

Springfield Healthcare (The Grange) Limited Seacroft Grange Care Village

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service responsive?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 December 2014, 05 January and 03 March 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this unannounced focused inspection on 29 July 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seacroft Grange Care Village Home on our website at www.cqc.org.uk

Seacroft Grange Care Village is a purpose built facility which provides residential, rehabilitation and nursing care for up to 95 people. The accommodation is set over three floors across two linked buildings.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At our last inspection carried out on 15 December 2014, 5 January 2015 and 3 March 2015, we saw that peoples' care plans were not accurate or complete and concluded that the provider was in breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 'Good governance'. We asked them to provide an action plan showing us how they would become compliant with this regulation and by when. The provider told us that they would be compliant by 20 April 2015. We returned to inspect the changes that they had made on 20 July 2015. We found a care plan audit had been carried out but no changes to care plans had been made. Some care plans were still incomplete or inaccurate, meaning that people were at risk of receiving inappropriate safe care. We did

Summary of findings

not see a robust plan in place which showed who would update care plans and by when. You can see what actions we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service was not always responsive.

We found that peoples' care plans did not always contain up to date or accurate information and that people were at risk of receiving inappropriate care.

Requires improvement



Seacroft Grange Care Village

Detailed findings

Background to this 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 was planned to check 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.

We undertook an unannounced focused inspection of Seacroft Grange Care Village on 29 July 2015. This inspection was carried out to check that improvements to

meet legal requirements planned by the provider after our 15 December 2014, 5 January and 3 March 2015 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service responsive. This was because the provider was not meeting legal requirements in relation to records.

The inspection was undertaken by two adult social care inspectors. During the inspection we spoke with a senior care worker, the clinical lead for the service, the residential manager and the registered manager.

We looked at records relating to audits, care plans of seven people and policies and procedures in use.

Is the service responsive?

Our findings

At our last inspection carried out on 15 December 2014, 5 January 2015 and 3 March 2015 we asked the provider to take action to ensure that governance processes protected people who used the service. The registered manager gave us a plan which stated that this action would be completed by 20 April 2015. During this inspection we found that the registered manager had not taken sufficient action to ensure that people who used the service were adequately protected against the risks of unsafe or inappropriate care arising from a lack of inaccurate and incomplete care plans. Audits completed by the clinical lead had identified where the care plans were incomplete but we did not see a robust action plan in place to address this.

We saw the registered manager had signed some of the audit sheets although they told us they had not reviewed them. The registered manager told us copies of the audits had gone to each of the floors and staff had been asked to address the issues 'a.s.a.p' but confirmed that no date for completion had been communicated with staff. We did not see any documentation in place which identified who was responsible for updating individual care plans or how the completion of these would be monitored.

One member of staff told us, "The care plans are not fit for purpose. I could not have come in and known how to care for people straight away." Another member of staff told us about how they used the care plans. They said, "We try our best to read them, but do not have a lot of free time to read them. I know their needs by working closely with them and asking the nurses. The care plans are hard to navigate and they need a little more detail."

We looked at the audits for the care plans that had been completed and asked the registered manager if they believed that all issues identified would have been corrected. They told us, "I would have expected that nine days later they would have been actioned." We looked at seven care plans that had been identified as needing additional information but did not see that any changes had been made to improve the records. For example, it was identified that one person's mobility was not accurately reflected in their care plan. The audit had picked up 'moving and handling assessment states no longer weight bears but care plan states that they stand and walk with a zimmer.' The member of staff we spoke with confirmed the change in the person's mobility and told us, "They were

very mobile and could walk with a zimmer frame when [name of person] first came into the home. Mobility has now decreased and she needs two carers to help to mobilise and does not weight bear. She uses a wheelchair." This meant that the records had not been updated to reflect the person's changing needs and they were at risk of inappropriate care being given.

Another person's care plan had been audited and found to contain no care plan for two conditions which had been identified on admission. We saw in the care plan these had been listed on the sheet marked 'medical conditions that impact on care' but there was no care plan in place to assist staff in understanding how to provide appropriate care for that person.

Another person's care plan contained assessments dated in June 2015, although they had begun living in the service in March 2015. We asked why the assessments had been delayed and the residential manager told us, "[Name of person] was originally on Wilson unit and moved to York unit on 21 June 2015. The care plans were re-written on 26 June 2015 because the previous ones were vague." We saw original documentation had been archived but not all assessments had been copied into the new care plan. The person had a risk assessment for the use of their wheelchair completed on admission but this was no longer in their care plan, meaning there was incomplete information relating to their safety. We saw some risk assessments for this person including those for personal hygiene and dressing, pain and sleeping had been dated the day before the person started living at the service. We asked a member of staff if the person's sexuality care plan dated 26 June 2015 contained current information and we were told it was, however there was no risk assessment related to this care plan in place.

We looked at medication audits carried out in the service. The policy and procedure for the administration of medication stated 'monthly in house audits to monitor medication receipt, storage, administration and disposal will be performed by the clinical lead, nurse in charge of the unit or other senior team member as requested by the home manager.' We saw a senior care worker had completed an audit on one unit dated 06 May 2015. This audit identified on five separate occasions signatures had been missed on peoples' medication administration records. An incident form had been completed and attached to the audit for these but there was no action plan

Is the service responsive?

in place and no record of what action should have been taken. We asked the registered manager about this. She told us, “The incident forms should have been sent to me for review and not put at the back of the audit.”

We looked at the care documentation policy and procedure. This stated ‘The home manager is responsible for ensuring that all residents have a care file on the ‘Coolcare 3’ system which has been developed on the basis of valid and person centred assessment conducted by an appropriately qualified/experienced person.’ We did not see evidence this was being done in the records we looked at.

We looked at the admission policy which stated ‘New service user care file will be audited by the home manager after the first week and no later than the third week for compliance’, however, we did not see evidence of this being carried out in the records we looked at.

At our last comprehensive inspection we concluded that care needs were not being documented in a way which ensured that people were not at risk of receiving inappropriate care and asked the provider to take action to rectify this. During this inspection we did not find improvement and concluded that this was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	People who use services and others were not protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of the maintenance of an accurate record of service user needs. The action plan that the provider had told us would be in place by 20 April 2015 had not been completed when we inspected on 29 July 2015.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of the maintenance of an accurate record of service user needs. The action plan that the provider had told us would be in place by 20 April 2015 had not been completed when we inspected on 29 July 2015.

The enforcement action we took:

Warning notice issued.