Springfield Healthcare (Seacroft Green) Limited

Seacroft Green Care Village

Inspection report

Seacroft Crescent
Seacroft
Leeds
West Yorkshire
LS14 6PA

Tel: 01134261230

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Seacroft Green Care Village is a nursing home that was providing personal and nursing care to 61 people at the time of the inspection. The service can support up to 76 people.

Why we inspected: This inspection was prompted by information of concern we received.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 25 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

People's experience of using this service: People told us they felt well cared for by staff who were kind and respectful. Relatives said they were always made to feel welcome when visiting their family member.

Records relating to people's care were not always fully completed. This was addressed immediately by the manager.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Staffing numbers were sufficient to keep people safe. Medicines were managed safely. The provider followed safe recruitment procedures to ensure staff employed were suitable for their role. Incidents and accidents were investigated and actions were taken to prevent recurrence. The premises were clean and staff followed infection control and prevention procedures.

Staff completed an induction when they first commenced work at the service. Staff had completed training to ensure they had the skills they required for their roles. Staff felt supported and received supervision and appraisals of their performance.

Care was delivered by staff who were trained and knowledgeable about people's care and support needs. People were provided with a nutritious and varied diet and they were complimentary about the quality and choice of food offered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The atmosphere within the home was welcoming and staff were warm and considerate towards the people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected and their dignity maintained.

Staff engaged well with people, offering them choices and promoting their independence where possible. People had access to a range of activities and entertainment that they enjoyed. People's views and concerns were listened to and action was taken to improve the service as a result.

Robust systems were in place to monitor the quality of care provided and improve the service. The management team and staff engaged well with other services and had developed positive relationships.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive 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

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: On the first day of the inspection, one inspector and a specialist advisor were present. On the second day, two inspectors completed the inspection.

Service and service type: Seacroft Green Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

It is a condition of the provider's registration that they have a manager registered with CQC. There was no registered manager at the time of our inspection. A senior manager from within the provider group was managing the service. They were in the process of making an application to be the registered manager of the service when we inspected. Within this report they will be referred to as the manager.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we liaised with the local authority safeguarding team and commissioners of the service. We asked the service to complete a Provider Information Return before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with six people and four relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with nursing staff and care staff, activity staff,

maintenance staff and the cook.

Throughout the inspection we liaised with the nominated individual and the manager.

During the inspection we reviewed four staff recruitment files, eight people's care records and medication administration records (MARs). We also looked at records relating to the management of the service. We spoke with two visiting professionals at the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely
- People's medicines were managed safely. This included storage and disposal of medicines and stock control.
- Guidance for staff was in place to ensure people received their 'as required' medicines when they needed them.
- Staff were trained and had their competency checked to ensure they were safe to administer people's medicines.

Assessing risk, safety monitoring and management
- People were supported and protected against the risk of avoidable harm.
- Each person had detailed personalised risk assessments, and these were regularly reviewed and updated. Care plans clearly identified what staff needed to do to keep people safe.
- The environment and equipment were safe and well maintained. Safety checks of the building and equipment were completed.
- Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire. The provider completed further work on aspects of fire safety following our inspection to ensure the evacuation needs of people were considered when allocating bedrooms.

Systems and processes to safeguard people from the risk of abuse
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe. Comments included, "Yes I feel safe here. The staff look after me and make sure I am well" and "I would never question my safety here. It's a very safe place."

Staffing and recruitment

● Staffing levels were adequate and met the needs of people using the service.

● People and their relatives told us there were enough staff on duty. People said their needs were met in a timely manner and staff were responsive to their requests for assistance.

● The provider recruited staff safely. Nursing staff had their registration (PIN) checked to ensure their registration was up to date.

Preventing and controlling infection; Learning lessons when things go wrong

● Staff followed good infection control practices.

● Staff were provided with gloves and aprons to use to help prevent the possible spread of infection.

● Hand washing facilities were available for staff around the service. Visitors were encouraged to use hand sanitizers when they entered the building.

● Accident and incident analysis was carried out regularly by the provider to identify themes and trends.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
- People had care plans and risk assessments in place to identify their dietary requirements.
- Fluid balance charts did not always show the amount of fluid offered to people, or they amount they had drank. We reported this to the deputy manager who addressed this immediately. The issue was discussed at the daily huddle meeting where staff attended to discuss any concerns and incidents each day.
- People told us they enjoyed the food at the service. Relatives also gave positive feedback.
- Meals were served to people in the dining areas and in people's rooms if they chose this. Staff were available to support people with their meals if they needed to.

Adapting service, design, decoration to meet people's needs
- The provider had supported activity staff to visit Stirling University to learn about how to enrich environments for people living with dementia. This led to the provider improving area of the service including signage, lighting and colour schemes.
- People had the opportunity to personalise their own rooms with items which were special to them. This also continued on the unit where younger adults were accommodated. The furniture and décor had a more modern feel.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Records relating to assessments of people's needs were not always completed. The manager addressed this immediately.
- People were supported to have access to a range of healthcare professionals. Where healthcare professionals had recommended equipment for people, the provider ensured this was obtained.

Staff support: induction, training, skills and experience
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff completed an induction before they started working with people.
- Staff had completed training in a range of subjects relevant to their roles.
- Records showed staff had received regular supervision and an appraisal of their work performance.
- Regular team meetings were held at the service. Staff felt supported by the management at the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● Staff worked closely with healthcare professionals such as GPs, dieticians and mental health professionals. Their advice was included in people's care records.
● Health and social care professionals provided mixed feedback about the service. One advised, "There was a time when for one person the care plan was not always being followed. The nursing staff were provided with training and things improved since then."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA. People were supported wherever possible to make their own decisions.
● When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed and documented.
● DoLS applications had been made when required. The provider tracked pending applications on a regular basis with the local authority.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were well cared for and that staff demonstrated a friendly approach. Comments included, "The staff are very kind and caring" and "They have made it feel as close to home as they can." One relative told us, "The care is lovely here. Staff are very attentive to my family member."
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. People told us they were all treated equally and felt there was no discrimination from staff.
- People's bedrooms were tidy and personalised. All had space within which staff could deliver care.

Supporting people to express their views and be involved in making decisions about their care

- People appeared relaxed in the company of staff. We observed warmth and kindness in staff's interactions with people.
- People confirmed staff included them when making decisions about how they wanted their care provided. One relative said, "I have seen my family members care plan and was involved when they came to live here."
- For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the provider.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect.
- People told us staff were polite and gave them choices. One person said, "The girls are very polite. They always ask me how I would like things to be done when giving me any care." Another said, "Staff are polite and respectful. They always have a smile too."
- People were offered choice and control in their day to day lives. People were encouraged to be as independent as possible.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and risk assessments and people's records did not always contain information about their current care needs.
- Daily care records had not always been fully completed by staff. One example of this was charts used to monitor people's skin.
- The manager took immediate action to ensure all of the issues we found were rectified.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and manager were aware of the Accessible Information Standard.
- People's communication needs were assessed when they began using the service.
- Care plans provided staff with guidance on how to meet people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood people's needs and found ways of supporting them to have a good quality of life. People told us they attended meetings when they occurred and enjoyed the social activities arranged for them by the service.
- People said their religious needs were met and they were supported to attend services of their faith.
- People had a range of activities they could take part in. These were planned and facilitated by a team of activity staff.
- People told us about I-pad sessions, having visits from school children and regular entertainment such as singers. They said they enjoyed reading daily newspapers and going to the local pub.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints. They said they felt confident they would be listened to. The manager told us they acted upon concerns in an open and transparent way and used them as an opportunity to improve the service.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious

beliefs and preferences.

● The manager explained that when required people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

● A relative gave positive feedback regarding the care provided to a family member. They said, "Staff could not have been any better. They looked after me too which meant a great deal."

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 our last inspection the provider had failed to ensure that audit systems were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- Governance arrangements were robust and as a result we found previous breaches of regulation had were now met.
- There was no registered manager in place. However, an application for registration was submitted by the manager during our inspection. This was within five weeks of the previous registered manager leaving the service.
- Staff were clear about their responsibilities and the leadership structure.
- The provider had policies and procedures in place which considered guidance and best practice from expert and professional bodies. These provided staff with clear instructions.

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

- Feedback from people who used the service, relatives, health care professionals and staff was obtained using satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the manager and where necessary action was taken to make changes or improvements to the service.
- Meetings for people and relatives were held monthly. There was also an activities team who met regularly with people to discuss future activities and trips people would like to participate in.

Continuous learning and improving care; Working in partnership with others

- The provider and manager worked with us during the inspection to put things right and improve the service.
- The provider worked in partnership with people, relatives and health professionals to seek good outcomes for people.
- Links with outside services and key organisations in the local community were well maintained to

promote independence and wellbeing for people. Some of these included, engagements and events with the local school, churches and other services similar to theirs to share best practice.