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

Headingley Park is a residential care home for up to 40 people. Care is provided across two units in one adapted building. At the time of our inspection, there were 36 people living at the home.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The home had recently appointed a new manager who was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

People lived in a safe environment which was predominantly clean and regularly checked. Individual risks to people were assessed and plans were put in place to keep people safe whilst encouraging their independence. Where incidents had occurred, staff took appropriate actions to ensure people's safety. There were sufficient numbers of staff present at the home to ensure that people were safe and staff were knowledgeable about how to manage risks and respond to potential safeguarding concerns. Staff were trained in how to administer people's medicines safely.

Staff had been given the right training and support to carry out their roles. People were supported to have choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this. People received an assessment before coming to live at the home to determine the home environment was suited to people's needs. People were provided with sufficient food and drink. Each person was able to have a say about the meals that were served and were offered an alternative if they wanted something else to eat.

People were supported by kind staff that knew them well. Staff routinely involved people in decisions about their care and identified ways to encourage people to develop skills and independence. In most instances people's privacy and dignity was respected by staff when providing care.

Regular reviews were carried out to ensure care plans reflected people's current needs and any changes were responded to. People had access to a range of activities that suited their interests as well as their needs. There was a clear complaints policy in place and the provider took steps to identify and respond to feedback from people and their relative.

People spoke highly of the staff and management at the home and the manager was accessible to people at all times. Staff acknowledged the support that they received from management and there were systems in place to encourage staff to make suggestions and identify improvements. The provider regularly sought the feedback of people and relatives and involved them in decisions about their care at the home. There were a variety of checks and audits in place which the registered provider informed us will become more robust to monitor and assure the quality of the care that people received.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 was 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.

This inspection took place on 14 June 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed 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 the information in the PIR and also looked at other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection, we spoke with five care staff, the manager, two regional managers, two healthcare professionals and four people who lived at Headingley Park.

We reviewed five personnel files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes and training records. We looked at eight people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Good

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us, "I think I am safe here." Another person said, "I am sure that I am safe here. I have no concerns about my safety." Throughout the inspection we saw people looked relaxed and comfortable in their environment and with staff.

Staff we spoke with understood what may constitute abuse and how to report it. They were confident that any concerns reported would be investigated and action would be taken to make sure people were safe. One staff member said, "I would report any concerns immediately to a senior member of staff." Staff were also aware of the whistleblowing policy and that they could report any safeguarding concerns outside of the organisation if required.

The service had recruitment procedures in place to help ensure that new staff were suitable to work with vulnerable adults. New staff submitted an application form, had an interview, identification checked, references gained and a disclosure and barring service (DBS) check was carried out. A DBS check provided employers with information which they can use to make safe recruitment decisions for staff working with vulnerable adults.

On the day of our inspection there were appropriate numbers of staff to meet the current level of care provision. Staff were visible throughout the home ensuring people's needs were met in a timely way. People who required assistance received this promptly, call bells were answered quickly and there were staff present in communal areas when needed. Although, one staff member told us, "We have had a shortage of regular staff of late. Cover by agency staff is not ideal." We discussed staffing levels with the manager and regional manager. They told us some staff had left and we saw they were actively recruiting to fill the vacant posts.

Information about people's individual risks was accessible to all staff in people's care plans. Risk assessments had been completed for areas such as falls, nutrition, pressure care and safe medicines management. They were reviewed monthly or more frequently if required. Any immediate changes to people's risk were discussed during handovers and the information added to care plans. One staff member told us, "Risk assessments are constantly assessed to ensure we balance independence and safety."

People's medicines were predominantly managed and administered safely. People received their medicines as prescribed. Medicines were administered by staff trained to do so ensuring people received the support they required. The allergy status of all people was recorded to prevent the risk of inappropriate prescribing. We looked at medicines administration records (MAR) and found that not all medicines had the stock levels carried forward. This meant it was not always possible to determine if the medicine stocks available was correct. We also observed staff during a medicines round. We saw that whilst they were caring and patient and took time with residents, explaining what medicine they were giving and what it was for, they also had the home's portable phone which they were answering. This gave potential for the staff member to be distracted from the process of administering and recording medication. Medicines were stored safely in the home in locked clinical rooms and trolleys. Temperatures were recorded daily in the clinical rooms and for

the medicines fridge so that the potency of the medicines could be maintained.

Policies, systems and processes were in place to manage risk and health and safety. These assessed the likelihood and potential severity of risks to people, including; falls, bed rails, moving and handling, risk of pressure ulcers and nutrition. All were done on admission and were reviewed regularly. The risk assessments we viewed were comprehensive, clear and easy to understand. We also saw that people had personal emergency evacuation plans (PEEPs) for emergency use. Checks were carried out on equipment at the service to protect people from risk. Checks were completed on bed rails, pressure mattress settings, hoists and wheelchairs and these were recorded.

Most areas of the service were clean, including communal areas, bathrooms and toilets. We identified one toilet bin contained soiled continence wear however there was no clinical waste bag. The manager addressed this when it was brought to their attention. There were appropriate hand washing facilities within the premises. Staff wore personal protective equipment, like gloves and disposable aprons, when they delivered personal care and at meal times. Staff said they received training on infection control and the management team said they conducted regular spot checks to ensure that infection control procedures were being followed correctly. However, a bedroom carpet which was torn and frayed had not been identified during any internal audit or check. The manager committed to addressing this immediately following the inspection.

Accident and incident reports were completed when injuries occurred to people. These were reviewed by the manager and notes were made to reflect any investigations completed. The management team reviewed incident reports to look for trends or themes, so that measures could be used to prevent future recurrence.

Good

Is the service effective?

Our findings

People could move around the home as they wished and staff supported them to remain independent and make choices in line with their needs and preferences. One person told staff they wanted to go back to their room immediately after breakfast. Staff attempted to interest them in activities and enjoying the good weather. However, after repeating their request staff respected their wishes and escorted them back to their room.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Staff had a good understanding of the processes required to ensure decisions were made in the best interests of people. Care records held information on how staff should support people to make decisions they were able to, such as selecting clothing, food choices and when to participate in activity. Decisions made in people's best interests were recorded and showed who had been involved in these.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. These safeguards were well documented and staff could tell us when these were in place and the implications of these for the people they were supporting.

People enjoyed the food provided in the home. One person told us, "It's lovely food and there is always a choice." Another said, "The food is very nice." Mealtimes were unhurried and people could take their meals in an area of the home of their choosing. We saw staff taking meals to people's rooms where this had been requested or because people could not access the dining room. The dining room provided a relaxed environment for mealtimes. Staff were attentive to people's needs and supported people when it was required without hurrying them or reducing their independence. A tea room had been recently opened at the entrance to the home which provided an area for people and their relatives to enjoy refreshments whilst socialising with others.

The staff we spoke with were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves.

Care plans identified specific dietary needs, likes and preferences for people. A rolling menu of meals was provided and the cook could prepare other options for people if they did not want the daily selections. All food was freshly prepared and the kitchen was a clean and well-maintained area. Care plans identified and both care and kitchen staff were aware of individuals allergies regarding food. However, potential allergens

in the food provided had not been identified. The manager contacted us following the inspection to assure us this had now been done.

The home environment provided a safe place for people to mobilise around independently. Corridors were wide and clear and allowed people to walk around the home independently and with walking aids without hindrance. Signage around the home was clear and bold allowing people to maintain their independence as they moved around the home. There were level access areas all around the home for people who required the use of wheelchairs and walking aids. Outdoor areas were easily accessible and level to provide safe areas for people to enjoy.

A program of supervision, induction and training was in place for staff and this was monitored by the manager and registered provider. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt they were supported well with the training and supervision methods used. One staff member told us, "It's very open, we can make suggestions and voice opinions."

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs. People could access a wide variety of health and social care professionals; this included access to GP's, specialist nurses, dieticians and speech and language therapists. Care records reflected these visits and actions were taken to follow advice given from these professionals. One healthcare professional told us, "Communication and paperwork hasn't always been good but has really improved lately."

Good

Is the service caring?

Our findings

People told us that they were supported by caring staff. One person said, "The staff are all very nice." Another person said, "I don't have any complaints about the staff, they all are lovely."

People were supported by kind and committed staff that knew them well. During the inspection, we observed staff interacting with people in a way that showed kindness and compassion. We observed staff sharing jokes with people and it was clear they enjoyed each other's company. Staff were knowledgeable about people's needs as well as their backgrounds. Care plans clearly documented people's needs and staff told us that they found these useful and they were given time to read them.

Staff involved people in their care and encouraged them to develop skills and independence. People's care plans contained information on their preferences There was signage throughout the home, in an easy read format with pictures which we observed people reading. We also noted there were a number of materials available to people in an easy read format that explained their rights in areas such as safeguarding, the MCA and raising complaints.

Except for one instance, people's privacy and dignity was respected by staff. We saw two staff members hoisting a person to transfer them from a chair to a wheelchair. The staff did not show consideration the person's clothing and how, when hoisted, this could impact on maintaining dignity. We spoke with the manager and regional manager about this incident. They told us it would be addressed with the individual staff members directly. People's rooms provided space for them to spend time in private and we observed that bedroom doors were kept closed where people were in their rooms. Staff were observed knocking on doors and awaiting permission before entering. Where people required support with personal care, this was carried out discreetly and behind closed doors. Staff understood the importance of maintaining people's privacy and they were knowledgeable about how they did this when we spoke with them. One staff member said, "When providing personal care, it's important we gain consent and make sure the door is closed and the curtains are drawn."

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their specific needs because of the assessment and care planning approach followed. An assessment of people's care needs was undertaken by a member of the care team, prior to admission to ensure the service could meet their specific needs. People were provided with the home's service user guide which gave details about life at Headingley Park and detailed what people could expect. The manager said the registered provider would make arrangements for information about the service to be produced in alternative formats if the written format was not appropriate.

We reviewed a sample of care records. Care planning was focused on the person's care and support needs but also included cognitive information, social and emotional needs and an overview of what and who was important to the person. The plans were informative. It was evident the person had been involved in the writing of the care plan although this was in varying degrees depending upon their level of cognitive impairment.

Care plans were reviewed monthly and updated with any changes. On a daily basis the care team completed reports on the person's activities, wellbeing and care needs. These had three sections and covered the morning, afternoon/early evening and overnight shifts. For each section the staff on duty recorded information about personal care delivered, assistance to use the toilet, daily skin checks, health care or professional visitors, medicines, psychological and emotional needs, eating and drinking and any activities participated in. Care staff had to sign these forms at the end of their shift to confirm they had delivered the care as stated.

There was a set activity programme which included regular exercise classes, quizzes, games and craft activities. People told us they enjoyed the activities in the home. One said, "I know there are activities, some I join in with and some I don't." Another person told us, how they liked to come to the reception area and 'people watch' where others were around. We saw photographs displayed of external activities such as, a museum trip and a pantomime.

People were supported to maintain contact with friends and family. People and their families were informed of upcoming events by putting posters on display and sending personal invites to parties and occasions.

People were supported to raise any concerns or complaints they had. Details of the complaints procedure were included in the home's brochure and displayed in the entrance of the home.

The service would endeavour to continue looking after people when they were unwell or at the end of their life. The manager told us when people were reaching the end of their lives, staff made sure they were cared for according to their wishes and beliefs. We saw letters of thanks written by relatives when someone had died at the home. One said, "Thank you for everything you have done for [person]."

Good

Is the service well-led?

Our findings

People felt the service was well led and spoke highly of the manager and all the staff at the home. One person said, "I met the manager recently, she seems nice." A staff member told us they had confidence in the manager to further improve the good standards of care in the home.

The registered provider required the manager and other members of staff to complete a program of audits to ensure the safety and welfare of people. Any actions identified through these audits were completed. These included audits on medicines, care records, infection control, environment, equipment checks and fire safety. Whilst the audits were done they had not identified the issues found at this inspection such as medicines, food allergens and the floor covering in one bedroom. The registered provider visited the home monthly or more regularly if needed to complete audits, reviews of care and provide support to staff at the home. They told us that the frequency of medication audits would be increased and other audits would be more robust.

The staffing structure in place at the home provided a strong support network for staff and people who lived at Headingley Park. Staff had a good understanding of their role in the home and the management structure which was present to support them. Staff told us they felt supported through supervision and regular team meetings and handovers which were used to encourage the sharing of information such as learning from incidents and new training and development opportunities.

The registered manager promoted an open culture for working with an open-door policy. They were visible in the home and encouraged people and the staff to be proud of their home. A member of staff said of the manager, "The manager is always available, I can go to them whenever I need to." Another member of staff told us, "I think we have a good team that is supportive of each other."

People, their relatives and staff were encouraged to feedback on the quality of the service provided at the home through a variety of means of communication. Monthly meetings with people and their relatives were held with the manager. People were given opportunities to discuss any matters of concern they may have in the home or to update people on things happening in the home. For example, the residents meeting for March 2018 discussed the new manager, proposed menu changes and décor.