

Prime Life Limited

Seacroft Court Nursing Home

Inspection report

Seacroft Esplanade
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Seacroft Court Nursing Home is a care home with nursing providing personal and nursing care to 41 people at the time of the inspection. The service can support up to 50 people. The service provides accommodation for people of two floors.

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

People and staff were not always protected from the risk of contamination because staff did not always follow good infection control practices. Staff did not always receive training around infection control and did not follow the providers infection control policy and guidance. There were shortfalls in staffing hours allocating for cleaning and laundry.

This was a breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

Staff had not received training in order to keep their skills up to date and safe. Staff understood their responsibilities to raise any concerns relating to people using the service. During the Covid-19 pandemic, we identified there had been multiple staff absences. Many of these shortfalls were covered using agency staff and support from the management team. However, some shortfalls were unable to be covered in line with the providers staffing guidance. The provider continued to recruit staff and carried out appropriate checks before employment. Medicines were administered and stored safely.

The provider's quality assurance process was not always effective. Where shortfalls in the service had been identified, action was not always taken and sustained to ensure improvements were made. The process did not identify some of the issues we found on inspection. Despite completion of some works, the environment continued not to be well maintained. There was inconsistent leadership which had affected the improvement in the service. There was no registered manager at the time of inspection. However, there was a home manager who had recently commenced employment.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Since the last inspection there had been some improvement in relation to person centred care. There was evidence some activities had taken place and we observed positive interaction between staff and people. We also observed some people being supported to access the local community, where they had an ice cream near the seafront. However, people, staff and relative told us there was a lack of meaningful activities. During inspection we did not see staff engaging in other meaningful activities with people. However, we did observe people being offered choice around their care.

Staff spoke highly of the new manager and were optimistic about developments for the future. Staff and residents' meetings had taken place and care plans were reviewed regularly. Staff worked with other agencies to enhance peoples care.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement insert (last report published 13 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Although some improvements had been made we found at this inspection not enough improvement had not been made and sustained and the provider was still in breach of some regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Following the inspection the provider sent us an action plan about how they plan to mitigate risks in relation to controlling and preventing infection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to infection control practices, and a continued breach in monitoring quality of the service at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Seacroft Court Nursing 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 Care Act 2014.

Inspection team

The inspection team was made up of two inspectors and one assistant inspector.

Service and service type

Seacroft Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. However, there was a manager in post who would be completing an application to register.

Notice of inspection

We gave the service 24 hours' notice of the inspection.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had relating to governance, staff training and

people's care prior to inspection. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including a nurse, care workers and a cook.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 this key question has remained the same. 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.

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

The provider had not made sufficient improvement and was still in breach of Regulation 12.

At our last inspection the provider had failed to ensure the premises and equipment were safe to use. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made some improvement. Therefore the service was no longer in breach of regulation 15. However, other concerns relating to the environment are covered under well-led, a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection control practices were not always consistently followed which meant people living in the service and staff were not always protected from cross infection. We observed staff were wearing Personal Protective Equipment (PPE). However, this was not always worn safely. Several times during the inspection we saw staff wear their face mask under their chin whilst they were carrying out tasks. Such as, answering the telephone, smoking and assisting a person with their meal.
- PPE stations were available around the building to provide staff with clean protective clothing and prevent cross infection. However, we found a used tissue placed in the compartments of the PPE station, along with loose gloves, aprons and face masks, which meant that there was a risk of cross contamination.
- The environment and furnishings were not consistently clean and well maintained. We found that a wooden boarding behind a toilet was cracked and split, therefore would not be able to be cleaned effectively. We observed in several bedrooms' food debris and bodily fluids had been left on the floor left to be cleaned up by cleaning staff.
- The provider had set out cleaning and laundry hours required for the service. We identified that there had been several shortfalls in the staff hours, therefore these hours were not always fulfilled. This meant there was a risk that cleaning, and laundry tasks had not been carried out effectively.
- Staff did not always receive training in relation to infection control. This included nurses, care workers and ancillary workers. We found that only 17 out of 40 staff had completed this training. Several staff we spoke to confirmed this. We observed staff fail to wash their hands in between tasks, such as; putting on and removing their Personal Protective Equipment. We also observed one member of staff with long fingernails,

which were not free from colour. This meant the provider could not be assured staff understood their responsibilities in relation to infection control.

This was a breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

- Whilst we identified concerns in relation to infection control, we acknowledge the service had not been directly impacted by the Covid-19 pandemic and have had no positive staff or people using the service

Staffing and recruitment

- There was not always enough staff in line with the providers staffing guidance. We found several shortfalls on the rota. However, the provider had used agency to cover other shortfalls and the management team had supported care staff where required. During the Covid-19 pandemic, the service had experienced a high level of staff absence.
- Some staff and relatives told us there was not always enough staff and had found it challenging to deliver care to people in line with their preferences. However, during the inspection we observed staff responding to call bells and supporting people in a timely way.
- The provider ensured that staff were recruited safely, and appropriate checks were completed to ensure staff were suitable to support vulnerable people living in the service.

Systems and processes to safeguard people from the risk of abuse

- There was gaps in safeguarding training. Where staff had received training, some of this was out of date.
- Staff understood their responsibilities in relation to safeguarding and knew how to raise concerns regarding people's care, health and well-being.
- People using the service told us they felt safe. One person commented, "Oh yes, I feel safe here." Another person said, "I do feel safe, when I need the staff they always come to help."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- During the last inspection we found environmental hazards which posed a risk to people's health and safety. Although we found there was areas of the environment which required attention (these areas are covered in the well-led section of the report), we found the issues previously identified had been resolved.
- Risks associated with people's health were identified, mitigated and reviewed. Where a person experienced seizure, there was clear guidance in place to enable staff to identify, manage, escalate and support a person during a seizure.
- Accidents and incidents had been formally analysed for themes and trends. Actions had been taken to reduce the risk of re-occurrence. For example; where someone was at high risk of falls, 15-minute observations had been put in place. We observed these were completed.

Using medicines safely

- Medicines were managed and stored safely.
- Records relating to the administration of medicines were completed and arrangements were in place for people who needed to have their medicines covertly, which means in food or drink without their knowledge. This was in line with the providers policy.
- Where people were prescribed 'as needed' medicines, protocols were in place to provide guidance for staff to administer this safely and when required.

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 this key question has remained the same. 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.

At our last inspection the provider had failed to ensure the service was well-led and had failed to ensure that people received person centred care. This was a breach of Regulation 17 (Good governance) and Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst the provider had made some improvement, there was not sufficient improvement made and was still in breach of Regulation 17.

We found the provider had made enough improvement and was no longer in breach of Regulation 9.

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

- The provider had a quality assurance process to monitor quality of the service, however, these were not always effective in driving improvement in the service. We found that audits had taken place which identified shortfalls but action had not always been taken to resolve it.
- There was inconsistent leadership in the service and there had been four different people who had acted as managers and provided leadership to the service in the last 12 months However, there was a manager who had recently commenced employment, who had a good knowledge of staff and people.
- There was continued concerns about the maintenance of the service and areas required attention. The skirting boards and some walls were badly marked, and the it generally appeared unmaintained. The provider had completed a property audit which identified works which required completing. Some of these had been completed, however, others were delayed due to the Covid-19 pandemic. The provider did not have a timely plan in place to ensure these works would be completed and issues relating to maintenance of the environment would be rectified. This was due to on-going restrictions and measures put in place in relation to the Covid-19 pandemic.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- At the previous inspection we identified people were not given choices about their care and there was a lack of meaningful activity. At this inspection we observed people were given choices about their care and care was delivered in a personalised manner. Although the provider was able evidence that people had engagement in meaningful activity, we did not observe this, and people told us they felt there was a lack of activities. We spoke with the manager who told us this had proven difficult due to Covid-19 pandemic. However, during the inspection we saw some people who were supported to access the local community and went to get an ice cream near the sea front.
- Most staff spoke positively about the new manager and were optimistic about developments for the future. One staff member said, "I didn't feel listened to but since the new manager has started, I am definitely starting to be listen to." Another staff member said, "I am hopeful the [name of manager] will make improvements."
- Care plans were reviewed on a regular basis and were updated when required. Risk assessments associated with peoples' care had also been kept up to date.
- Where there was reason to believe people lacked the capacity to make their own decisions. Mental capacity and best interest meetings, relating to specific decision had taken place to enable staff to support people in line with their care needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Information was accessible for people using the service on notice boards and brochure form with both text and pictures available. This included information on complaints, equality and photographs and names of the staff team who work in the service.
- The service provided people with a newsletter on a regular basis. This was colourful, with different size fonts and included photos. This included, for example; information about the local area and word searches.
- Staff worked with other agencies to enhance the delivery of care. For example, nurses who specialise in pressure area care, the falls team and Speech And Language Therapists (SALT team).
- Staff meetings had taken place where an agenda was discussed, including concerns from staff. Meetings were also held for residents, to keep them up to date and ensure feedback is sought.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure quality assurances processes were effective in addressing shortfalls to prevent reoccurrence and impact on people's care.