



Inspection Report on

The Headlands Nursing Home

**The Headlands Nursing Home
Tower Road
Llangollen
LL20 8TE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

04/06/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About The Headlands Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Deevale Healthcare Limited
Registered places	28
Language of the service	Both
Previous Care Inspectorate Wales inspection	7 September 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People live in a warm and well-maintained home which meets their needs. People told us they are well cared for by care staff and feel safe in the home. The manager ensures appropriate and individualised risk assessments and personal plans are written to guide staff in how to support people to achieve their desired outcomes. People's plans are reviewed in a timely way to keep them current. Records show staff follow personal plans for people's care and are skilled and trained to meet people's care and support needs.

The service provider has good governance arrangements in place including policies and processes, and these are followed by staff. The Responsible Individual (RI) and senior managers visit the service regularly and provide good oversight of the management of the service. The manager monitors the day to day running of the service as part of their quality assurance processes. The provider has invested in the ongoing refurbishment of the service, and we saw evidence of scheduled planned works.

Well-being

People have choice in how they live day to day. We saw a range of food choices available to them on the menu each day, with plentiful portions of food which looked and smelled appetising. Drinks and snacks are available at any time. People can choose where to spend their time throughout the day and are able to personalise their rooms. The service provider gathers feedback from people routinely about their experiences living in the home. We saw care staff engage with people with dignity, kindness, and respect. They offer gentle physical contact and encouragement to people.

People are encouraged to do things that make them happy and keep them healthy. People have access to health care advice in a timely way. People are encouraged to participate in daily entertainment and activities. Care workers have a good relationship with people living in the home; we observed them sitting with people and chatting, smiling, and laughing with them. Records show care staff support people in line with their care plans and utilise the detailed information they know about people when supporting them. The service provider's policies and the resident guide are available in Welsh if people prefer. Visitors are welcome in the home and meet with people in communal areas or in their rooms.

People are protected from abuse and neglect. Records show care staff receive training on how to identify and report abuse or neglect. Care workers told us they have confidence in the manager, and they are approachable. Records show processes to protect vulnerable people is discussed routinely at team meetings. People told us they feel safe in the home. Regular staff huddles are held throughout the day with the manager to discuss any issues arising.

People live in accommodation which meets their needs. We saw appropriate equipment available to support people's needs. The service provider maintains the building and grounds to ensure they are safe and comfortable for people. People's rooms contain the equipment and furniture they require.

Care and Support

The manager gathers information from various sources to assess the suitability of the service for people wanting to move there. Once they have confirmed they can meet people's needs, the manager writes personal plans for how care staff should support people's individual needs. Care staff in the home know people well and have a good knowledge of what they like and their preferred daily routines.

Care staff have a good rapport with people and are kind, caring and respectful towards them. We observed care workers use gentle physical touch to guide and reassure people. Interactions between care staff and people are warm and friendly. Care staff recognise people living with dementia may need to express themselves through repetitive behaviour, vocalisation, or restless movement. We saw care staff maintain a relaxed and calm atmosphere in the home by providing support according to people's individual needs for stimulation, distraction, or reassurance. Observations and records seen during inspection support that people are well looked after. We observed good moving and handling practices during our visit to the home.

There is effective communication between the management and care staff regarding changes in people's needs, and personal plans are updated with changes in needs or advice from professionals as they arise. Staff told us they can access these changes via the electronic care record system in the home. Electronic records demonstrate robust handovers for each shift, and timely communication and liaison with professionals to ensure people's health and well-being needs are met. All this information is always available to staff electronically. We observed excellent communication between care staff when someone was having a medical emergency, care workers were calm, controlled, and organised.

Records show appropriate medication management and administration practices in the home. Medication administration practice is monitored in the home by the manager, nurses, and external pharmacy professionals to ensure safe practice. We saw a report undertaken by the local pharmacy which confirmed this. Records show the manager and service provider act promptly to implement improvements identified through external audits.

The provider has policies and procedures in place to ensure the home is kept clean and to manage the risk of infection. We saw rotas show domestic staff are in the home each day, which confirmed what we saw. We saw ample stocks of cleaning and laundry supplies during our inspection visit.

Environment

The premises, facilities and equipment are suitable for the provision of the service. We walked around the environment and found it was clean, safe, and comfortable. We found people's rooms reflect their individuality with their possessions and keepsakes on display. The service has an on-going programme of maintenance with regular servicing of aids and equipment. Areas are redecorated as an ongoing process. The RI oversees the service's maintenance arrangements.

Records in the home show the provider monitors health and safety in the home through audits and acts promptly to address any issues identified through risk assessment. The service has a food hygiene rating of five, which is the highest award achievable. The manager ensures environmental risks to people living in the home are identified and reduced as far as possible.

Leadership and Management

The service provider has extensive governance arrangements in place to support the smooth running of the service. There are policies and procedures in place to guide staff in how to support people effectively and safely, and these are reviewed and updated as required. The RI visits the service regularly to review records and speak to people and staff in the service. Records show the RI has systems in place to gather feedback from residents and their relatives. Their feedback is used to inform quality assurance processes and development of the service. The manager has supervision meetings with senior managers and is supported by the service provider's senior management team as well as the RI. The manager conducts routine audits of the day to day running of the service as part of quality assurance processes. The outcomes of these audits, including any actions required, are monitored by the RI. There are regular meetings between the manager and the staff team to keep them informed, including twice daily staff meetings (huddles). Feedback from staff is that the manager is very helpful and accessible.

There are appropriate numbers of staff in the home, and the manager ensures that any gaps in the rota are covered. Records show care staff receive appropriate training and the manager monitors their compliance to ensure the right skills mix is available in the home to meet people's needs. New staff complete a thorough induction, including shadowing experienced care staff, before working independently on shift. The manager completes vetting checks on new staff prior to appointment, including registration with Social Care Wales and the disclosure barring service (DBS) checks. Where agency staff are used, the manager ensures the same staff are requested for shifts to maintain continuity of care.

The service provider ensures the home is financially sustainable and that there are ample stocks of food and other necessary supplies in the home. We saw good supplies in the kitchen, and the manager confirmed they have deliveries every week including fresh meat. The manager confirmed the service provider ensures budgets are adequate for all aspects of the home and is supportive of the manager purchasing equipment and supplies as required.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
--	------------	--

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 06/09/2024