

Countrywide Healthcare Ltd

Headingley Park Care Home

Inspection report

Headingley Way
Edlington
Doncaster
South Yorkshire
DN12 1SB

Tel: 01709862542

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Headingley Park is a residential care home providing personal care to 30 older people, some of whom were living with dementia at the time of the inspection. The service can support up to 40 people in one large building.

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

People received their medicines on time from staff who had received training in medicines administration. However, medicines were not always recorded in line with current best practice guidance.

Governance systems included audits and regular checks of the environment and service to ensure people received good care. We found these systems were not always fully effective in driving improvement. Whilst it was not evident this had any significant impact on people, it did not evidence a fully effective governance system was in operation and placed people at risk.

Staff were recruited safely. Staff, people and their relatives expressed concerns regarding staffing levels. We could not be assured they had been correctly assessed as the dependency tool took information from care plans which did not always hold the most up to date risk and care needs information. We have made recommendations in the safe section of this report regarding these concerns.

People were supported to eat a balanced diet. People currently had access to limited activities to keep themselves stimulated and active. However, a new activities coordinator was being recruited.

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.

Each person had a care plan that contained details of their choices and preferences. People met with the registered manager or senior staff before moving into the service to check staff would be able to meet their needs. People were treated with dignity and respect. People's end of life wishes had been recorded. When required, staff worked with GP's and district nurses to support people at the end of their lives.

Complaints had been recorded and investigated following the provider's policy. The environment was being decorated to support people living with dementia following good practice guidance. People were given information in a way they could understand.

People were supported to access healthcare services, staff recognised changes in people's physical and mental health, and encouraged people to seek professional advice appropriately.

Staff told us they enjoyed working at the service and that the team worked well together. There was mixed

feedback regarding the management of the service.

Why we inspected

This was a planned full comprehensive inspection to ensure that the service was meeting the regulations of the Health and Social Care Act 2008 and CQC.

Enforcement

We have identified breaches in relation to governance and keeping people safe from abuse and harm at this inspection.

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

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one 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.

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.

The service had a manager registered with the CQC. 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

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback or notifications which the provider is required to send to us by law. We also sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people and four visitors about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and members of the care and kitchen teams. We reviewed a range of records. This included six people's care records. We looked at a staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely

- People received their medicines as prescribed. However, we identified not all current practice within the service fully protected people from risks associated with medicines.
- Some people were prescribed medicines to be taken 'when required' such as paracetamol for pain relief. There were protocols in place showing when these medicines should be administered, the amount of be administered and the maximum permitted daily dosage. However, the dosage given was not consistently recorded. This meant the stock balance could not be accurately taken.
- People's medicines were stored in their private rooms and within a dedicated medication room. There were systems to monitor the temperatures of the treatment room and fridge, however there was no system to monitor the temperatures of people's rooms. This did not ensure storage of their medicines was in accordance with manufacturers guidance to ensure they remained effective.
- We found instances where the medicine administration record (MAR) and controlled drugs book had not been signed following administration of medicines by staff.
- Records showed a tablet was found on a person's chair. A senior member of care staff told us the tablet had been destroyed in an appropriate container. However, this had not been recorded in the returned or destroyed medication book.

Assessing risk, safety monitoring and management

- Most people's risks were identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- Whilst we found that people were cared for at the service, we found inaccurate or incomplete records relating to some people placed them at risk.
- We reviewed examples of people's risk management in relation to falls and nutrition. We observed one person eating lunch whilst in bed. They were not sitting upright and had raised the bed to a slight incline. The care plan made clear the person did not like to sit up and would control the bed themselves. However, there was no risk assessment for choking. Another person had three documented falls between October and December 2019. Whilst each incident had been logged the falls risk assessment had remained unchanged and no referral to the falls team had been made.
- There were systems to monitor the service environment and equipment was maintained. Records were kept of regular health and safety checks. There were regular checks on safety equipment, such as fire alarms and emergency lighting. Arrangements were in place to make sure cleaning products which could be dangerous to people were locked away.

Learning lessons when things go wrong

- The provider had systems in place to ensure appropriate actions would be taken following any incidents. These would be investigated, and outcomes shared with all staff. Although risk assessments and care plans were not always updated.

Whilst we did not find significant impact to people, current medicines practice and inaccurate records presented a risk to some people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Our observations of mealtimes showed there appeared to be enough staff to facilitate people's needs. Staff from administration and domestic teams appeared to be assisting people.
- We received mixed feedback from people and their relatives about the staffing levels at the service. Comments included, "The problem is there isn't enough staff, only 2 on each unit," "Some staff are kind, but there is not enough of them," "They are good staff but they need more," and, "They try their best but if someone needs two staff then there is no one to see to the others."
- Staff also gave mixed feedback about staffing levels. One staff member said, "Sometimes there are not enough staff to meet people's care needs in a timely way." Another told us, "We can be understaffed due to sickness. When that happens, and it's not covered, people have to wait longer for their care. That's when things happen like an incident of incontinence which could be avoided."
- Staffing levels were calculated using a dependency assessment tool. The provider and management team used this to guide to inform decisions about staffing levels and we saw examples where staffing had flexed in response to changes in occupancy and levels of dependency. However, the dependency assessment did not always reflect the information in other sections of the care plan.

We recommend the provider ensure the dependency assessment tool reflects the most up to date information regarding people's individual needs and the impact this may have on staffing levels.

- People were supported by staff who had been recruited safely. Checks included obtaining references, identity, employment history and reasons for any gaps. Disclosure and barring service checks helped to prevent unsuitable staff from working with people who use care and support services.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the service were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy. One person said, "They [staff] take my dirty washing and as if by magic it's back clean" and, "They make my bed and keep my room clean that's very nice."
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.

Systems and processes to safeguard people from the risk of abuse

- People looked comfortable and relaxed with the staff who supported them. People said staff were always kind and friendly. People's comments included, "Staff are kind and keep me safe," and, "I feel very safe and comfortable." One relative said, "[Person] came for emergency respite care, we liked it and he knew some of the other residents and said he felt safe. They keep the outside door locked so we feel he is safe."
- The provider had systems which helped to minimise the risks of abuse to people. This included a robust recruitment system and training for staff on how to recognise and report abuse. Staff said they had not been able to begin work at the home until relevant checks had been carried out and references gained.
- Staff were confident that if any concerns were raised they would be fully investigated to make sure people

remained safe. The registered manager was clear about their responsibility to safeguard people from abuse and had worked with relevant organisations to make sure thorough investigations were carried out.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed prior to moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction was provided for staff on how to meet those needs.
- Health and social care professionals were consulted to help ensure people's needs were met appropriately.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs.
- People told us they found staff were competent and skilled and they had no concerns about the care and support they received. One person said, "I'm a diet controlled diabetic and they see to that."
- Staff were given opportunities to discuss their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held regularly, and staff told us they felt able to speak and be heard.
- Shift handover records and verbal discussions were used to keep staff up to date with people's changing needs.

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

- Staff involved people in choices about what they ate. People said the menu provided a variety of foods and they could choose what they preferred to eat.
- Tables were laid with clean table cloths and protective aprons were discreetly provided for people if required.
- Small plates were prepared with the meals on offer. These were shown to people to make a choice when they had been seated.
- Comments about food was positive. One person said, "The food is lovely, plenty of choice and nice and hot." A visitor told us, "He had a good breakfast this morning, he had bacon and eggs."

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

- People had individual rooms and had access to communal bathroom and toilet facilities.
- There were additional communal areas that people could use. We saw people using the communal areas during the inspection.
- The service had been developed in line with guidance about supporting people with dementia. Doors were different colours, so people could recognise their room. Not all corridor handrails were in a contrasting colour although this had been identified by the provider and a plan of redecoration was underway

Supporting people to live healthier lives, access healthcare services and support.

- The provider supported people to receive health care services when they needed them. The service made referrals to a variety of professionals, such as doctors, nurses, physiotherapists, dieticians and occupational therapists. However, we did find one person had recent falls and had not been referred to the falls team. The registered manager said they would address this immediately.
- Staff said they worked well with all professionals and were comfortable seeking their input when needed.
- The registered manager told us they worked closely with and were supported by the provider and commissioners.
- Instructions from medical professionals were recorded in people's care plans. These were communicated to staff during handover meetings. This meant people were receiving the most up to date support to meet their health needs.

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.

- The registered manager had applied for DoLS authorisations when required. Some people had DoLS authorisations in place. Any conditions in place were met. The registered manager had a system in place to ensure DoLS were reapplied for when they were coming to an end.
- Staff understood the importance of giving people choice in their daily lives. We observed people being offered choices of what they wanted to eat or drink and how they spent their time. When people were unable to express a choice verbally, they were shown pictures or item they could point to.
- When people had been assessed as not being able to make a decision, one was made in their best interest. The decision-making process included people who knew the person well such as staff, relatives and health professionals. People's previous choices and preferences were considered when the decisions were made.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were kind and caring. Comments included: "They are fine," "They are very kind, no qualms about that," and, "The staff are very caring, we come at different times and it's always good. I'd tell people to give this place a try, it's not perfect but the staff care and do try."
- Staff respected people's cultural and spiritual needs. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of their day and care.
- People we spoke with told us they received care how they wished, but nobody we spoke with was able to tell us about their care plan.
- Although care plans showed people's needs had been assessed and planned for, people and their relatives said they were unaware of care plans and nobody could recall being involved in any reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We saw many respectful interactions during the inspection, moments of kindness and affection. Records showed that staff received training in dignity.
- Staff spoke to people discreetly if people were anxious or confused about how to find their way round the building. Staff asked people where they wanted to go and then guided them gently to where they wanted to go.
- Care staff respected people's individual privacy by knocking on doors before entering their room.
- Records relating to people's care and to staff were not stored securely. Some confidential records were stored on a shelf in a communal area. Care plans were stored in rooms or cupboards which were not locked. We spoke to the registered manager about this. They told us it would be addressed immediately.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant services were planned or delivered in ways that met people's needs.

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

- Senior staff and management were responsible for care planning and completing reviews of care needs. We found care plans held documents which were not signed or dated, held contradictory information or had not been reviewed with the frequency determined by the provider's policy. The registered manager told us they were in the process of moving to a new care planning system.

Whilst we did not find the care plan issues placed anyone at immediate risk, we recommend the provider prioritise the development and regular auditing of the new care plans.

- Care records had historical information about people to support staff in learning about them. Information such as life achievements, family and other things important to people were recorded.
- People we spoke with felt care was good. People told us that staff knew them well and that they felt their care was personalised.

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

- Staff supported people to maintain relationships important to them. Relatives told us they could visit at any time and were made to feel welcome. Staff knew people's relatives well and were aware of their visiting patterns, this was used to reassure people when they became anxious.
- Staff supported people to take part in activities. We observed people being offered activities including board games, reminiscing about singers, film stars and discussing news items. However, feedback was not always positive. Comments from people and their relatives included; "We do nothing, just sit all day," "No, there are no activities," "I've never seen them [staff] do anything with the residents," and "There is not enough staff to take them out or do anything with them." The registered manager told us they were in the process of recruiting a new dedicated activities co-ordinator who would be in post by the end of January.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the service had a complaints policy and procedure in place. People and their relatives told us they felt comfortable to speak to staff or the management team about any concerns.
- Records we looked at showed complaints were dealt with within agreed timescales and to people's satisfaction.
- People were not always confident their concerns would be dealt with. Comments we received about this from people included: "I brought four new jumpers in November and I had not seen them, so I asked for

them and was told they boil washed them and they shrunk. I complained to the manager, but she has not been back to me and that was back in November."

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.

- The provider ensured people were given information in a format they could understand. There was information displayed in pictorial form.
- Details of how people should be given information was documented in their care plan. There were signs around the service in pictorial format, so people were able to find their way around the service independently.

End of life care and support

- The service supported people at the end of their lives. Staff worked with the GP and district nurse to support people to be as comfortable as possible. When people were becoming frail, a care plan was discussed with them or their family about how they wanted to be supported. This included if and when they wanted to go to hospital. Medicines were made available to keep people comfortable when required.
- People were asked what their end of life wishes were. When people had been happy to discuss this, these wishes had been recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

- As identified in the safe and responsive sections of this report we found shortcomings in various aspects of the service.
- Quality assurance systems and/or the person undertaking them had failed to identify that risks to people and medicines were not always appropriately recorded.
- Care plans did not always contain the most up to date information. Audits had failed to identify these concerns.
- The provider had identified shortfalls and areas for improvement. However, the action plan produced to rectify the issues had not always resulted in progress being made in a timely manner.

Whilst we did not find significant impact to people as a result, current governance arrangements placed the health, safety and welfare of people at the service at risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with were happy in their role and understood the management structure of the service and their own role within that structure.
- There was a system to review incidents and accidents to reduce the chance of recurrence. However as detailed in our 'Safe' section of this report these had not always been completed in a timely manner.

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

- Staff said they enjoyed working at Headingley Park. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included; "It can be a great place to work," and "We have a great team."
- Staff, relatives and people's feedback on the management of the service was not always positive. Comments included; "I don't have a clue who the manager is," "[I] sometimes see the manager about, but not much," "The manager is supportive but not hands on at all," and, "I don't know the manager"

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 was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.

- The management team supported staff to learn from incidents and actions taken.

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

- Records confirmed the service sought the views of people, their relatives and professionals to assess and improve the running of the service. We saw the results of a 2019 quality survey. The responses were predominantly positive.
- Staff we spoke with felt they were up to date with all aspects of the service although they said staff meetings did not happen with regularity. We saw the last recorded 'daily flash meeting' was on 20th November. Whilst we saw relative and residents meetings were advertised in the reception area people's and relatives comments included; "I've never been to a meeting, never been asked," "No meetings that I know of," and "I don't go to any meetings and never knew they had them."

Working in partnership with others

- The service communicated with commissioners appropriately about the service provided at Headingley Park.
- Care records held details of external healthcare professionals supporting people living at the service as needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks were identified and mitigated. Medicines management was not consistently safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to assess, monitor and improve the quality of the service.