Countrywide Healthcare Ltd

Headingley Park Care Home

Inspection report

Headingley Way
Edlington
Doncaster
South Yorkshire
DN12 1SB

Tel: 01709862542

Date of inspection visit:
28 November 2022
14 December 2022

Date of publication:
20 February 2023

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 accommodation and personal care. It can accommodate up to 40 people. Some people using the service were living with dementia. There were 33 people using the service at the time of the inspection.

People's experience of using this service and what we found
We observed care and support to be task orientated, institutionalised and not person centred. Care staff were not directed or managed effectively. There was a dependency tool used to determine staffing levels. However, it was not clear if there was adequate staff effectively deployed to meet people's needs. We observed staff were not always present in communal areas and did not always respond in a timely way to peoples support needs. We found staff were not always competent or experienced to meet people's needs. The service was using high numbers of agency staff, we saw these staff sat watching television and on personal mobile phones. People we spoke with told us staff did not know them and had to wait for assistance and very rarely got a bath or shower. One person said, "There's not enough staff, when I was at home my carers would shower me every other day, here is about once a week, if you are lucky."

Infection prevention and control (IPC) practices and policies were not always followed. We found many areas that were not clean and areas that were not well-maintained to be able to be effectively cleaned.

Medication systems were in place. However, we found many errors with recording and although most appeared to be missed signatures, we found some that did not tally. It was not evident if medicines had been given as prescribed. We also found topical medicines were not always given as prescribed.

Systems and processes used to ensure the service was running safely were not robust or effective. During our inspection we identified shortfalls that had not been identified as part of the providers quality monitoring. For example, IPC practices, person centred care and staff deployment. Staff did not feel supported and said they were not listened to.

Feedback from people varied, we received some very positive comments about staff. However, most said staff were rushed and there appeared not to be enough staff on duty. One person said, "The buzzer can be a bit hit and miss, sometimes you are waiting ages [For staff]."

Incidents and accidents were reviewed to ensure lessons were learnt and predominantly risks to people were identified and managed effectively by the registered manager.

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 14 April 2021)

The service remains requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
This was a planned focused inspection. However, the inspection was prompted in part due to concerns received from the Local Authority about staff culture and risks regarding care and support. A decision was made for us to inspect and examine those risks.

We undertook this focused inspection to check they had continued to make improvements and confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well led. For those key questions not inspected, we used the ratings awarded previously to calculate the overall 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. 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.

Enforcement
We have identified breaches in relation to safe care and treatment, person-centred care, staffing and leadership and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report. Other information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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 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 two inspectors 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.

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.

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 a registered manager in post.

Notice of inspection
This inspection was unannounced. Inspection activity started on 28 November 2022 and ended on 14 December 2022. We visited the home on 28 November 2022.

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 had completed 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 8 people who used the service and 4 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, deputy manager, senior care worker, care workers, ancillary staff and the regional manager.

We reviewed a range of records. This included five people's care records, medication records and weight records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also received.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Preventing and controlling infection

● There was an infection prevention and control (IPC) policy and cleaning schedules were in place. However, On the day of our site visit we found areas of the service were dirty and not well maintained so could not be effectively cleaned. For example, we found chair cushions stained with old urine, bath, shower and toilet chairs stained and dirty, some beds had been made and the bedding was stained and dirty, raised toilet seats and shower chairs were rusty and not able to be effectively cleaned. Kitchenette areas were not clean, refrigerators were dirty, and seals damaged. Wheelchairs were dirty encrusted in food debris and not kept clean.

● Staff did not always follow best practice with regards to PPE. For example, we observed staff did not change PPE when they had been outside or on breaks. We found some hand sanitiser and soap dispensers were empty. We also observed staff did not encourage people to wash hands or change clothes when stained and dirty.

● The providers IPC audit tool had not identified these concerns. It was also not clear how the cleaning was monitored. For example, we found a toilet that had been cleaned, toilet cleaning fluid was in the pan, but the pan was stained with dried on faeces, so had not been effectively cleaned.

The provider had failed to robustly assess the risks relating to infection prevention and control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our site visit the registered manager completed a full IPC audit and confirmed actions had been taken to address the shortfalls we identified. The IPC nurse practitioner following our site visit carried out an audit on 5 December 2022 and found the actions the registered manager had taken were positive. They identified some other minor issues that the registered manager agreed to rectify following their visit.

Staffing and recruitment

● The registered manager used a dependency tool used to determine staffing levels. However, it was not clear if there was adequate staff effectively deployed to meet people's needs. We observed staff were not present in communal areas and could not be found on the units. Staff we spoke with told us they were struggling to meet people's needs as they were relying on high levels of agency staff. They told us they were unable to give baths or showers as this meant two staff were in a room which left no one in communal areas. Staff said nights were very difficult due to high agency use. We saw the rotas and on most nights' agency staff were used. The registered manager told us they were in the process of recruiting new staff. They were waiting all the required checks for 4 additional staff. This would solve some of the issues, but more

permanent staff were required.
● People we spoke with said at times staff were very busy and they had to wait for assistance. We observed staff did not respond to people's calls for assistance in a timely way. This meant people's needs were not always met.
● Staff received training; records showed staff were up to date with required training. However, from our observations it was not evident if the training was effective. We observed staff did not always provide person-centred care, staff were at times task orientated. People told us staff were kind and caring but were rushed, so did not always have time to talk, or ask for choices or decisions. One person we spoke with said, "There does seem to be a lot of 'just a minute' going on and they are rushed so put me in the wheel chair rather than watch me walking with my frame to the dining room." The person explained this took their independence away and staff did not respect their choice."

The provider had failed to ensure sufficient numbers of suitably competent, skilled and experienced staff were deployed, which is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had a staff recruitment system in place. The files we saw showed pre-employment checks had been obtained prior to staff commencing employment.

Using medicines safely
● Medication systems were in place. However, this did not ensure safe management of medicines. We found many errors with recording and although most appeared to be missed signatures, we found some medicines that records did not tally. Therefore, it was not clear if medicines had always been given as prescribed.
● We found topical medicines were not always given as prescribed. The topical medication records were not always completed, reviewed or monitored. People told us night-time was particularly worse and had to remind staff they required their medicines. One person told us, "I make a point of asking, [for medicines] they [staff] will forget my pain relief and to cream my legs. They [staff] will often say they will be back 'in a minute' then don't come back."
● The deputy manager was auditing at the time of our visit and had picked up some of the issues. They told us many were caused by agency staff. However, there was no action being taken to address these effectively to ensure errors were reduced and people received medicines as prescribed.

The provider had failed to ensure effective medicine management. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● There were systems and processes in place to safeguard people from abuse. Most people we spoke with told us staff made them feel safe.
● Staff were knowledgeable about safeguarding and what should be reported and told us if they had concerns that a person was being abused, they would report it to their line manager.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Accidents and incidents were reviewed and monitored by the registered manager to ensure lessons were learnt.
● The provider had systems in place to ensure lessons were learned when things went wrong.
● Environmental safety checks were carried out to ensure safety of the premises.

Requires Improvement

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- The service had a registered manager. Staff said they did not always feel supported and felt there had been lack of leadership and guidance. Staff also felt they were not listened to. One staff member said, "I have raised concerns, but nothing changes, we [staff] are not listened to, it is very frustrating and why staff are leaving."
- The staff understood their roles and responsibilities and the regulatory requirements. However, said they were not always able to meet these, as staff were not effectively deployed and managed. We observed management had no oversight of the agency staff to ensure they fulfilled their roles and responsibilities, which meant people did not always receive the care and support to meet their needs. During our site visit we observed lack of leadership, direction, oversight and support to staff to assist and ensure staff were deployed effectively to meet people's needs.
- There was a lack of provider oversight. We identified areas for improvement during our site visit that had not been identified by the providers audit systems. However, we have been assured these areas will be addressed to ensure improvements are made and the registered manager has informed us the systems would be reviewed and embedded into practice.

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.

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

- There were systems in pace to ensure lessons were learnt to drive continuous learning and improvement. However, these were not always effective, this was predominantly due to high use of agency staff which meant staffing was not consistent and staff did not always know people.
- Internal systems for staff management, appraisals and supervisions were not effective to ensure staff were supported and had the necessary skills and knowledge to fulfil their responsibilities. Several staff said they did not feel they were able to fulfil all their duties to a good or safe standard. They said they often had to leave communal areas unattended as many people required two staff to support them with personal care. They explained at times they were not able to assist people if they wished to have a bath or shower as there

were not the staff available to do this safely.
● People did not always receive care and support that was person centred. Some support we observed was task orientated and not individualised. For example, the mealtime experience was task orientated, meals were taken to people with lack or interaction or discussion to ascertain choice or support required.
● Peoples preferences were not always considered, and peoples basic needs were not met. For example, we saw people with stained food encrusted clothes, dirty nails and unshaven. We saw people requested to be taken to the toilet but were not taken, lack of choice given to people and no engagement by staff when supporting people.
● People were not dressed appropriately. We saw 3 people that stated they were cold the people did not have on jumpers or cardigans, no socks or tights and were clutching blankets to them trying to keep warm. One relative told us, "I am not very happy really, I don't think [relative] is getting very well looked after. I am not sure they know what they are doing, I think they neglect things. Today again she is in a flimsy top no cardigan. I keep telling them to put on warm clothes." We observed this person sat in the lounge cold and inappropriately dressed.

The provider had failed to ensure people receive person centred care. This was a breach of regulation 9 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 registered manager and provider understood the duty of candour. We saw they predominantly fulfilled their legal responsibilities. However, some people, relatives and staff told us that the management were not always open when things go wrong.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people received person-centred care that met their needs. Regulation 9 (1) (a) (b) (c) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines and failed to ensure the proper and safe infection, prevention and control. Regulation 12 (1) (2) (g) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of suitably competent, skilled and experienced staff were deployed to meet people's needs. Regulation 18 (1) (2) (a) (c)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider ahd failed to ensure the quality monitoring systems were effective. Regulation 17 (1) (2) (a)

The enforcement action we took:

We have served a Warning Notice