

Westward Care Limited

# Headingley Hall Care Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Headingley Hall is a residential care home providing personal care for up to 57 older people, some of who are living with dementia. At the time of the inspection there were 44 people using the service.

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

People and relatives were unanimous in their praise of the staff and the exceptionally high standards of care and support provided. The whole staff team were exceptionally thoughtful and kind with people, putting people's needs first and continuously looking at ways in which they could improve people's quality of life. People received extremely person-centred care. In particular, relatives commented on the tremendous love, empathy and understanding displayed by staff when caring for people who were approaching the end of their life and how this had helped them. Staff consistently treated people with respect and maintained their privacy and dignity. One person said, "My opinion is that if you get to live here, you are one of the lucky ones."

Staff were completely dedicated to helping people live as happy and fulfilled lives as possible. This included access to a huge range of activities and extensive community links which had resulted in mutually beneficial friendships with different groups. There was a real sense of community with people and relatives using the word 'family' to describe relationships between other people and staff in the service.

Everyone spoke extremely positively about the registered manager who led by example and was passionate and fully committed to providing people with excellent quality care. They constantly looked for ways to improve the service and had effective systems in place to monitor the quality of the service. Professionals were unanimous in their praise of the extremely high standards of care provided. They described the excellent joint working arrangements they had with staff which had resulted in positive outcomes for people.

Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse. People's health care and nutritional needs were well managed and they received their medicines when they needed them.

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.

There were enough staff to meet people's needs and recruitment processes ensured staff were suitable to work at the service. Staff were trained and had the required skills to meet people's needs. Staff told us they loved their jobs and felt well supported.

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 29 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Headingley Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

On the first day the inspection was carried out by one inspector, an assistant inspector 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. The second day of the inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Both days of the inspection were unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, regional manager, catering manager, senior care workers, care workers, the administrator and the activity co-ordinator. We also spoke with three visiting health care professionals.

We reviewed a range of records. This included three people's care records and five people's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse.
- People felt safe in the service and relatives were equally assured. One relative said, "I have real peace of mind, I know [family members] are safe and well looked after and the staff phone me if anything has happened."
- Staff had a good understanding of safeguarding and knew what to do if they suspected abuse had taken place.
- Where safeguarding incidents had occurred, immediate actions had been taken to protect people and mitigate the risks of a re-occurrence.

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

- Staff were aware of risks to people and had clear guidance on how to manage them.
- Equipment and the environment were safely managed and maintained to a high standard.
- Fire safety measures were in place, and staff were aware of the procedure to follow if the building needed to be evacuated.
- There was an open and positive culture which encouraged staff to report any safety concerns. Accidents and incidents were analysed and any learning to support improvements was shared with staff.
- The registered manager promoted a pro-active approach to risk taking and had implemented safety initiatives to reduce falls following work with the NHS Improvement Academy.

Staffing and recruitment

- There were enough staff to support people safely and to ensure their needs were met.
- Staff worked well together as a team, communicating effectively with each other to make sure everyone received timely support.
- Staffing levels were regularly reviewed taking into consideration people's dependencies and feedback from people, relatives and staff. Staffing levels provided exceeded those recommended by the staff tool.
- Robust recruitment procedures ensured staff were recruited safely with all required checks completed before they started in post.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely.
- Staff encouraged and supported people to manage and administer their own medicines where possible.
- People received their medicines at the right time.
- Staff had completed medicines training and had their competency assessed.

## Preventing and controlling infection

- The service was exceptionally clean and effective infection control systems were in place.
- People and relatives told us cleaning standards were very high. One person said, "It's so clean 'you could eat off the floor' as they used to say."
- Staff had received infection control training and followed safe practices. Two staff were infection control champions and shared best practice including NHS bulletins and newsletters.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and preferences were met.
- People spoke very highly of the food and the choices available. Comments included, "Food variety is very good. I don't know who does the cooking but I think it's excellent" and "I think it's excellent, all home cooked food, always a choice, very little is returned here."
- People were involved in menu planning and an additional options menu was very popular offering a variety of meals. Specialist diets were catered for.
- The dining experience was first class. Staff offered people choices, provided one-to-one support where needed and replenished drinks frequently. One relative said, "Have you seen the food and service here, it's fabulous, like you'd get in a restaurant."
- Drinks and snacks were freely available. People and visitors helped themselves and staff offered them where needed.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and had the necessary skills and competencies to meet people's needs. One person said about the staff, "[Staff] are very well trained, competent and very caring."
- Staff completed an induction and ongoing training which was monitored by the registered manager and kept up to date. Specialist training was arranged to meet people's specific needs.
- Staff were unanimous in their praise of the management who they said were exceptionally supportive and encouraged them to reach their full potential through continuous development. This included leadership programmes as well as supporting staff to become champions in different areas. Staff comments included; "I feel like all the senior team are very approachable. I feel very supported. Anything I have shown an interest in, they've supported."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had developed excellent working relationships with other professionals to ensure people received consistently good healthcare outcomes and maintained the best quality of life possible.
- People and relatives were very happy with the healthcare arrangements in place.
- Healthcare professionals were unanimous in their praise of the staff and the excellent care provided to people. One professional said, "The care here is outstanding. What makes them special is they notice the little things and act on them. They're very pro-active and don't wait for us to visit and tell them what to do but think and put things in place." Another said, "The senior staff are excellent. Communication is very good."

They act on advice given, are honest and open and refer people appropriately and promptly."

- The implementation of telemedicine had resulted in positive outcomes for people and reduced unnecessary hospital admissions. One relative told us, "The telemeds is fantastic. [Family member's] had a few episodes of ill health and would normally have just gone into hospital which she hates and does her no good as she gets so distressed. This way she gets the expert advice and can stay here where she knows the staff and feels safe."
- People's oral health care needs were promoted and met. Staff had implemented the National Institute for Health and Care Excellence (NICE) guidelines. Following discussions with people, staff had made links with a local dental practice and were setting up a room in the home for dental visits.

Adapting service, design, decoration to meet people's needs

- The service was decorated and furnished to a very high standard.
- Most people's bedrooms were spacious and personalised. A renovation and refurbishment programme was underway to increase the size of some of the smaller bedrooms and provide en suite facilities.
- Corridors were wide with handrails which helped people to mobilise safely. Signage helped people living with dementia find their way round the service.

Ensuring consent to care and treatment in line with law and guidance

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were supported to have choice and control of their lives as staff understood and applied the key principles of the MCA.
- Two people had a DoLS authorisation in place. There were no conditions.
- People were involved in decisions relating to their care and they had consented to their care and support where they had the capacity to do so.
- People's capacity to make particular decisions had been assessed, for example in relation to care and treatment, and best interest decisions had been recorded.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service and this information was used to develop care plans.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with exceptional kindness, compassion and care by all staff.
- People and relatives gave extremely positive feedback about the staff who they said went out of their way to provide people with person-centred care. Comments included, "I don't know where they get them, but the staff are amazing", "All the staff here, without exception, are just superb" and "I can't praise this place highly enough, all the staff have real pride in what they do, every single one of them, nothing is too much trouble."
- The team work displayed by staff was outstanding. Everyone, regardless of their role, was focussed on making life as good as it could be for people. For example, one staff member had introduced the 'flutterby' scheme which had been hugely successful in reducing social isolation for people who chose to stay in their rooms. A butterfly symbol was displayed outside people's rooms to encourage and remind staff to pop in for a chat. One relative told us how well this had worked for their relative. They said, "[Family member] has flutterby on her door. She hates a fuss being made of her and staff know this so they pop in when they're passing and say do you fancy a cup of tea (cos she loves tea), then they sit and have a chat with her."
- Staff were extremely thoughtful and considerate and consistently went the extra mile to support people and improve their lives. For example, when people's clothes needed repairing or altering staff took them home and did this in their own time. Staff who were off duty supported people to attend activities and events such as a cathedral service, a night out to a local pub and a cinema trip. Staff often came in early to have a drink and chat with people before their shift started. A healthcare professional told us, "What's special about here is it isn't just a few staff who stand out, it's the whole team. Everyone plays a part in making this a really excellent home."
- People were respected as individuals with their own social and cultural diversity, values and beliefs. The service had introduced a Love is Love project to help people who identified as LGBT feel welcome in the home and safe to be themselves. Staff had received LGBT training and developed community links with LGBT groups including an LGBT choir who was visiting at Christmas.
- Religion was important to many people and staff supported them extremely well to make sure their individual spiritual needs were met. For example, one person was supported to commemorate the passing of a relative in accordance with their faith. Other people were supported by staff to attend religious services and faith groups both in house and in the local community.

Respecting and promoting people's privacy, dignity and independence

- Staff were exceptionally good at encouraging and supporting people to be as independent as possible. Restorative sessions such as cooking and baking helped people regain and retain life skills. One person had

been a volunteer at a charity for 17 years. Staff helped the person set up a stall which they ran at the Christmas fayre and the money raised was donated to the charity.

- Staff were empathetic and understood some people wanted to make a contribution to the daily tasks involved in running a home and supported them to do so. For example, some people helped lay the tables, others were involved in polishing cutlery, some were part of a sandwich making club and others helped provide a shoe polishing service.
- Staff spoke enthusiastically about how they encouraged people to do things for themselves and the positive impact this had on people's confidence and wellbeing. For example, one person said how well they felt and how much their memory had improved after taking part in weekly memory games and discussions.
- People were treated with the utmost respect by all staff who took great pride in maintaining people's privacy and dignity.
- Staff supported people to maintain their appearance and paid particular attention to the small details that made people feel valued and proud. For example, having their hair styled, having a close shave, wearing jewellery and make up.
- People told us staff always knocked on their doors and asked if they could come in before entering. Staff were discreet when asking people if they needed any support with personal care and this was always carried out in private. A relative said, "Staff are most diligent in respecting privacy and dignity when providing personal care."
- Staff promoted and embraced a culture of respect in everything they did. This was evident in our discussions with staff and summed up by one staff member said, "The people who live here are everything. I want to do my best for them, to make them happy and give them good lives. I want their families to go home knowing their loved ones are safe and well cared for."
- A visiting healthcare professional said, "The way the staff treat people is exemplary. They are very good advocates for people and will fight their corner. I rate this home very highly."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were fully involved in all decisions about their care and support. One relative said, "They involve us in everything, no decisions are made without talking to us all first."
- People told us staff always consulted them and made sure things were done the way they wanted.
- People and their relatives were included and involved in care planning and reviews. They also said they were encouraged to participate in meetings where their views were listened to and taken on board.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### End of life care and support

- People received exceptional end of life care due to the skills, compassion and empathy of staff.
- Families of relatives who had received end of life care at the service spoke of the exemplary care provided by staff. One relative said, "I can only describe what happened as the best end of life care I have ever experienced and I have experienced a lot. [Family member] had a consistent team of staff who knew [them] and looked after [them]. There was so much love in there. It was a good death and my memories are happy ones right up until [family member] died. Just the utmost respect and love from everyone."
- This approach extended to people's relatives and friends who were provided with exceptional support, hospitality and comfort at a difficult time. Meals and drinks were provided and thoughtful items such as comfort boxes with toiletries for families who were staying over and memory boxes to gather meaningful items to celebrate the person's life.
- Relatives, staff and professionals told us about the gold leaf symbol which had been developed by the registered manager and was used, with consent, to show when people were at the end of their life. One relative told us, "There was a gold leaf on the door so people knew and we didn't have to explain anything, such a simple but thoughtful idea."
- Effective joint working with healthcare professionals ensured people remained comfortable and pain free. One healthcare professional said, "The end of life care in particular is excellent. The gold leaf system they've introduced works so well for people and their families."
- Staff displayed great empathy and understanding in supporting others when someone passed. Families were supported through the grieving process with compassion and love by staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service excelled in providing people with opportunities to live as full a life as possible and offered a huge range of activities to suit different tastes.
- Excellent community links had enriched people's lives enabling them to form new friendships with different generations. For example, people spoke passionately about the children's book corner where they read together with children from the local nursery as well as their own grandchildren. People looked forward to the weekly visits from students at the grammar school who played dominoes with them and chatted. A pen-pal project with a local school matched people and children with similar interests who had exchanged letters as well as getting together to meet one another.
- There was a highly skilled and committed activities co-ordinator who planned activities with people and strived to ensure they were enjoyable and beneficial. Some of the activities were run by people in the service, such as the bridge club and poetry club. Art classes, a newspaper group, knit and natter and

exercises classes were regular events as were trips out.

- Staff made a real difference to people's lives through the 'Make a Wish' project helping them to fulfil their dreams. For example, arranging piano lessons for one person and a surprise birthday party and concert for another person and their family.
- Staff were thoughtful and creative in their person-centred support for individuals improving their emotional wellbeing. For example, staff brought small bottles with different scents to one person and sat with them trying to guess the different aromas. This simple interaction engaged and calmed the person.
- Staff excelled in supporting people to maintain and develop relationships with their families, friends and the wider community. For example, one person told us, "I had a lot of visitors at the weekend. We had a meal together in a separate room downstairs, booked it for ten of us, it was all very nice."
- There was a real sense of community in the home; people and relatives told us they felt part of it and frequently used the word 'family' to describe relationships between other people and staff in the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptionally personalised care and support that met their specific needs, preferences and wishes.
- Staff looked at creative and person-centred ways in which they could support people who were reluctant to drink. For example, one person who was not drinking much was known to be very fond of one of the housekeepers. The service trained this staff member to give thickened fluids so when they were cleaning the room they would offer the person a drink, then sit and chat with them while they drank.
- People and relatives were very satisfied with the care provided. One relative said, "The care here is excellent, just wonderful, nothing's too much trouble."
- Staff were extremely knowledgeable about people's routines and interests which helped them provide highly person-centred care. One staff member said, "Being person-centred is absolutely something we excel at. It's okay to spend however much time people need. It's all about what that person wants at that point in time. There's no, 'We can't do that', it's very person-centred."
- People were involved in drawing up their care plans. Work was ongoing to make sure the electronic care records fully reflected people's needs and preferences.
- Visual life stories were being developed with people, where information in the form of poems, quotes and photographs were framed and hung in people's rooms. This helped staff understand the person's background and prompted conversations with the people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were particularly skilled in communicating with people. One relative said, "The amazing thing was [when family member was admitted] he hadn't spoken for three years but here he just blossomed from day one. He started to speak again and sing and enjoyed painting. Staff knew how to get the best out of him and he loved them."
- People's communication needs were identified, recorded and highlighted within their care plans. Any identified needs were followed up with referrals to professionals such as speech and language therapists.
- Technology was used to aid communication such as talking clocks and a Simply Unite computer with a large, brightly coloured mouse and adapted keyboard. This was suitable for everyone including those with limited motor skills or visual impairment and provided access to a website specifically designed to enable people, regardless of their age or technical ability to stay connected with friends and family.

- The Leeds hearing and sight loss service provided training to staff and relatives of people who had a sight or hearing impairment to share communication skills.
- Information was available to people in different formats such as large print, different languages and flash cards.

#### Improving care quality in response to complaints or concerns

- The registered manager promoted an open and reflective culture where complaints and concerns were viewed as a process for driving improvement.
- People were encouraged and empowered to raise any concerns or issues. They knew how to make a complaint and said they would have no hesitation in doing so as they had confidence it would be dealt with appropriately.
- One relative described how well the registered manager had dealt with a concern they had raised. They said, "The complaint was dealt with in a very nice way. The matter was thoroughly investigated and the registered manager was gentle but firm. She communicated with us all the way through the process and made sure we were happy with the outcome."
- Records showed this approach had been adopted when investigating and responding to other complaints. Where issues had been raised, people always received an apology and information about what action had been taken.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was exceptionally well led by a registered manager who was passionate and committed to providing people with excellent quality care that enhanced their lives.
- People, relatives and staff were extremely positive about the management of the service. Comments included; "Management is first class" and "I think it's an excellent place, extremely well run."
- Everyone said they would recommend the service to others, both as a place to live and work. One relative said, "It's excellent here. My wife and I would happily put our names down."
- The provider invested in the staff team who were well trained, exceptionally well supported and empowered to provide the best care possible.
- The strong, inspirational management was praised in very positive feedback from professionals. One said, "The care here is outstanding. If me or any of my family needed care I would be very happy to come in here, I can't praise them highly enough that's why I've come in to see you today because the work they do should be recognised, they go over and above for everyone."

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 provider and registered manager promoted an ethos of openness and transparency which was embedded in the staff team. There were open discussions with people and relatives when things went wrong and learning was shared.
- Accidents, incidents and untoward events were fully investigated and notified to the appropriate authorities. Positive action was taken to reduce the likelihood of such events occurring again in the future.

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

- The management team was highly visible and known to all. They led by example, passionately promoting good care and were excellent role models. Their approach was inclusive and collaborative.
- There was a well-established and fully embedded governance and quality assurance framework in place for monitoring performance and risk.
- The registered manager encouraged and nurtured staff to be the best they could be and spoke proudly of what they achieved. Staff were regularly rewarded for going above and beyond and providing a consistently high quality of care. One staff member said, "The team strives for excellence. It's so person-centred. It's all about the resident and we're trained to put the resident first. That's how it should be."

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

- The registered manager had formed very positive relationships with people and relatives and made herself available to them. All knew her by name and spoke with her regularly.
- People and relatives were encouraged to share their views and offer feedback about the service at regular meetings. People and relatives were extremely positive about their involvement and said suggestions they had made were acted upon.
- Staff told us regular supervision and staff meetings gave them opportunities to put forward ideas and suggestions which were listened to and discussed.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.

Continuous learning and improving care; Working in partnership with others

- There was a clear culture of learning and innovation promoted by the provider and registered manager to continuously seek out best practice and look at ways to enrich and improve people's lives.
- The registered manager and staff had fostered excellent links with the local community including links with local dentists, different religious organisations, volunteer groups and schools, to improve people's wellbeing.
- The service had maintained accreditation with Investors in People and were working to progress to the next level.
- The registered manager passionately embraced partnership working and the sharing of good practice with organisations such as the local authority, registered manager networks and Leeds Care Association.
- The registered manager was an ambassador for Skills for Care helping to promote careers in the health and care sector. As part of this role she gave talks at the college and took students on placements. One student described their experience at the service stating, "I spent the best 3 years of my life working at Headingley Hall."