

# Springfield Healthcare (Seacroft Green) Limited

# Seacroft Green Care Village

## Inspection report

Seacroft Crescent  
Seacroft  
Leeds  
West Yorkshire  
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Date of inspection visit:  
22 June 2021  
06 August 2021

Date of publication:  
06 September 2021

## 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 Green Care Village is a care home providing personal and nursing care to 63 people at the time of the inspection. The service can support up to 76 people. There are four separate units specialising in providing nursing care for working age adults, older people and those living with dementia.

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

There were systems in place to monitor the quality of the service and identify when improvements were needed. These were not sufficiently robust to have identified all the issues we found in relation to safe care and treatment. Some care plans lacked up to date and accurate information to guide staff. People's care interventions were not always recorded in a way that showed they were having all their needs met.

People told us they felt safe living at Seacroft Green Care Village. There were systems in place to recognise and respond to any allegations of abuse. People spoke highly of the permanent care staff although reported a high use of agency staff. Some people told us there were not enough staff on duty at all times. However, the provider's dependency tool confirmed there were enough staff to meet people's needs. The provider was busy recruiting new staff to minimise the use of agency staff and they followed safe practices to ensure new recruits had the skills and values for the role and all the required checks were in place.

Infection control practices were safe, and the home was clean and tidy. Staff followed the latest government guidance to protect people from the risks associated with COVID-19. People, their relatives, and staff were asked for their views on the home and suggestions for improvements. Staff told us they had been supported by the provider and management during the pandemic. The provider had up to date policies and procedures which reflected current legislation and good practice guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was good (published 19 January 2021).

### Why we inspected

The inspection was prompted in part due to concerns received about safe care and treatment. We had received a number of complaints from relatives and several whistle-blowers had contacted us to raise concerns. This meant the home was scoring very high on our intelligence monitoring. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvement. Please see the 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.

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 COVID-19 and other infection outbreaks effectively

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seacroft Green Care Village on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and a specialist advisor in governance. An onsite Expert by Experience also supported the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Seacroft Green Care Village 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 had a manager registered with the Care Quality Commission. However, they were not in post during this inspection and were in the process of de-registering. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. It is a condition of registration that the service has a manager registered with CQC.

#### Notice of inspection

This inspection was unannounced. We visited the location on 22 June 2021 and continued to review information off-site until 6 August 2021.

#### 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. 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.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, the deputy manager, three Clinical Leads, the Clinical Governance Manager, the Pharmacy Manager, a registered nurse and a care assistant.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We looked at training data and quality assurance records. We spoke with contracts and commissioning officers from the local health service and from the local authority. We spoke with a health case management professional who had recently visited the home.



# 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 this key question has now deteriorated to requires improvement. 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.

### Assessing risk, safety monitoring and management

- Risk assessment and associated care plans had not been updated as recommended at our last inspection. Staff had added to the bottom of care plans instead of rewriting them, which meant the person reading it was directed to out of date information first. One of the care plans we looked at onsite provided incorrect information in relation to a person's risk of choking and also how to move them safely. We requested a copy of this care plan to be sent to us following our visit and it had been amended and was significantly improved. However, this did not deflect from the incorrect care plan in use during our onsite inspection which posed a risk of harm.
- There were some specific areas of concern in relation to safe treatment. These included staff not following the explicit instructions of a dietician in terms of supporting a person with a Percutaneous Endoscopic Gastrostomy (PEG). This way of feeding allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. Other examples included an incorrect setting on an airflow mattress, and a person supported on an incorrect mattress.
- At our last inspection we recommended more information to be included in people's moving and handling care plans. Some records were good where external professionals had supported the development, but this was not consistent in all records. The method to move people safely was not recorded, nor all the equipment required to move people safely. This is necessary to ensure people have been assessed for the equipment they are using, and staff know how to use and support people safely.

Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental checks had been carried out in line with legislative requirements.

### Staffing and recruitment

- There were enough staff to meet people's needs according to the dependency tool operated by the provider. However, people on one unit told us there were not enough staff and often their staff were relocated when there was a shortage on other units. Their comments were fed back to the management team to investigate further.
- One staff member we spoke with told us they were sometimes short staffed as some of the staff were not always reliable and did not turn up for work. They said this did have a negative impact on the service and this was, "Not good for colleagues or residents. It happened this morning."
- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to ensure people were safeguarded against abuse and the procedure to follow to report any concerns.
- Relatives and people told us they felt safe. One person said, "I feel safe because all the doors are locked, there are staff here all the time and security is tight." A relative said, "I feel he is safe because he's doing a lot better than he was when he was at home. The staff are all so nice, it's good that someone is here to look after him and that someone is here all the time."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. At the last inspection we identified gaps in the fridge temperature recording. There was the odd occasion where these recordings had been omitted, but overall this had improved.
- Staff involved in handling medicines had received recent training around medicines and were assessed as competent to support people with their medicines.
- Concerns had been raised to us during this inspection, by health and social care partners about the inaccurate recording of time specific medicines for conditions such as Parkinson's disease. The service was moving towards using an electronic medicine administration records (MARs) to record when people were supported to take their medicines. This would support the accurate recording of the time people were given their medicines.

Preventing and controlling infection

- We were assured that the provider was promoting safety through their infection control practices and policies. The home was clean and policies were in line with the latest government guidance in relation to COVID-19.
- Hand sanitiser dispensers were not wall mounted and in one location had been removed from the PPE station. PPE was plentiful with stations throughout, but some boxes of gloves were empty. Some staff we spoke with told us this was the responsibility of domestic staff and not theirs when we highlighted some empty areas. This did not have an impact on safety as there were other stations nearby, but we fed this back to the nominated individual to ensure all staff reported any shortfalls.

Learning lessons when things go wrong

- Accidents and incidents were reported by staff and investigated. The frequency and number of incidents recorded indicated there was a reporting culture amongst the staff. Actions and learning from incidents were disseminated into the management and care staff safety huddles, supporting a timely response to concerns.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

### Continuous learning and improving care

- Regular audits were completed to monitor the quality of care provided. However, there were areas of care that required improving and it was not clear that enough actions were taking place to address this to ensure the risk of harm to people was minimised. For example, we found some care plans were not up to date and daily intervention records were not completed consistently to identify that oral care, pad changes and cream application was taking place.
- Staff supervision and training was not up to date. A training needs analysis had not taken place to identify short falls in staff skills and knowledge. The nominated individual told us during our inspection feedback session that they were addressing these issues.
- We saw some people who were cared for in their bedrooms with very little meaningful occupation. This was also noted at our last inspection. There were large gaps in some activity's records, to show when people had been supported with an activity as detailed in their care plans.
- Incidents were recorded onto a central data base which identified risks and assisted in developing plans to eliminate or reduce them.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager at the service. The latest registered manager had left shortly before this inspection and the deputy manager was supporting the service with the assistance of the nominated individual. Staff spoke highly of the support the current management were providing.
- The provider's policies were detailed, up to date and offered clear guidance for staff to follow and were in line with current legislation and best practice.
- The statement of purpose had not been reviewed and was out of date. It is a requirement of registration that statements of purpose are kept under review and the nominated individual agreed to rectify this.

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

- There had been a number of whistle-blowing and complaints at the service which prompted this inspection. We asked the nominated individual to encourage staff to speak with us during this inspection so we could understand their experiences, but no staff contacted us. The provider was seeking to address the concerns of the whistle-blowers and had arranged sessions with staff to discuss their concerns.
- The provider had invested significantly in staff wellbeing providing support sessions for staff using Mental

Health First Aiders and times of reflection to help support staff. One member of staff said, "The support here is mind blowing. They welcomed me with open arms and I felt part of a family."

- Staff we spoke with during the on-site inspection demonstrated shared values and expressed pride and positivity in the organisation and were focussed on improving the experiences of people at the service. Senior leaders were described as visible and approachable.

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

- Senior staff could clearly articulate what Duty of Candour meant and there were examples of incidents where the service had followed the Duty of Candour guidelines and responded in a person-centred way to people and their families.
- The nominated individual understood their regulatory requirements and had submitted statutory notifications to the CQC, to inform us of important events such as accidents, incidents, and safeguarding concerns.

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

- Surveys were carried out to ask people and their relatives for their views on the service so they could continually improve.
- People living on the Garden unit which supported some people of working age, told us they would like to be able to undertake more activities such as cooking. There was no appropriately designed accessible kitchen area to promote this independence.

Working in partnership with others

- The provider worked in partnership with local authorities, Clinical Governance Groups and individual health professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risk assessments and associated care plans relating to the health, safety and welfare of people using services lacked accurate and up to date information. Care intervention records did not accurately reflect the care people had received. This exposed people to the risk of harm and a lack of continuity of care.