Headingley Care Centre (Edlington) Limited

Headingley Park

Inspection report

Headingley Way
Edlington
Doncaster
South Yorkshire
DN12 1SB

Tel: 03452937646

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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

The inspection took place on 12 January 2016 and was unannounced. This was the first inspection under the new registration.

Headingley Park is situated in the Edlington area of Doncaster. The home provides accommodation for up to 40 people who require personal care. The service has two units, one named Poppy, providing residential care and Lavender, providing care for people living with dementia. At the time of our inspection there were 33 people using the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were knowledgeable about protecting people from abuse. They told us they had attended training in this area and had learned the types of abuse and how to report it. Staff were confident that the management team would take action if required.

Care plans we looked at contained risk assessment to identify any potential hazards with a person's care and support. These included areas such as falls, malnutrition, and choking. Risk assessments gave information about the issue and how best to support the person in order to prevent any harm.

People's medicines were managed safely and stored appropriately. We saw systems and records in place which indicated medicines had been administered in line with the person's needs.

We observed staff supporting people who used the service and found there was enough staff to meet people's needs. On the day of our inspection there were 15 people living on the Lavender unit and 18 people living on the Poppy unit. Each unit was supported by a senior care worker, two care workers and an activity co-ordinator.

The provider had an effective recruitment system in place and recruitment was carried out in line with the provider's policy. We looked at four staff files and found pre-employment checks were obtained prior to new staff commencing employment.

Through our observations and talking with staff we found they received appropriate training to carry out their role safely and effectively. Training was provided face to face and included some practical training for subjects such as moving and handling.

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. We found the service to be meeting the

requirements of this act.

We observed lunch being served on both Poppy and Lavender units and found in the main they were pleasant experiences. On both units was saw good interaction and staff offering choice of meal and portion size to people. Drinks and snacks were also served throughout the day.

We observed interactions between staff and people who used the service and found they were carried out in a caring, and kindly manner. We saw staff knocked on bedroom doors before entering, closed curtains and ensured privacy was maintained. Staff we spoke with were able to discuss how they respected people's dignity.

Care plans were in the process of being up dated on to new paperwork and this was a work in progress. We looked at care plans and found they showed evidence that people's needs were assessed and reviewed on a regular basis.

The service had a complaints procedure and this was displayed in the entrance are of the home. It contained details of contact numbers for the local council, the company head office, ombudsman and the Care Quality Commission.

There was a good sense of leadership within the home and staff raised concerns or issues with the senior staff or the deputy manager. If things could not be rectified at this level the registered manager became involved. All staff at all levels were committed to making the service successful.

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.

Staff we spoke with were knowledgeable about protecting people from abuse.

Care plans we looked at contained risk assessment to identify any potential hazards with a person's care and support.

People's medicines were managed safely and stored appropriately.

There were enough staff available to meet people's needs. Staff were quick to respond when someone required their assistance.

The provider had an effective recruitment system in place and recruitment was carried out in line with the provider's policy.

Is the service effective?

Good

The service was effective.

Through our observations and talking with staff we found they received appropriate training to carry out their role safely and effectively.

We found the service to be meeting the requirements of the Mental Capacity Act 2005.

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

Is the service caring?

Good

The service was caring.

We observed interactions between staff and people who used the service and found they were carried out in a caring, and kindly manner.

Staff we spoke with were able to discuss how they respected people's dignity.

People were supported to maintain friendships and their visitors were received well.

Is the service responsive?

Good

The service was responsive.

We saw care plans were in place and identified people's needs and what support they required.

The service had an activity co-ordinator who planned activities in the home and trips to various places of interest.

The service had a complaints procedure and people felt at ease to raise concerns if they needed to.

Is the service well-led?

Good

The service was well led.

We saw audits took place on a regular basis to ensure people received a quality service.

People were able to contribute suggestions and ideas about how to develop and improve the service.

Headingley Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 12 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with 10 people who used the service and two relatives. We spent time observing interactions between staff and people to help us understand the experience of people.

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

Good

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "I do feel safe because the staff are marvellous, I never feel afraid. They are always there night and day." One relative said, "I've never had a problem with these girls. If they have five minutes they'll pop their head round the door and say hello but there's only two of them on usually."

Staff we spoke with were knowledgeable about protecting people from abuse. They told us they had attended training in this area and had learned the types of abuse and how to report it. Staff were confident that the management team would take action if required. We spoke with the registered manager and she showed us a safeguarding log which was used to record incidents and any actions taken.

Care plans we looked at contained risk assessment to identify any potential hazards with a person's care and support. These included areas such as falls, malnutrition, and choking. Risk assessments gave information about the issue and how best to support the person in order to prevent any harm. For example one person walked with a walking frame but tended to kick the frame as they walked. Staff were therefore required to walk with the person to prevent the risk of a fall.

We spoke with senior care workers about the policies and procedures in place to manage people's medicines effectively. They were knowledgeable about the process and talked us through it. We saw medicines were stored safely in a locked room and there was a fridge available for medicines which required storing at a cool temperature. We saw charts which recorded the temperatures of both the room and the fridge. These were taken on a daily basis.

We looked at Medication Administration Record charts (MAR's) and found medication had been appropriately signed for when administered. We also saw that each person had a front sheet which stated their name and date of birth and any allergies and included photo of the person for identification purposes. Medicines which were prescribed on an 'as and when required' basis were signed for and the care workers' notes on the reverse of the sheet recorded the reason why the medicine had been given. However, we noted that the result of the medicine had not been recorded. We spoke with the senior care worker and the registered manager about this and they agreed to introduce this.

Care plans we looked at had a section for medication and stated how the person liked to receive their medicines. For example, one person's care plan stated the person liked to take their medicines from a plastic spoon, while someone else preferred them handed to them in a plastic pot but with a large glass of water. However, we saw more detail could be provided where people took medicines on an as and when basis. We observed a senior care worker administering medicines and found them to be supportive and patient, waiting with the person until they had time to take them.

We spoke with people about staffing levels and received mixed comments. One person said, "No I don't think that there are enough staff." Another person said, "Not enough on some occasions – when they are in a hurry they are walking out before you finish a sentence – they are busy." Another person said, "Yes, I think

there's enough staff." A visiting relative said, "Some days there doesn't seem to be enough staff around."

We observed staff supporting people who used the service and found there was enough staff to meet people's needs. On the day of our inspection there were 15 people living on the Lavender unit and 18 people living on the Poppy unit. Each unit was supported by a senior care worker, two care workers and an activity co-ordinator. The registered manager and deputy manager were also on duty. We spoke with staff and people who used the service and they confirmed that this was the usual staffing ratio. We saw that staff were able to respond to people without delay.

The provider had an effective recruitment system in place and recruitment was carried out in line with the provider's policy. We looked at four staff files and found pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. The service were in the process of recruiting staff and were waiting for employment checks to be completed.

Good

Is the service effective?

Our findings

We spoke with people who used the service and they thought the staff were trained to do their job well. One person said, "They know me very well and they understand what I need."

We spoke with staff who told us they received appropriate training to carry out their role safely and effectively. Training was provided face to face and included some practical training for subjects such as moving and handling. We spoke with the registered manager who told us there was an electronic system in place which identified training which was due by changing from green to amber. If this was not addressed the training would turn to red, this showed it was out of date. We looked at the training record and saw most training was up to date.

Staff we spoke with felt they could speak with their managers if they needed to and felt the management team were approachable. Staff told us they had supervision sessions; these were one to one sessions with their line managers, to discuss their performance. We also saw evidence of this. However, the registered manager told us that annual appraisals needed to be updated and had devised a plan which would assist her to achieve this.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with staff about their understanding of this and they were able to explain what it meant. We observed staff supporting people throughout our inspection, and found they offered choices and respected people's decisions.

Care plans we looked at stated whether the person was able to make decisions about their care. For example, one care plan said that the person was able to make decisions about everyday issues, but would need support of family and other professionals for more complex decision making.

We observed lunch being served on both Poppy and Lavender units and found in the main they were pleasant experiences. On both units was saw good interaction and staff offering choice of meal and portion size to people. We noted appropriate music playing in the background, which people appeared to enjoy. On the Lavender unit people were assisted to eat their meals where required. This was carried out appropriately with the care worker sitting with the person and engaging in conversation.

People told us that they had enjoyed their meal and felt that food was usually good. One person said, "The

food is usually nice and it's cooked well." Another person said, "We have a lot of burgers." We spoke with the registered manager about this who told us she would look in to this.

We noted that the menu was available in picture format but not displayed on a daily basis. The meal on the menu on the day of inspection was not the meal on offer according to the menu. We spoke with the cook about this who said they were waiting for the food order to arrive. The cook appeared knowledgeable about different diets to suit people's needs and had information in the kitchen in regards to this.

Drinks and snacks were provided throughout the day. People we spoke with told us they could have a drink and something to eat when they chose, but drinks were served in a morning and in the afternoon.

We looked at care plans and found people were referred on to healthcare professionals when needed. One person said, "When I was ill and collapsed on the floor, the staff got an ambulance straight away." A relative said, "The doctor comes to the home if you want. A Parkinson's nurse comes here. My family member goes to see a specialist every 6 months. They [Staff] tell me about it and say transport's been arranged – somebody goes with my relative from the home and they ring me and let me know when they are back and what's been said."

One relative told us that the staff sometimes don't act on the district nurse advice. However we spoke with the registered manager and staff and this was addressed.

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they told us the staff were very caring. One person said, "Staff are pleasant and look after us, do what they can for us." Another person said, "They don't look down at you, they are respectful." Another said, "They always knock before they enter my room." A visiting relative said, "I just know my relative is happy, they think the staff are wonderful and that says it all."

We observed interactions between staff and people who used the service and found they were carried out in a caring, and kindly manner. We saw staff knocked on bedroom doors before entering, closed curtains and ensured privacy was maintained.

Staff we spoke with were able to discuss how they respected people's dignity. One care worker said, "I make sure the person feels at ease so they don't feel uncomfortable." Another care worker said, "I always explain what I am doing, talk through the task and keep asking if the person is alright with it."

We saw that when staff carried out tasks they took time to involve people and talked socially with them. Before lunch we saw a care worker setting tables in the Poppy unit dining area. We saw that the care worker spoke with a person sitting at one of the dining tables. We saw the person was invited to help the care worker and they sat together folding napkins. We also observed a care worker supporting a person in a very sensitive manner, ensuring the person's dignity was maintained.

Care plans we looked at captured details of the person's life history and this were used to develop care plans. One care plan stated that the person responded well to smiles and explanations as to what is happening. We saw staff supporting this person in line with the care plan.

We saw people were addressed by their preferred title, for example, one person liked to be called by their title and surname whilst others preferred their Christian name to be used. This showed a personal approach to people, and consideration to their choices.

The service had a dignity champion whose role was to attend training and cascade information to the staff team. They also took part in dignity days which were focused specifically on dignity. The service had introduced signs for bedroom doors indicating that personal care was taking place and to knock and wait for an answer.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and most said they knew they had a care plan but they had never seen it. One person said, "I haven't seen it but I know I've got one." Another person said, "I've an idea what it is but never seen it." One relative said, "I have been involved in my relatives care plan, it's all in place."

Care plans were in the process of being up dated on to new paperwork and this was a work in progress. We looked at care plans and found they showed evidence that people's needs were assessed and reviewed on a regular basis. Care plans were individual to the person and clearly reflected their needs. For example, one person had a care plan in place regarding behaviour and distraction techniques for managing anxious behaviour. The plan stated that staff were to talk about the person's family or what they had recently watched on television and this would distract the person and calm the situation. We saw staff carried out care and support which was detailed in the care plan and this assisted the person.

The home employed a dedicated activity co-ordinator who worked 32.5 hours a week. We also saw a trainee activity co-ordinator who was available 20 hours a week. The activity co-ordinator told us they met with other people doing the same role within the organisation and found this beneficial and shared ideas.

We saw people were engaged in activities throughout the day. We saw a quiz and a game of bingo took place. The activity co-ordinator interacted well with people, for example, we noticed the music in the lounge area changed regularly because the activity co-ordinator was constantly spoke with people about the music, if they liked it and what they remembered about it, using the music as a focus to interact with people.

We also found that trips out were organised and had included trips to the theatre, garden centre and museums. There was also a vicar and priest from local churches came into the home to provide a service as did a Methodist group.

The service had a complaints procedure and this was displayed in the entrance are of the home. It contained details of contact numbers for the local council, the company head office, ombudsman and the Care Quality Commission.

People we spoke with told us they had never had to make any formal complaints, but told us they would feel able to if the need arose. One person said, "I haven't a bad word to say about the home, but I would say if I had to."

We spoke with the registered manager and she showed us a log of complaints which indicated the action taken as a result and the date resolved. We saw appropriate action had been taken.

Good

Is the service well-led?

Our findings

We spoke with people who used the service and their relatives and they told us the registered manager was approachable. One person said, "The manager is lovely, she always says if you have any troubles come to me and I will sort it out." A relative told us, "You can talk to the manager anytime, she makes time for you and it's never inconvenient."

Staff we spoke with told us the registered manager was friendly and encouraged them to share ideas. The staff found her very supportive and team meetings took place on a regular basis.

We walked round the home with the registered manager and she interacted well with people who used the service, their relatives and staff. One person said, "She (The manager) is lovely, we had a meeting and we all clapped her, she's great and gets things sorted."

There was a good sense of leadership within the home and staff raised concerns or issues with the senior staff or the deputy manager. If things could not be rectified at this level the registered manager became involved. All staff at all levels were committed to making the service successful.

We saw audits were in place to monitor the quality of service provision. For example, care plans, infection control, dignity, meals and nutrition and domestic services. Each audit had an action plan to address and outstanding actions and the registered manager communicated with the staff team to highlight any lessons learned.

In addition to the audits completed by the management team, the provider worked with an independent company who completed an audit around every aspect of the service. An action plan was devised following this audit which took place in August and October 2015. We could see from the action plan that the registered manager had addressed many of the issues.

People who used the service and their relatives were able to voice suggestions and ideas. Residents and relatives meetings took place frequently and were well attended. The registered manager chaired the meetings to gain direct feedback from people. Comments were then displayed in the form of, 'you said, we did.' For example someone said the gravy was too thick and dark, they subsequently had their own gravy boat and gravy done to their liking. Another person requested pint glasses for bitter, these had been ordered.