Springfield Healthcare (Seacroft Green) Limited

Seacroft Green Care Village

Inspection report

Seacroft Crescent
Seacroft
Leeds
West Yorkshire
LS14 6PA

Tel: 01134261230

Date of inspection visit:
15 December 2020
16 December 2020
17 December 2020
21 December 2020

Date of publication:
19 January 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Seacroft Green Care Village is a nursing home that was providing personal and nursing care to 57 people at the time of the inspection. The service can support up to 76 people.

People's experience of using this service and what we found
The areas which had been identified at this inspection around medicine fridges and moving and handling risk assessments had or were being addressed by the management team. The manager was proactively looking into supporting people who were in their rooms in the communal areas where possible. We were assured these issues had no negative impact on the care provided.

Most people and relatives were happy with the care they or their relative was receiving. People living at the home and their relatives told us the home was a safe place for people to live. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse. Staff recruitment procedures were robust and there were enough staff to care for people safely. The premises were well maintained, with regular servicing of equipment and the building carried out. Staff were observed wearing appropriate personal protective equipment (PPE) when delivering care.

We received positive feedback about management and leadership from staff we spoke with. Staff told us there was a positive culture at the home since the new manager took over the post, with good team work throughout. The manager was looking into ensuring appropriate systems were in place to enable staff, relatives and people living at the home to provide feedback about the care they received.

We found audits in place supported the overall running of the home. The service was working with outside professionals to support and improve the home.

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

Rating at last inspection.
The last rating for this service was Good (published July 2019).

Why we inspected
We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has not changed and remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seacroft Green on our website at www.cqc.org.uk.

Follow up
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?

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

Seacroft Green Care Village

Detailed findings

Background to this 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
This inspection was carried out on day one by two inspectors and an inspection manager. On day two a pharmacist inspected the home. We also used an expert by experience to make calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A governance specialist advisor supported the inspection remotely to gather evidence around how the home was being led.

Service and service type
Seacroft Green 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 home did not have a registered manager in post. However, the new manager had already started the process of becoming registered with CQC at the time of the inspection.
Notice of inspection
We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity was carried out between 15 and 21 December 2020. We visited the home on 15 and 16 December 2020 as part of our site visit to the service. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Leeds local authority. The provider was not asked

to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and 11 relatives about their experience of the care provided. We spoke with 10 members of staff including the manager and nominated individual.

We reviewed a range of records. This included five elements of care plans and 10 medication administration records (MARs). We looked at four staff files to check staff were recruited safely. A variety of other records relating to the management of the service were considered as part of the inspection.

After the inspection
We continued to seek clarification from the manager to validate evidence found, including quality assurance documentation.

Good

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 Good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had risk assessments in place covering areas such as Waterlow (for skin), mobility and nutrition. Malnutrition Universal Screening Tool (MUST) assessments were also completed to monitor people's body weight. We discussed with the manager around adding more detail to some aspects of risk, for example; limb and head entrapment in relation to bed rails.
- We observed staff using correct moving and handling techniques when assisting people and did not see any evidence of unsafe practice. We discussed with the manager around ensuring all moving and handling risk assessments contained more detail to support staff moving forward.
- For people who had been assessed as being at risk of choking and aspiration, the correct consistency of food and drink was provided to help keep people safe.
- There was people at the time of inspection at risk of developing pressure sores, these were assessed and care plans were in place to reduce the risk.
- The premises and equipment were well maintained. Regular checks and servicing were carried out and in place regarding electrical installation, gas safety and legionella.

Using medicines safely

- Most people's medication was safe. These were administered safely and recorded in the right way.
- Regular checks of the medicines fridge and treatment room were completed; however, two of the medicine fridges were not always monitored, which meant the effectiveness of the medication may have been compromised. Medications that need to be kept cold will lose their effectiveness when placed outside the recommended temperature range after a certain period of time. We spoke to the nurse in charge to ensure this was addressed straight away.
- People and their relatives told us they received medication when they should. One relative said, "[name of person] looks well. The staff make sure he gets his regular medication." Another relative said, "As far as I know, no problems."
- MARs were completed accurately with no missing signatures. We saw staff observing people taking their medication to ensure it was safely administered.
- Medicines which needed to be given at certain times of the day (time critical), or with food were administered as required.
- The medication audit showed improvements in the whole medication process over the last few months.

Preventing and controlling infection

- There were appropriate protocols and policies in place to support the home around infection control.
- We observed staff wearing appropriate PPE through the home. There was appropriate hand washing

facilities throughout the home to minimise the spread of infection.
● The home was conducting appropriate Covid-19- tests for all staff and residents.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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

Staffing and recruitment
● Staff were recruited safely. Pre employment checks were carried out to protect people from the risk of unsuitable staff working at the home. One member of staff said, "I didn't feel confident working on my own so they [manager] got an extra nurse to support me. I appreciate that they were willing to do this. My induction has been good."
● There were enough staff working at the home to care for people and the feedback we received was that staffing levels were sufficient. One member of staff said, "We have enough staff, we all do handovers daily to make sure we know what has happened. Another staff member said, "We are ok for staffing it's just if someone calls in sick but management help." We received mixed views from relatives in relation to staffing however on the whole relatives told us they felt there was enough staff.
● The manager reviewed staffing levels according to the needs of people or, when changes occurred. The manager provided us with the dependency tool and the dependency hours calculator of these.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
●People told us they felt safe living at the home, as did relatives we spoke with. One relative said, "Staff communicate well with me." Another relative said, "Staff are brilliant but so many changes."
● We observed staff to be very kind and caring towards people in the home. Staff we spoke with spoke with fondness about the people they supported. One staff member said," We are here more than at home. We treat people like family. We are like one big family."
● Appropriate safeguarding systems were in place. Staff demonstrated their understanding of safeguarding and told us training was provided. Staff were clear about the processes they would follow and who they would report any concerns to.
● We looked at the arrangements in place for managing falls and preventing the risk of re-occurrence. A record was kept of falls that occurred at the service, which included details of when and where they happened, and any injuries sustained. Falls were analysed to see if improvements could be made to keep people safe. One relative told us, "Communication is good, [name of person] fell and they have responded to this with changing the care plan and support from physio."

Good

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 Good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found some people were not always encouraged to eat in the dining room and sit out in the communal lounges rather than remain in their rooms. We spoke to the manager who was going to look into this, to ensure people were encouraged every day.
- Quality assurance audits were undertaken by the manager each month and this covered areas such as care plans, medication, infection control and the environment. We found some shortfalls in some aspects of the care planning; however, this did not impact on the care provided. The manager was revising these at the time of inspection.
- Notifications were submitted to CQC as required for incidents such as serious injuries, deaths and police incidents. These are legally required to be sent to CQC so we can decide if any further action is needed.
- Where any incidents had occurred and safeguarding investigations had taken place, systems were implemented so that lessons could be learnt to enable the home to keep improving. The manager responded and engaged when any concerns arose. Staff were clear on their roles and responsibilities in the home and new people's needs very well.

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

- We received positive feedback from staff around the new manager. One staff member spoke about an open and honest culture across the home and staff were supporting one another. The staff member went on to say," [name of manager] is passionate and hands on."
- Staff morale at the home had improved. Staff told us they worked well together as a team to ensure care was delivered around the needs of the people living there.

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

- There were resident and relative meetings which had resumed taking place in the home by the new manager. The management were in the process of sending out surveys to staff, people and relatives. The staff were supported in having 'huddle' meetings to discuss what had happened during the day and night. These were also used to discuss any recent training and share knowledge and best practice.
- Staff supervision and appraisal sessions also took place, presenting the opportunity for staff to discuss their work and receive feedback about their performance. One staff member said, "Yes I am supported by my manager." Another member of staff said, "The new manager has made changes and is approachable." A

third staff member said," We have seen a change since the manager has come, more hands on and training for staff resulting in residents getting better care."

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 provider and manager understood the requirements and their responsibilities under the duty of candour.

● The manager was open and honest with us about what they wanted to do to keep moving forward to ensure the home was a good place to live and work and was very committed to making improvements.

Working in partnership with others

● The service worked closely with other health and social care professionals to ensure people received timely care. There was evidence to show referrals had been made to dieticians, tissue viability nurses and GP's.

● The home was taking part in the CONTACT research project, facilitated by Leeds University. This study uses a test contact tracing system which aims to better support care homes with this important task, to better manage care and support and to minimise the impacts of outbreaks of COVID-19 on the wellbeing of residents and staff.