

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Headingley Hall Care Home

5 Shire Oak Road, Headingley, Leeds, LS6 2DD

Tel: 01132759950

Date of Inspection: 02 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Westward Care Limited
Registered Manager	Mrs. Sharon Earnshaw
Overview of the service	Headingley Hall Care Home provides residential care for a maximum of 57 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People who used the service and their relatives were complimentary about the service. One relative said "I am confident that this is the best place for my father, he is content and well cared for." and "I would not want him to be anywhere else." People who used the service said "The staff are very considerate." and "The staff look after me well."

People were consulted about their care and treatment and their wishes were recorded in their care plans. We found that people's needs were assessed and their care and treatment was delivered in ways that met their needs. We observed people being supported in the lounge at lunch time. People who used the service looked well presented and cared for. The staff spoke respectfully to people and were attentive to their needs.

The provider had arranged a daily programme of activities and encouraged people who used the service to join in and socialise with other residents. People who used the service told us that "The staff are very good at trying to involve us in activities."

People were cared for in a clean, hygienic environment. There were effective systems in place to reduce the risk and spread of infection. People told us that the home was "Always clean and tidy." Staff felt well supported and enabled to provide care safely and to an appropriate standard. The provider had arrangements in place to regularly monitor and assess the quality of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with three people who used the service. They told us that the provider discussed their care needs with them and that they were involved in decisions about their care. We saw that they had given their written consent to the sharing of information about their care.

We spoke with three relatives of people who used the service. They told us that they were kept informed of changes in the care needs of the person who used the service. They also said that they had been involved in six-monthly care plan reviews and they and/or the person who used the service had signed their care plans to indicate that they gave their consent to care and treatment. We looked at four care plans and confirmed that there were records of care assessments and reviews and that these had involved the person who used the service and/or their relatives.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We looked at four care plans and saw that they included an assessment of people's mental capacity. We asked three members of the care staff about their understanding of mental capacity. They were aware of their professional responsibilities in terms of the Mental Capacity Act 2005. We looked at the provider's training records and saw that the staff had attended Mental Capacity Act training.

One of the members of staff we spoke with described how they had been involved, together with other health and social care professionals and family members, in making a "Best Interests" decision about the care of a person who used the service who lacked the capacity to make the decision themselves. They had acted in accordance with legal requirements.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four care plans. We saw that people who used the service had been involved in pre-admission assessments before moving into Headingley Hall. We saw that the care plans were personalised, well organised, up to date and included detailed assessments of people's needs.

We saw that people's care needs were regularly reviewed and there were notes to advise the staff of actions they needed to take, for example in relation to medication, diet or weight recording. Each care plan included a daily evaluation record where care staff noted information about the person's health and well-being relevant to their care needs. The care staff we spoke with were knowledgeable about the people they cared for. They told us that changes in people's care needs were discussed at daily handover meetings.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. One of the care plans we looked at identified that the person was at risk of wandering. We saw that the provider had put in place arrangements for the staff to monitor the person's whereabouts every 30 minutes. The observation record included a description of the clothes the person was wearing each day to help identify them if they became lost. We also saw that the person's care plan included guidance on the specific actions (e.g. who to alert) that needed to be taken if the person could not be found.

There were arrangements in place to deal with emergencies. The staff we spoke with were able to describe the signs that a person was unwell and required urgent medical attention. Staff described the actions they would take on finding a person unconscious and the procedure to summon assistance. We checked the provider's training records and saw that the staff had attended First Aid training.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The people who used the service and the relatives that we spoke with told us that the home was always clean and well maintained. We saw that the main reception, lounges and dining area were clean and tidy. The carpets and chairs were in good condition and free from marks or stains.

We spoke with three people who used the service. They told us that the home was "Always clean and tidy." We saw that their bedrooms were clean, well maintained and furnished with personal items. We saw that the bathrooms and toilets were clean and in good condition. Personal protective equipment (aprons and gloves), hand washing materials and colour coded waste bins to separate clinical and non clinical waste were all available.

We saw that the provider had ample supplies of cleaning equipment and materials and that they were neatly stored ready for use. Written cleaning schedules were available for the staff to follow. The schedules described the daily and weekly cleaning tasks for the resident's rooms, bathrooms, toilets and communal areas and included specific instructions on cleaning methods.

We saw that the provider had a written infection control policy and a named infection control lead responsible for ensuring standards of cleanliness and infection control. There were special instructions to be followed in the event of an outbreak of illness. The staff we spoke with all acknowledged their personal responsibility for keeping the home clean and managing infection control.

We saw that the domestic cleaning staff used colour coded cleaning equipment and materials designated for use only in specified areas of the home. The use of colour coded cleaning equipment is good practice and indicated that the provider had put in place measures to reduce the risk of cross contamination and the spread of infections.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Before our visit we had received information that the home was reducing staff numbers and that there were not enough staff to meet people needs. When we visited the home the provider told us that staffing levels were regularly reviewed and determined by the level of dependency of the people who used the service. We looked at the staffing rota for the day of our visit and confirmed that the care staff actually on duty was consistent with the details on the rota.

We spoke with six members of staff. They told us that they had not experienced any pressure to reduce staff hours. They told us that recently staffing levels had been increased and they did not have any concerns about the level of staffing at the home. One member of staff told us that they now had two senior carers on duty on each shift. We confirmed that this was reflected on the staffing rota for the week of our visit. Another member of staff acknowledged that there were times when they were very busy but they had never had a concern that they were unable to meet people's needs.

A relative we spoke with said that they had no concerns about the quality of care but they did think that there were times "When the staff look rushed and very busy." However, another relative said when they visited the home they were "Impressed by the number of staff they saw in the lounge."

We observed people being supported during the day and in the dining area during lunch time. The staff were not hurried and there appeared enough staff to meet people's needs. The people who used the service looked well presented and cared for. The staff spoke respectfully to them people and were attentive to their needs. People who used the service told us that they were able to get up and go to bed when they wished and there was no pressure, because of staff numbers, to alter their preferred daily routines.

We noted that the home had recently appointed a new Activities Coordinator. We saw that there was a regular programme of activities for people who used the service. The provider told us that they tried to encourage people to take part in activities and socialise with other residents and visitors. People who used the service told us that they were encouraged to join in activities and had been asked if there were activities they particularly liked. One relative told us that the provider had listened to suggestions from people who used the

service and relatives and had organised more outings.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Before new staff started their job they underwent a period of induction to check that they were able to carry out their responsibilities. New staff were informed about the organisation and staff structure, safety, policies and procedures, resident involvement and quality standards. We saw that each new member of staff had their own induction checklist and their competency was assessed before they were approved to work without close supervision.

The staff told us that they attended monthly supervision meetings and had annual appraisals. We saw records of staff supervision meetings and noted that the staff were able to discuss their training and development needs.

The staff we spoke with said that they felt well supported and were encouraged to raise any concerns that they had about the home or the care and support people who used the service received. They said they felt that the staff worked well together as a team.

Staff were able, from time to time, to obtain further relevant qualifications. Two of the members of staff we spoke with told us that they were undertaking further study. One told us that they were taking a management course and another told us that were studying for a National Vocational Qualification.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the provider organised quarterly "Residents' Forum" meetings. We saw notes of the meetings and the issues discussed, including comments made by people who used the service and the actions the provider took to address them. We saw that the provider had acted on comments about the lunch menus and had met with the chef to improve the choice of meals available to people who used the service.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The provider told us that decisions about people's care and treatment were made by the senior care staff. Information about people's needs was recorded in daily evaluation sheets and discussed at staff handovers. Staff told us that each person who used the service had a named key worker and that they were involved in monitoring people's needs and any discussions about changes to their care plan.

There was evidence of learning from incidents and that appropriate changes were implemented. We saw that the provider had established fortnightly senior management meetings to review the quality and effectiveness of the care and support provided at the home. We saw records of random "Snapshot" audits of standards at the home. The audits included checks on the general condition of the home, the standard of meals and, where appropriate, how well people were supported to eat their meal. Risk assessments, such as meeting nutritional requirements, had been completed and appropriate actions identified. We saw that the provider regularly checked the cleanliness of the premises. Monthly checks were made on the condition of mattresses and any that were damaged or stained replaced. The provider had put in place appropriate systems to monitor and assess the quality of the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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