

Westward Care Limited

Headingley Hall Care Home

Inspection report

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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

We carried out the inspection of Headingley Hall Care Home on 08 and 12 May 2017. At the time of our inspection there were 44 people using the service. This was an unannounced inspection.

Headingley Hall Care Home provides residential care for a maximum of 57 people and is situated in the centre of Headingley. The home is a two storey adapted building and close to local amenities. There is car parking to the front of the building and good wheelchair access. The home has gardens and a patio area for people to use.

The home had a registered manager but they were on annual leave at the time of 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.

At the last inspection on 22 February 2016 the service was rated 'requires improvement' in two of our key questions. At this inspection we found improvements had been made.

There were enough staff on duty to provide people with the support they needed and pre-employment checks had been carried out before new staff were appointed. Following initial employment the provider had not always security checked staffs criminal records. The provider took immediate action to start resolving this concern.

Staff were trained and supported to understand people's needs and provide their care in the right way. Staff told us they felt supported by the registered manager and confirmed they had received formal supervision from their line manager and regular staff meetings were arranged.

People told us they felt safe living in the service. Staff showed they had a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. We found staff ensured they gained consent from people prior to completing care tasks. They worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions.

People's medicines were stored safely and recorded appropriately. People received their medicines in line with their prescription. People received a well-balanced diet that offered variety and choice. People liked the meals provided to them and their nutritional needs were met. Staff worked closely with health and social care professionals to ensure people received effective care.

People were treated with respect, kindness and understanding. Staff demonstrated a good knowledge of the people they cared for, their preferences and abilities. People told us staff were friendly, caring and had time to sit and talk to them. We observed staff had developed good relationships with people who used the

service and their relatives. People's privacy and dignity was respected by staff who encouraged people to be independent and make choices and decisions in their daily lives.

Care plans recorded people's needs and preferences and staff followed this information when providing support. People who became anxious were provided with individual reassurance and support.

We saw people were encouraged to engage in a range of meaningful activities and to maintain their independence where possible. Relatives told us they could visit at any time and staff welcomed them.

The service was run in an open and inclusive manner. There were systems in place to monitor and improve the quality of the services people received. People who used and visited the service were supported to share their opinion of the service provided. Two complaints had been made to the registered manager or registered provider and we saw these had been investigated and information fed back. People we spoke with knew how to raise concerns and told us they would be confident to do so.

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 were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Staff knew what action to take if they suspected abuse was taking place.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

The management of medicines was safe.

Is the service effective?

Good 

The service was effective.

People were able to make choices about aspects of their lives. When they were assessed as lacking capacity for this, the registered provider acted within the principles of the Mental Capacity Act 2005.

Staff received appropriate induction, training, support and supervision to enable them to feel confident in meeting people's needs.

People's health and nutritional needs were met.

People were supported to access community health care professionals and attend appointments when required.

Is the service caring?

Good 

The service was caring.

People's dignity and privacy was respected and people were supported to maintain their independence.

We observed the staff approach was friendly, kind and caring.

Staff encouraged people who used the service to make their own choices and decisions about their care.

Is the service responsive?

The service was responsive.

People's needs were assessed and care plans produced. People and their relatives were involved in this process which helped staff to deliver support tailored to their needs and preferences.

There was a range of activities within the service for people to participate in. Staff also supported people to access community facilities and to maintain contact with friends and relatives.

There was a complaints process in place and people who used the service told us they felt able to raise concerns and that these would be addressed.

Good ●

Is the service well-led?

The service was well-led.

There were systems and processes in place that helped to ensure the quality of care and improved the service.

There was an open and inclusive culture within the service.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

Good ●

Headingley Hall Care Home

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 was planned to check 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 8 & 12 May 2017 and the inspection was unannounced. We last inspected Headingley Hall Care Home in February 2016. At that inspection we found the service was in breach of one Regulation and we rated the service 'requires improvement' overall.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and five staff files. We spoke with six people, two relatives, one health care professional and four support workers as well as the deputy manager, administrator, director of nursing for the registered provider and the managing director. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

Staff recruitment records showed appropriate checks were undertaken before staff began work. Checks included application forms, interview notes, confirmation of identity, two references and a Disclosure and Barring Service check (DBS). The DBS checks identify if prospective staff member had a criminal record, conviction or were barred from working with children or adults at risk. Although the original DBS forms had been completed at the point of appointment, they had not always been renewed. We mentioned this to the deputy manager and director of nursing who were present at the inspection and they told us they had just introduced a self-declaration form as part of their annual appraisal for staff to sign. They also told us new starters were now to renew their DBS on a yearly basis and they would be renewing all long term employees DBS certificates starting with those who were employed the longest time ago without a further DBS check.

People's medicines were managed safely and in accordance with guidance from the National Institute for Health and Care Excellence (NICE). We found staff had written on medicines such as eye ointments and creams when they had been opened, to ensure people received treatment which was in date and fit for purpose.

Staff who supported people with medicines, told us they had received training to ensure this was done safely. Staff were periodically observed when giving medicines by the provider to ensure they were competent and followed safe procedures. We observed two medicines rounds and saw staff ensured they completed Medicine Administration Record's (MAR) after they administered each person's medicines. Staff were patient and did not rush people to take their medicines. We saw staff asked people if they were in any pain and if they wanted any pain killers. We reviewed MAR charts and found them to be fully completed and signed without any unexplained gaps. This showed us staff followed the provider's policies and procedures around the safe management of medicines.

People and relatives we spoke with felt staff safely looked after medicines. People and their relatives told us they were satisfied staff gave the correct medicines and they were on time. One relative told us, "They look after all my relative's medicines."

People told us the service provided them with a safe environment. One person told us, "Yes I feel safe, I know I'm going to stay here" and another stated, "Staff are prompt, they come reasonably quickly to the call bells." People told us they were free to move around the home with easy lift access between floors. People had access to a secure courtyard; one person told us they were able to spend time outside in the good weather, which they liked to do. All staff we spoke to told us they thought the home was safe. Their comments included, "Oh yes its very safe for everyone", "I would happily have my relative here" and, "People's safety is priority here."

Staff protected people from the risk of harm and abuse. Staff told us safeguarding policies were in place and they had received training. They also told us they raised concerns with the registered manager to make sure people were safe. All staff we spoke with said they would alert the Care Quality Commission (CQC), the police and/or higher management if needed. One staff member told us they always re-assured people and

encouraged them to speak up. We make sure people can raise concerns." People clearly identified the whistleblowing process and staff showed evidence that there was a policy in place for this. Staff received training in how to protect and safeguard people from potential harm and abuse. One staff member said, "We have regular training around safeguarding people." The provider demonstrated to us they had a good understanding of their responsibilities in safeguarding people; they recognised the importance of being open and transparent.

Incidents and accidents were recorded by staff, senior staff and managers. One staff member gave an example if a person fell; stating, "The person who found them would raise an alert using the call bell. We would observe the situation, take physical health observations, complete a body map, look for any bruises or head injuries. We would only move them if it was safe to. We would go through the stages of pain and afterwards fill out the accident forms. We would also take steps to make sure it doesn't re-occur. We would also do physical health follow ups on the person if they hadn't gone to hospital." Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences of similar incidents. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents. Where it had been identified people were at risk of falls, we saw staff had ensured prompt referrals had been made to professionals for advice in how best to support people.

Staffing levels were adequate and flexible to meet people's needs. Staff told us, "We are very reactive if we need extra members of staff. There is flexibility to get more staff. We have two senior carers on shift and three carers; the registered manager is supernumerary but helps out if needed." It was clear that people knew the staff and management. One person using the service said, "I know the staff inside out and backwards." During our inspection we saw there was enough staff to provide the care and support people needed. The provider reviewed people's care needs and adjusted staffing levels to ensure people received the care they required.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 make 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 authorisation procedures for this in care homes and hospitals are 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 were being met. We found when required, the provider had made applications for assessment to the local DoLS team. The provider had policies and procedures in place for staff to follow in relation to the MCA. The service currently supported three people with a DoLS in place with no conditions attached. All of the staff we spoke with had good knowledge of their responsibilities under the MCA and DoLS. One staff member said, "You always have to assume the person has capacity and encourage them to make decisions. We would complete a mental capacity assessment and if they didn't have capacity we would act in their best interest." Another staff gave an example of one person who was currently receiving covert medication and has a DoLS in place due to lack of capacity.

We saw clear evidence in the care records we looked at that people's capacity to consent to care and treatment had been considered. Staff understood the need to obtain consent from people before they provided care and we saw evidence of mental health capacity assessments in all care plans. One relative told us, "I was involved with the start of the DoLS and the renewal."

Staff told us that they completed training considered mandatory by the registered provider and had opportunities for further educational development. One staff member said, "We do annual training in MCA, moving and handling, safeguarding etc. Training is brilliant and they are very supportive. They supported me to do my level 3 QCF and are now going to support me with level 4 which is training above my current post." The QCF is an accredited qualifications framework recognised by health and social care providers. Another staff member said, "I applied to do additional training in end of life care and health conditions which I did at college. They [registered provider] encourage learning." New staff completed a period of induction and shadowing more experienced colleagues. The registered provider had a system in place which identified when staff were due refresher training. This showed us the registered provider recognised the need to ensure staff were provided with appropriate training to meet people's needs.

Staff were provided with supervision on a monthly basis. Staff told us, "There is an open door policy, we work as a team. Staff will come to anyone if they have a concern." Supervision is a process where staff meet with their line manager to discuss their work performance and any training and development needs. This showed us staff were sufficiently supported to carry out their role.

People were supported to have enough to eat and drink. People had access to drinks throughout the day. Jugs of water were always available in people's bedrooms and in the communal rooms. They also provided fresh smoothies on a daily basis with optional healthy drink fountains positioned around the building.

We observed lunch in the dining room where tables were set with table cloths and place settings. People and their relatives were positive about the food and choices provided and said they looked forward to their meals. One person said, "The food is very good."

Menus provided a range of options each day including hot and cold food. The chef also commented, "If people don't like what's on the menu then we can make something else for them." We saw evidence that individual plans were in place for residents with dietary requirements. One resident required a specific menu to meet their nutritional needs and we saw this was facilitated by the kitchen staff.

The chef attended resident forums to discuss meal plans. They told us they had recently involved a resident in the design of menus. We saw feedback forms were available to residents for comment on the menu options and quality of the food.

The chef confirmed that fresh fruit and vegetables were delivered daily while meats, dried and frozen food was delivered twice weekly. One relative commented, "I like that it's not processed food and that it's all fresh." Another relative said that the chef provided meals for the residents and relatives on special occasions such as mother's day.

Temperature recordings, food allergy matrices, log books for faulty equipment and cleaning records in the kitchen were in place. The kitchen had a food hygiene rating of five following the last visit by the environmental health officers. This meant the service was rated the highest rating for food hygiene standards. We noted one fridge was above the recommended temperature and that no action had been taken although the chef confirmed that when this has happened in the past they had logged faulty items with their contractors. During the course of inspection they resolved this issue.

People's nutritional needs had been assessed using nutritional screening tools and were regularly reviewed. Risk assessments and staff observations were used to identify people who needed monitoring or additional support to maintain nutritional intake. One example included a Percutaneous Endoscopic Gastrostomy (PEG) feeding care plan which documented the specific fluid intake the person needed during a 24hour period and what PEG feeds should be administered. PEG is a medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Kitchen staff were aware of people's dietary requirements to meet their nutritional needs.

Staff monitored people's weights on a monthly basis. If people lost weight or showed signs of difficulty with eating, professional advice was sourced from the GP and Dietician.

People and relatives told us there was good access to healthcare professionals. One person told us they were awaiting hospital treatment but staff were following this up for them. This was confirmed by a staff member who was fully aware of the person's medical condition and history. One relative told us, "My mother once fell out of bed; they were straight on the phone to me and took her to A&E. They also wrote to me about the incident." The relative told us staff had kept them informed of their family member's condition.

Health care professionals attended the home weekly or when required. One health care professional said, "We make sure the residents get the health care they need. The staff are very knowledgeable and caring."

They always see things through to resolution and have very good communication. People have keyworkers who have in depth knowledge about individuals." Good communication was also reflected in the homes communication books used by the staff daily to action any needs required by people living at the home. Care plans showed people had access and involvement from healthcare professionals at the time when it was required. People were supported to have access to healthcare professionals and received on-going healthcare support and monitoring.

Is the service caring?

Our findings

People and their relatives praised the staff and told us they had no concerns regarding the care and support being provided. People felt staff treated them fairly and provided choices in their daily routines and activities of daily living; we observed this to be the case.

People we spoke with were positive about the way staff treated them and the level of care they received at Headingley Hall. One person said, "I'm very happy here, the staff are regular and there is a lot going on." Relatives we spoke with told us, "I'm extremely pleased with Headingley Hall. It feels like a small hotel, it's kept clean and well maintained. It's like a home, the staff are consistent. (Person's name)'s anxiety is moderated because they know the staff. They need hands on care and they do this in a professional way." Another relative told us when asked about the home, "Brilliant, I leave feeling happy, staff are brilliant and the setting is lovely, food is delicious. I can book to have lunch with my family member. They are so supportive to me; it's changed my opinion on mankind. My relative enjoys having a bath, they respect her dignity. She's mellowed now and happy here. People are so kind to the residents, people are looked after so well. All the staff are great people, the registered manager always does things well, in a professional manner."

We observed staff were polite and addressed people by their preferred names. Conversations with people were not just task focused and we saw staff regularly checking people understood rather than just assuming they did. We saw staff knocked on people's doors and waited before entering. People were dressed in clean clothing, which was appropriate for the time of year.

During our inspection we saw that people's privacy was maintained, and their dignity promoted. We asked staff how they tried to ensure people's dignity was preserved at all times and especially when giving personal care. Staff gave us appropriate examples of how they achieved this with people. One example included a person who preferred to be called by her last name as the person had told staff that they did not like their first name. We observed staff quietly asked people if they wanted to visit the toilet and saw another member of staff pull a person's jumper down that had risen up at the back when they sat down.

We saw that people had access to advocacy workers if they wished. Evidence that advocates were involved when any changes to care were made was recorded and regular contact was documented in daily notes.

Staff had clear knowledge of people and their backgrounds and we saw this enabled them to start conversations with them. Relatives and people who used the service were able to give us clear examples of individual's likes and dislikes and their personal preferences.

Is the service responsive?

Our findings

One relative told us they liked the service because everyone was treated as individuals. Staff spoke in a positive manner about the people they supported and cared for; they had taken time to get to know people's preferences and wishes. Staff had a good knowledge of people's care needs and this was demonstrated in their responses to people and recognition of when people required additional assistance. For example, at lunchtime we saw one person became upset and tearful. The staff quickly responded to the person and knew how to support and reassure them to help alleviate their distress.

People, who were able to, told us they received regular visits from friends and relatives. A relative told us they were encouraged to visit whenever they chose; they also told us they were supported to accompany their family member and take them out for lunch, coffee, or shopping. We also saw people had access to a telephone and internet and were able to speak to their relatives from the comfort of their chairs.

There was an activities coordinator who arranged daily activities and outings. A weekly activity sheet was available to people which included poetry groups, trips to the cinema, newspaper groups, keep fit sessions and next month a planned trip to Bridlington. People were asked what activities they wished to do during meetings and we observed people being asked to participate. One activities coordinator told us, "I do a lot of games, I'm proud of my memory game. I've seen improvements in people's memory. One person said to me that their GP had noticed an improvement in their memory." One relative said, "The activities are brilliant. I've just volunteered to do activities, it's a new project." There was a car available for people who used the service. One relative said, "They do personal shopping for people and do a lot of activities to the park or cafes." Volunteers came to the home to provide additional activities including a dance society, church group, violinist and relatives who had volunteered to do groups. The service had recently started a group called 'social care champions' which involved people, relatives and staff discussions about future social care.

We read four people's care records noting that these were detailed and person centred. All care records included person's details, next of kin, historical information, daily living plans and notes. We also noted there were personalised 'portrait of my life' booklets for each individual.

Each person had a support plan for every aspect of their lives. These included: dietary needs, skin integrity, end of life care planning, manual handling, medicines and PEG feeding. People were involved in planning advanced care plans for when end of life care was required. In one care plan we saw that a person had documented their preference to be buried.

Individual preferences were recorded and staff said, "From the start we get their background information. We ask them what time they would like to get up in the morning, what they like to eat, what times they want to eat as some people don't want to eat lunch at twelve and so we can change this. We ask if they would like to be checked at night and what their preference of care is."

All care plans were reviewed and signed regularly. One staff member told us, "Care plans are so important

we review them monthly, have six monthly reviews and annual reviews with residents and relatives." This was reflected in the care planning notes. Staff told us that any changes to care plans were always discussed with people and their relatives. Staff told us, "We always make sure the resident is present." One relative said, "Each year I go through the care plan and sign off each section. I sit down with the staff to do this." We saw care plans had been signed by people and/or their relatives.

Assessments were also updated monthly or when required to reflect people's current need. Some of these included, risk assessments, falls, nutrition, moving and handling and epilepsy assessments. We saw that people were being weighed monthly and evidence of hoist procedures were within care plans. In addition fluid, dietary and bowel charts were in place for individuals.

People told us they understood they could complain and raise concerns should they have any. We saw the provider had a complaints policy and procedure in place. Two complaints had been documented in 2017. We saw records which showed the registered provider had investigated each one in line with their policy and there were details of actions around the complaints and how they had been resolved. This demonstrated to us the provider had an effective complaints system in place. One person commented, "I know who to complain to" whilst a member of staff said, "If I wasn't happy I would speak to staff or discuss with my supervisor. I know the complaints procedure, if someone had told me something I would write down what they are telling me and make sure they feel that they can complain." One relative told us, "Its open policy and I would feel comfortable contacting them."

Is the service well-led?

Our findings

We saw a variety of records required for the running and management of the service were maintained and safely stored. The provider and staff told us they carried out a number of checks and audits to ensure people were provided with a quality and safe service. Examples were audits of medicines and a number of checks carried out to ensure the environment was safe. For example, health and safety audits. The provider recognised the need to assess, evaluate and reduce potential risks relating to the health, safety and welfare of people.

We looked at the audits which showed evidence of regular fire drills being implemented; the last drill was completed in March 2017. People using the service were not involved in the testing drills as staff said that this may cause undue distress. People we spoke with said that fire tests happened weekly although people using the service could not explain the drill procedure. One person said, "I don't know where to go but the staff know what to do." We also saw evidence of fire alarm inspections and service reports, the last completed in February 2017.

Further audits we saw included cleaning logs and water temperature checks which were completed every three months. Annual PAT tests were carried out for the entire property. Hoist and sling visual checks were completed monthly with yearly certificates in place for slings and hoists to say that these had been checked. This was last completed in October 2016. LOLER (Shower and bath examinations audit) was last completed in August 2016 and this was completed annually. Further audits and quality checks on medicines and care plans were undertaken regularly and improvements were identified and implemented.

The provider understood the need for continuous improvement and monitoring of the service they provided. We saw analysis of incidents and accidents took place. The provider looked for any emerging patterns or trends to help reduce the likelihood of such incidents happening again. The provider understood their role and responsibilities and sent us written notifications to inform us of important events that had taken place.

The views and experiences of people, relative's staff and other stakeholders were gathered by completing questionnaires designed to identify where the service was doing well and where it could improve. The outcomes of the questionnaires were positive. In addition, staff meetings took place and provided staff with opportunities to share views and work as a team. People who used the service had opportunity to attend regular resident forums to discuss the running of the service. The provider sought people's views and experiences and operated an inclusive approach and acted on comments and suggestions.

The provider had an on-going program of staff training and supervision for all staff. Staff told us they were aware of the need to complete training and keep their knowledge and understanding updated. Staff told us that they received effective support and supervision from the provider.

The service had a registered manager in place but they were not present at the time of inspection.

The staff we spoke with were positive about the management and the support that they received. One person said, "I've always been able to go to my manager to address things. It's always dealt with and I'm given feedback. It's a great team." Another person said, "There is so much support. Everything is out in the open and the manager has an open door policy. The management is very hands on." One health care professional said, "The senior staff are on the ball. There have been very few changes with staff which is good and the manager is always visible."