complaint and were confident their concerns would be dealt with effectively. Where appropriate, people's end of life wishes were recorded.

The registered manager was proactive in ensuring they had a visible presence within the home and operated an open-door policy ensuring that any low-level concerns were dealt with promptly preventing escalation. The management team used quality assurance processes to review the quality and safety of the care provided.

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

Rating at last inspection

This service was registered with us on 10 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had yet to be rated since it registered with the CQC.

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 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.

Inspection team

This inspection was completed by one inspector.

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 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 looked at all the information we had received from and about the home. We sought feedback from professionals who commission the service on behalf of people. We used the information the provider sent us in the provider information return. 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.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and members of the care and kitchen teams. We reviewed a range of records. This included five people's care records. We looked at 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. We also spoke with a visiting healthcare professional.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said the service was safe. Comments included, "I feel very safe here" and "I have no concerns about my safety here."
- People were protected from the risk of abuse. People received care from staff who had been trained and understood their role in recognising and acting on concerns of abuse or poor practice. They were aware of external organisations to contact should they be concerned that appropriate action had not been taken.
- A healthcare professional told us they had not witnessed any practice at Headingley Court that concerned them. They said, "Yes, I believe people are safe. I have never seen anything of concern here."
- The registered manager understood their safeguarding responsibilities and had reported concerns when necessary and worked with the local authority safeguarding team.

Assessing risk, safety monitoring and management ☐

- Risks to people's health and wellbeing had been assessed and there were measures in place to manage any identified risk. For example, where people were at risk due to swallowing difficulties, these had been identified and assessments arranged with a . Some people had been assessed by the speech and language therapist (SALT).
- Other risks to people identified during the assessment and care planning process included; moving and handling tasks, falls, skin care, nutrition and weight loss. The plans were reviewed each month to ensure the actions taken by the care staff were still appropriate.
- Where people required the care staff to help them with moving and handling tasks, the care plan detailed the equipment to be used and the number of staff required.
- Personal emergency evacuation plans were written for each person. These set out the level of support the person would require in the event of a fire and the need to evacuate the building.
- A programme of weekly and monthly checks to keep the premises, people, visitors and staff safe was undertaken by the maintenance person. These included; fire safety equipment, water checks (temperatures and legionella), checks of the premises, servicing and maintenance of all equipment.

Staffing and recruitment

- There were enough staff to meet people's care needs.
- Staff confirmed there were enough staff to meet needs and spend time with people. Comments included: "I think we have adequate staffing. We have a good team," and, "Staffing was an issue but not anymore. We work well together to get things done."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a probationary period and

shadowed more experienced staff to become familiar and comfortable with people and the service.

Using medicines safely

- Overall the management of medicines was safe although the providers medicines policy was not always followed. For example, one person had been administered medicine after the use by date outlined by the manufacturer's guidance. The registered manager assured us this medicine would be immediately replaced for new stock.
- We noted a delay in the time of medicine administration and the signing of the medicines administration record (MAR). The registered manager told us this would be addressed through individual supervision and team meetings.

We recommend the provider consider current medicines guidelines and take action to update their practice accordingly.

- Nurses and staff who administered medicines had completed training and had their competency checked annually.
- The management team completed audits of medicines where errors or concerns were identified, and an action plan was put into place.
- People told us they received their medicines on time. One person told us, "I always get my tablets."

Preventing and controlling infection

- People lived in a home that was clean, tidy and free from any odours. Domestic staff were employed who maintained the cleanliness of all areas of the home.
- Staff received infection control and food hygiene training. They had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials.

Learning lessons when things go wrong

- Any falls or incidents that occurred involving people in the home were logged and reported to the registered manager or senior staff. An accident record was completed detailing what had happened, what immediate action was taken and any follow up action.
- The registered manager reviewed all records each month to identify if there were any trends in the type of events. This enabled them to take action to help prevent reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved to the home. This helped to make sure the service was able to meet their needs and expectations.
- People's care was provided in accordance with their wishes and preferences. From initial assessments, care plans were written to give staff details of how people wanted to be cared for. Care plans we saw were comprehensive and reflective of the people we met.
- Staff knew people extremely well and how they liked to be supported. Staff we met were able to tell us about people's personal needs and choices. One person told us, "They [staff] do all the things I want them to."

Staff support: induction, training, skills and experience

- Staff received sufficient training and support. New staff had an induction training programme to complete and this was in line with the Care Certificate. The Care Certificate is a set of national minimum standards all health and social care workers have to meet. Staff confirmed they had completed this training.
- All staff had regular training to complete to ensure they maintained their knowledge and skills. This included fire safety, moving and handling, infection control and food safety.
- Staff were given the opportunity to undertake additional health and social care qualifications. One staff member told us they were working towards NVQ level 5 qualifications. They said, "The manager and provider have been very supportive towards my development."
- The registered manager had a programme of regular supervision for each staff member. These regular discussions covered what was going well, where things could improve and any training and development needs.

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

- People had access to a varied and balanced diet. People spoke positively about the food they received. Comments from people included; "I think the food is wonderful", "I like the food very much" and "It's always nice."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. All staff were aware of people who required a textured diet. They understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from the risk of aspiration.
- Where people were at risk of malnutrition or would benefit from weight loss this information was shared with all kitchen and care staff and a record of the support people required was documented and readily available for staff. The chef was fully aware of people's likes, allergies and any specific dietary requirements.

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

- Staff supported people to maintain good health and well-being. Where necessary, they made prompt referrals to other health professionals and followed any recommendations made.
- People had access to relevant health and social care professionals. For example, GP's, community nurses, speech and language therapists and mental health professionals.
- A visiting community nurse said, "Communication is good and any care instructions we leave are carried out. I have no problems with the service."

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

- The home was purpose built and we saw people navigated around the building independently.
- We found several areas where the threshold between the corridor and people's rooms was missing or required replacing. We were reassured by the registered manager and saw documents which showed this had been identified and was programmed to be addressed in the near future.
- People's rooms were individualised with wall murals, pictures, photos and mementoes.
- There was a suitable range of equipment and access adaptations to support the needs of people using the service. □

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

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.

- Staff were aware of the principles of MCA and gave people choices to make decisions for themselves when they had capacity to do so.
- Where appropriate, capacity assessments and best interest decisions were made. These were decision specific and showed involvement from the person and significant others.
- People had consented to the care they received. People had signed and consented in their care and support plans.
- The provider demonstrated an understanding of the need to consider people's mental capacity when making specific decisions and that any made on their behalf should be made in their best interests. They had made applications for people to have a DoLS assessment where needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People told us that they found staff to be both respectful and caring. One person told us, "I think all the staff are nice and respectful." Another person told us, "The staff are great, we get on well together."
- We saw friendly and warm interactions between staff and people using the service. Staff reassured people who were anxious and distressed responding calmly and with sensitivity.
- People's individual needs were considered in respect of their religion and culture. There was no indication that people protected under the characteristics of the Equality Act would be discriminated against. The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met.

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

- Feedback from people about involvement and making decisions about their care was positive. Comments included, "Staff will ask me about what I want" and "They [staff] never assume and we make decisions together."
- People were involved in creating and reviewing their care plans. We saw, where possible, people had signed their care plans.
- People had access to advocacy services if they needed guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
- We observed staff knocking on people's doors to seek consent before entering. Discussions between staff about people's needs were discreet.
- Staff ensured people's clothing was clean and their dignity was maintained during meal times. We saw some people were offered clothes protectors and clothes were changed if stained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were person-centred and contained specific and thorough details about people and how they wanted to be supported.
- Care plans were detailed with people's likes, dislikes and preferences. Staff demonstrated they had knowledge of these likes and dislikes through exchanges noted during inspection. One staff member was seen to read to a person. This activity was detailed in the care plan as something they enjoyed and was important to them.
- People's care plans also detailed strengths and areas of independence. For example, where people could complete elements of their personal care independently, this was clearly recorded in their care plan.
- The service regularly reviewed care plans to ensure all information was accurate and up to date. This ensured any changing needs were captured to ensure the care provided to the person was always meeting their needs.

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.

- People's communication needs were fully considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs.
- Staff were knowledgeable about people's communication needs. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- Notice boards had plenty of information such as; up and coming events, advice and guidance services and pictures of staff. There was some pictorial signage around the home to help orientate people.

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

- People continued to be supported to lead full and active lifestyles, follow their interests, and take part in social activities. Care plans included information about people's known interests and staff supported people daily to take part in things they liked to do.
- People told us they enjoyed the activities at the home. One person said, "There is always something to do. We had some husky dogs visit not long ago, they were fantastic and they are coming back again soon."
- Headingley Court employed two activities co-ordinators who organised a range of activities to meet the hobbies and interests of the people living in the home. On the day of inspection we saw people enjoying

board games and karaoke singing.

- The home had a wishing tree. This encouraged people to express their wishes and make goals to achieve them. We saw one person had wanted to skydive for a charity. They were prohibited from doing so due to health issues. The home helped them to organise a coffee morning so their chosen charity would still benefit.
- People that did not want to join activities were seen to receive regular one to one support to ensure they were comfortable and happy.

Improving care quality in response to complaints or concerns

- People told us that they had confidence to raise a concern if they had any problems. One person said, "I would tell staff if I had a problem and they would sort it straight away."
- The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. They ensured that any low-level concerns were dealt with promptly preventing escalation and led a clear culture of learning.
- There was a complaints policy and procedure displayed at the home that had a clear investigative procedure. Any learning which could be gained from complaints was documented and shared with staff.

End of life care and support

- Staff attended end of life care training and there was a provider policy and procedure containing relevant information about end of life care.
- Staff followed The Gold Standards Framework. This is used by many healthcare professionals to enable people with life-limiting conditions to plan ahead and live as well as possible.
- Where people had consented, care plans identified their end of life wishes. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, their family and GP and had been reviewed regularly.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked to ensure there was sufficient oversight and effective governance at the service. There were systems and processes to assess, monitor and improve the quality and safety of the service provided. This included health and safety, accidents, care plans, complaints and staff documentation. The registered manager told us they would increase the frequency of medication audits to help address the medication issues identified in the safe domain of this report.
- The registered manager and the provider were clear on their responsibilities to ensure the service provided to people met their needs and the legal and regulatory requirements.
- The registered manager understood their responsibility to notify CQC and other authorities of specific events and incidents.

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

- The provider's ethos was to promote a positive atmosphere of care and support which enabled people to live as fulfilled a lifestyle as possible.
- People and staff were positive about the registered manager. Comments included, "I feel very supported. It's the best place for me to be" and "I have always found the manager to be supportive, understanding and ready with advice if I need it."
- Staff worked closely as a team and made sure they shared information and tasks so everyone received good quality care.

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

- The provider and registered manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out in August 2019. Responses were collated and actions taken in response to comments. For example, improvements made to the laundry system.
- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes through a staff of the year initiative.
- Resident meetings were held regularly, the feedback from people was recorded and showed the action taken. This was then fed back to all who attended.

Continuous learning and improving care.

- The management and staff team made sure they continually updated their skills and knowledge by attending training and relevant meetings.
- The registered manager worked with the local authority following any specific safeguarding incident and confirmed that lessons learnt would be shared and used to improve practice.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. The management team checked the service was being delivered to the standards they required everyday by talking to people, their relatives and staff.

Working in partnership with others

- The registered manager and staff worked well with health and social care professionals where necessary to ensure the best outcome for the people living at Headingley Court. A health care professional said, "I have no issues with this service at all."