

Countrywide Healthcare Ltd

# Headingley Park Care Home

## Inspection report

Headingley Way  
Edlington  
Doncaster  
South Yorkshire  
DN12 1SB

Tel: 01709862542

Date of inspection visit:  
25 July 2023  
04 August 2023

Date of publication:  
01 September 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Headingley Park is a care home. It can accommodate up to 40 people in a purpose-built building. It comprises of 2 units providing accommodation and personal care for older people, including people living with dementia. There were 33 people using the service at the time of the inspection.

People's experience of using this service:

People told us they felt safe. Staff understood safeguarding and whistleblowing procedures. Relatives said their family members were kept safe. Staff knew people well and risks were identified.

Staff told us there were enough staff on duty and staffing levels had much improved, which meant needs of people could be met. We observed there were sufficient staff employed to meet people's needs. There was a safe recruitment process, which ensured only staff suitable to work with vulnerable adults were employed.

Accidents and incidents were effectively monitored, which ensured staff learned when things went wrong. People were protected by the prevention and control of infections. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed. Some minor issues were identified in regard to medicines and IPC, these had already been picked up by the managers quality monitoring system and were being addressed.

Staff were very knowledgeable about people needs. We observed that care provided was person-centred and individualised. Staff received effective training to ensure their knowledge was up to date. Staff were supervised and supported.

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. People had access to health care professionals, staff worked closely with professionals to ensure people's needs were met. We observed interactions between staff and people who used the service these were positive, inclusive, respectful and person-centred, promoting people's well-being.

There was a quality monitoring system in place. The manager and the provider had identified areas of improvement. Audits were undertaken to ensure improvements were sustained and embedded into practice. Relatives felt listened to and said staff and management were approachable. People we spoke with told us their views were obtained to continually drive improvements. Feedback from staff was extremely positive about the new management team and felt communication had improved and the new manager was approachable, visible, listened and took appropriate action. Staff said they worked better as a team and were 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 requires improvement (published 22 February 2023) there were breaches of regulation and we issued a warning notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected:

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection. 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.

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was 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 2 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Headingley park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A new manager had been appointed and was in post, they were in the process of completing an application to register.

#### Notice of inspection

The inspection was 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided and obtained feedback from commissioners. We spoke with 11 members of staff including the regional manager, manager, deputy manager, senior care workers, care workers, support staff and the activity coordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records, medication records and health related records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Medication procedures were in place to ensure people received medicines as prescribed. We observed staff administer medicines safely following protocols. Some minor issues were identified. However, these had already been picked up by the managers quality monitoring system and were being addressed.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines.
- People told us they received their medication as prescribed. One person said, "They [Stall] give me pain killers for a headache when I need them."

### Preventing and controlling infection

At our last inspection the provider failed to ensure safe infection prevention and control measures were in place. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to maintain relationships with family and friends who were welcome to visit the home without restrictions.

#### Staffing and recruitment

At our last inspection the provider failed to ensure staff were effectively deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Staff were effectively deployed to meet people's needs. We observed staff respond to people's needs in a timely way. The provider had increased staffing and had employed new care staff to ensure adequate staff were employed to meet people's needs.
- Staff told us there were enough staff to meet people's needs safely. We spoke with both day and night staff. They all told us that the allocated number of staff determined by the dependency tool were always on duty. One staff member told us, "Staffing is much better, we have permanent staff now and it means we can meet people's needs."
- Relatives told us when they visited there was always staff available. People told us staff were around when they needed support. However, some people said at times they had to wait for assistance. On the day of our inspection, we did not observe this and people's needs were met in a timely way.
- Appropriate recruitment checks were conducted prior to staff starting work, to help ensure they were safe and suitable to work with vulnerable people.

#### Assessing risk, safety monitoring and management

- Risks were assessed and managed to keep people safe. Care plans contained risk assessments to ensure people's safety. People were supported to manage risks to maintain an independent lifestyle.
- People were involved in their care planning as much as possible and care records detailed people's involvement and their relatives where appropriate. Relatives and people at the home, told us they were extremely happy with the care and support people received. One person said, "They look after me very well, I have no complaints."

#### Systems and processes to safeguard people from the risk of abuse

- People were safe. People told us staff made them feel safe. Relatives we spoke with told us people were safe. Everyone we spoke with told us the staff made them feel safe and provided good care and support.
- The provider had a safeguarding policy in place.



# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

At our last inspection the provider failed to ensure the quality monitoring systems were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Quality monitoring systems were in place that were robust and detailed. These were identifying issues and at the time of our inspection the new manager was implementing a new walk round audit and action plan.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received. Lessons learnt were completed and shared with staff to drive improvements.
- Staff were happy in their roles and felt supported. Staff spoke highly of the team; they told us there was a consistent approach to ensure all staff were supported and well led. One staff member said, "Things have really improved, particularly staffing and the new manager listens and actions things, I feel much better supported."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 manager and management team demonstrated an open and positive approach to learning and development. They were passionate about improving the service to ensure positive outcomes for people they supported and staff. People told us they received person centred care that met their needs. One person said, "They [staff] are all very kind, they are really good here actually."
- The manager understood their legal requirements and complied with their duty of candour responsibilities. People told us staff and management kept them informed of any issues and concerns and were open and honest. Relatives spoke highly of the staff and told us they were kept informed of all changes and updates.

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

- The provider engaged with people and their relatives. People said they felt listened to and the management team was approachable. Quality monitoring questionnaires had been completed and a new one was being sent out at the time of our inspection. Relatives and people at the home said they could always speak freely with staff if they had any concerns or queries.
- Staff meetings were held to get their views and to share information. Staff confirmed meetings were held regularly and were effective. They also told us the management team were very approachable and listened and they felt valued. Staff said communication had greatly improved with the new manager, they were also approachable, listened and they made them feel part of a team.

#### Working in partnership with others

- The manager had links with others and worked effectively in partnership with them to improve the service. This included commissioners, health care professionals and relatives.