

Professional Care Limited

# Headingley Nursing Home

## Inspection report

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Headingley  
Leeds  
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Tel: 0113230496

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29 June 2022  
05 July 2022

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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 nursing home is a 'care home' which provides accommodation and personal care for up to 38 older people some of whom may be living with dementia. At the time of the inspection there were 35 people using the service.

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

There was a lack of oversight on safeguarding concerns. Not all safeguarding concerns were raised, and the safeguarding log lacked details. Care plans contained information for staff to manage risks to people's health and wellbeing, however, some records were vague. The provider had oversight of the maintenance of the service and was in the process of improving the home to keep people safe. Staffing levels were safe. There was enough staff employed to ensure people's needs were being met.

The management of the home was not robust. The acting manager did not demonstrate understanding of the roles and responsibility of a manager. The nominated individual was providing increased support during the interim period and there was ongoing recruitment for a new registered manager. The feedback about management was positive from staff, people who use the service and relatives. One relative said, "Yes, I see them, they are approachable, always say hello and have a little chat or a word. They know my name."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 23 April 2021).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section 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 nursing home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Headingley nursing home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Headingley nursing home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 20 June 2022 and ended on 13 July 2022. We visited the location on 29 June and 5 July 2022.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

### During the inspection

We spoke with nine relatives about their experience of the care provided. We spoke with seven staff members including the manager. We looked at three people's care records and three medicine records. We looked at three staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.



# Is the service safe?

## Our findings

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- We were not assured all safeguarding concerns were raised. Prior to our inspection, the Clinical Commissioning Group (CCG) told us the provider was prompted to raise concerns which otherwise could have gone unreported.
- The provider used a log to record any safeguarding referrals. The log lacked details and we were not assured the provider had sufficient oversight.

The provider had failed to ensure there were robust safeguarding systems in place. This was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The safeguarding policy was in date and relevant to the service.
- People felt safe living at the home. Relatives we spoke with had no concerns about their family member's safety. One relative said "[Family member] is absolutely safe and well cared for it is relatively small there and we know a lot of the carers there."

Using medicines safely

- Medicine audits were not effective in ensuring medicines were used safely. The medication audit did not address people who had not been receiving their medication at the correct time.
- People received medicines safely and on time. Staff gave people time to take their medicines and supported people appropriately if they were reluctant to take their medicines.
- Guidance protocols on the use of medicines to be taken only when required were person centred and up to date.

Assessing risk, safety monitoring and management

- Care plans contained information for staff to manage risks to people's health and wellbeing, however some records were vague.
- The provider was in the process of improving safety around the home for example fitting window restrictors.
- The provider had oversight of the maintenance of the service. There was a refurbishment plan in place and regular checks of the buildings including the equipment were carried out to keep people safe.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- The service did not monitor themes and trends of accidents and incidents. However, incidents and accidents were recorded and there was evidence of appropriate action taken to reduce the risk of reoccurrence.

We recommend the provider reviews how they monitor accidents and incidents and takes action to update their practice accordingly.

- Lessons learnt were shared with staff. Staff told us lesson learnt were discussed in meetings however this was not always documented. This was raised with the provider who agreed to take action immediately.

Staffing and recruitment

- Staffing levels were safe. The provider used a dependency tool to calculate staffing levels and staffing rotas indicated staffing levels were always above minimum.
- There were enough staff employed to ensure people's needs were being met. We observed staff responding to people's needs in a timely manner and sufficient levels of staff were present in communal areas.
- Staff were recruited safely. The provider had recruitment checks in place to ensure staff were suitable to work in a care setting.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was taking steps to effectively prevent and manage infection outbreaks.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely. We observed staff wearing masks correctly during our inspection.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people in accordance with the current guidance.



# Is the service well-led?

## Our findings

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home did not have a registered manager. There was an interim manager whilst the provider was in the process of recruiting a manager.
- The management was not robust. The interim manager did not demonstrate understanding of the responsibilities related to their role. The nominated individual was providing increased support during the interim period.

We were not assured there was robust management of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and bodies in a timely manner and had submitted statutory notifications to CQC as necessary.
- The provider and manager used a range of audits and monitoring systems to assess the quality and performance of the home and care provided. These had been used to identify shortfalls, generate actions and drive improvements. However, these has not always driven improvement and some issues were not addressed.
- The home used a continuous home improvement plan to record any actions or issues identified via auditing, monitoring or feedback from people and/or staff. We saw this was regularly reviewed and actions addressed timely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted a positive culture throughout the service. People felt included in their care and staff received. Staff received regular individual and group supervision.
- The feedback about management and leadership was positive. Staff told us they felt supported and leadership was approachable. One staff member said, "I am very happy with the support I get, we all are, it's better than before."
- The provider completed surveys for people using the service, this was well documented and included follow up actions.
- People felt the service was well managed. One relative said, "It seems to be well run and the manager is nice and approachable, they do talk to the residents."

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; Working in partnership with others

- The provider was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. People and relatives told us any concerns they had were addressed by the management team when discussed.
- The home worked in partnership with other professionals or organisations to benefit people living at the home.

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  Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  <b>The provider did not have a robust safeguarding system in place.</b>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  <b>The provider did not have a robust management system in place.</b>