

Countrywide Healthcare Ltd

Headingley Park Care Home

Inspection report

Headingley Way
Edlington
Doncaster
South Yorkshire
DN12 1SB

Tel: 01709862542

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Headingley Park is a care home providing personal care. It can accommodate up to 40 people. Some people using the service were living with dementia. There were 28 people using the service at the time of the inspection.

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

The quality monitoring systems had identified where improvements were required however, were not always effective in ensuring improvements were implemented and embedded into practice.

Risks were identified and the care plans detailed actions to mitigate and manage risks. However, we found the documentation in place did not always evidence the actions were followed to ensure the risks were managed. Safe medication systems were in place for staff to follow. However, we found topical medicines were not always recorded correctly so could not evidence they were given as prescribed. The registered manager had identified this and was addressing with staff. We have made a recommendation, that the documentation is embedded into practice.

The environment was predominantly clean, the domestic staff understood the need for additional and more robust cleaning during the pandemic. However, we identified some areas required improvement which, had been identified by the registered manager and were part of the providers action plan.

Relatives spoke highly of the care staff. However, we received mixed feedback from relatives regarding communication and management during the pandemic. The registered manager had identified this and was improving communication systems to ensure all families were kept up to date. The provider had recently sent out questionnaires to relatives to obtain feedback and drive improvements.

We observed adequate staff on duty on the day of our Inspection and staff we spoke with, said there was usually enough staff to meet people's needs. We observed staff attended to people's needs in a timely way, when support was required. People we spoke with told us the care staff were lovely and were always there when you needed them.

Incidents and accidents were recorded appropriately. The registered manager had introduced a more robust overview to effectively analyse and monitor these to ensure lessons were learnt. The staff team worked together with external agencies to deliver effective care and treatment and support people's access to healthcare services. Most staff told us they felt supported and worked well as a team. There were systems in place to safeguard people from abuse.

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 requires improvement (published 5 February 2020).

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 some improvements had been made and the provider was no longer in breach of regulation 12.

Why we inspected

The registered manager is registered at two locations, we identified concerns at the other location and this in part prompted this inspection. It was also based on the previous rating.

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.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. We have identified a breach in relation to governance at this inspection Please see all sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Headingley Park 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 CQC's response to care homes with outbreaks of coronavirus, we as part of this inspection conducted a review to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures.

Inspection team

The inspection was carried out by two inspectors

Service and service type

Headingley Park 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. Inspection activity started on 2 March 2021 and ended on 12 March 2021. We visited the home on 2 March 2021.

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 and seven relatives on the telephone about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, senior care staff, care workers and ancillary 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 six people's care records, medication records and weight records. We looked at a variety of records relating to the management of the service, including policies and procedures and audits.



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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not managed safely. At this inspection we found medication systems had been improved to ensure safe management of medicines.

- Medicines were stored correctly, and we observed safe administration of medicines by staff.
- Topical medicines were not always recorded as given as prescribed. This had been identified by the registered manager and had been addressed with staff. However, we found staff were still not recording correctly. This was a documentation issues and we found no evidence this impacted on people. We recommend this is formally addressed with staff to ensure documentation systems are embedded into practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were identified, and the care plans detailed actions to mitigate and manage risks. Staff understood people's needs and risks associated with their care. However, we found the documentation in place did not always evidence, actions were followed to ensure the risks were managed. For example, food charts were not always completed and when weekly weights were required, there was not always documented evidence these were carried out. This was lack of documentation and did not impact on people.
- Accidents and incidents were effectively analysed to identify any themes or trends to mitigate risk and ensure lessons learned.
- Environmental checks were carried out to ensure safety.

Preventing and controlling infection

- The environment was predominantly clean; the domestic staff understood the need for additional and more robust cleaning during the pandemic to reduce the risk of cross infection.
- Some areas were not well maintained to enable effective cleaning. For example, storerooms, were cluttered and unorganised and dining chairs, bath seat were damaged. This had been identified by the registered manager and action taken following our inspection.
- Staff were seen following the guidance regarding personal protective equipment (PPE) in relation to the Covid-19 pandemic. We were assured by infection control practices in place.

Staffing and recruitment

- There were adequate staff on duty on the day of our inspection and staff said there was mostly enough staff to meet people's needs. People we spoke with told us staff were lovely and were always there when needed.

- The provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse.
- Staff told if they had concerns that a person was being abused, they would report it to their line manager.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care.

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had failed to assess, monitor and improve the quality of the service. At this inspection we found a continued breach of regulation 17, we acknowledged improvements had been made but the management systems required embedding into practice.

- There were systems in place to monitor the service. The monitoring systems had identified issues. However, they were not always effective in ensuring improvements were implemented and embedded into practice. For example, the documentation of administration of topical medicines, effective completion of food and fluid charts and oversight of people's weight to ensure people's risks were managed.

The systems in place to monitor and improve the quality of the service were not effective. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The providers promoted honesty and transparency from all levels of staff and management. We saw evidence incidents were reported to CQC. The provider had fulfilled their duty to inform the relevant bodies.

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

- People received person centred care. Support we observed was individualised. People we spoke with told us the staff were lovely. One person said, "The care staff do a great job, they respect me and listen to me."
- Staff felt supported and most felt listened to. However, some told us they didn't feel supported and did not feel able to approach the registered manager. This is being addressed by the registered manager.
- We observed people were supported to have maximum choice and control of their lives and we observed staff supported them in the least restrictive way possible and in their best interests. However, we identified lack of documented information to evidence people's best interests were considered when decisions were made, when the person lacked capacity to make an informed decision. This had not been identified as part of the care plan audits. We discussed this with the registered manager and deputy manager who both agreed that documentation could be improved and agreed to act on this immediately.

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

regulatory requirements

- The registered manager was clear about their roles and responsibilities and understand the regulatory requirements. Most staff we spoke with told us they felt supported by the management.
- The provider acknowledged the service needed to improve further and was working with the registered manager to continue to drive improvements.

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

- People who used the service and their relatives told us things were improving and did feel involved in the day to day running of the home. However, some told us that communication during the pandemic could have been better. Relatives told us they felt outside visits could have been better managed during 2020. While other told us, they were regularly kept informed and were happy with the arrangements. Some spoke highly of the registered manager, while other felt they were difficult to get hold of and didn't keep them informed of changes. All relatives we spoke with praised the care staff. The registered manager was improving communication and was corresponding with relatives to ensure their voice was heard.

Working in partnership with others

- The provider engaged with healthcare professionals. We found that advice was sought when people's needs changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that there were effective systems and processes embedded into practice to improve the quality and safety of the service provided.</p> <p>Regulation 17 (1) (2) (a)</p>