

Prime Life Limited

# Seacroft Court Nursing Home

## Inspection report

Seacroft Esplanade  
Skegness  
Lincolnshire  
PE25 3BE

Tel: 01754610372  
Website: [www.prime-life.co.uk](http://www.prime-life.co.uk)

Date of inspection visit:  
21 October 2021

Date of publication:  
03 December 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Seacroft Court Nursing Home is a care home providing personal and nursing care to 32 people at the time of the inspection. The service can support up to 50 people. The service provides accommodation for people on two floors.

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

The provider had quality assurance processes in place. However, there were shortfalls in recording systems, meaning documents were not always accurate. We found no risk to people.

Systems were in place for people to raise complaints. These were dealt with in a timely way. However, systems were not robust enough to ensure effective oversight of complaints.

There were enough staff to meet the needs of people. Staff had sufficient training to meet people's needs. Safe recruitment systems were in place to ensure staff were suitable to work with people.

Effective infection control measures were in place and people and staff were protected from the risk of infections. The provider had systems in place to monitor infection control practices and processes.

Medicines were managed safely. People received their medicines in the prescribed way.

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 inspection for this service (published 12 December 2020) was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Regulation description, e.g. Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had made improvements and the service was no longer in breach of regulation 12. This was a targeted inspection and we did not review entire key questions; therefore, we did not review the rating at this inspection.

The last rating for this service was requires improvement (published 28 November 2020) and there was a breach of regulation 17 Good Governance. The provider completed an action plan 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.

### Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seacroft Court Nursing Home 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?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# 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.

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

The inspection team was made up of two inspectors and an Expert by Experience. 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 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the operation managers, assistant manager, senior care workers, care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files 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 now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems in place to report and record safeguarding's. This was followed by reviewing the outcomes to prevent reoccurrence.
- People and their relatives told us they felt safe. One person told us during the inspection, "I like it here and all the staff, I want to stay." A relative told us, "They are absolutely safe, staff are lovely and brilliant, and they like them."
- Staff had received safeguarding training and demonstrated their knowledge and understanding of safeguarding. Staff knew how to raise a concern regarding people's safety and wellbeing.

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

- Risks to people were effectively managed. Staff understood their responsibility to manage risks to people who use the service. Risks to people's safety were identified, and assessed, with measures in place to mitigate them and ensure people's needs were met. Risk assessments were regularly reviewed.
- People who had specific medical conditions that required specialist support were supported by trained staff. There were detailed care plans in place with clear guidance of how the staff should support the person, alongside a protocol to guide them what they should do if the person required medical intervention.
- Accidents and incidents were recorded and reviewed to identify any themes and trends. Action was then taken by the provider to reduce the risk of reoccurrence.

Staffing and recruitment

- We found the staffing levels were safe. The provider had systems in place to ensure staff had the appropriate skills and knowledge to fulfil their role.
- The provider had enough staff to meet the needs of people in line with their staffing tool. Steps were taken if shortfalls were identified to ensure safe staff levels could be maintained.
- Evidence showed safe recruitment processes were in place, which included checks with the Disclosure and Barring Service (DBS) to show that the staff did not have criminal convictions and references, to ensure they were suitable to work with people.

Using medicines safely

- Medicines were managed safely. However, recording of fridge temperatures in the medicine's rooms were not always maintained. This was identified by the provider to be only when agency staff were on shift. The provider was proactive in addressing this with agency staff and took immediate action to develop a checklist for agency staff to ensure this was completed.
- The provider had effective systems in place to manage risks associated with administration of medicines.

People who required 'as needed' medicines, had detailed protocols in place with guidance for staff to administer safely when required.

#### Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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. 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 the provider had made some improvements and the service was no longer in breach of regulation 17.

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

- At the last inspection we found the provider had failed to ensure action was taken to address shortfalls to drive improvement, the environment was not maintained, and unstable management had led to a lack of oversight. At this inspection we found the provider had developed systems to demonstrate how actions from audits were addressed and who completed these. This included a risk matrix that the senior management team and the home manager reviewed monthly.
- The maintenance and environment of the home had improved. An ongoing plan of works was in place with regular maintenance being completed. Furthermore, the management of the home had stabilised, and the home manager had since registered with the commission. This means they were no longer in breach.
- The provider had quality assurance systems to monitor quality of the service. There were a range of audits in place to monitor the quality of the service people received. These included; auditing of medicines, staff supervisions, environment and care plans. We saw actions had been completed to address any outstanding issues.
- We found some recording issues for example, monitoring of nutritional intake and repositioning was inaccurate at times, however there was no current impact.
- We confirmed staff had sufficient training, however, the providers centrally held records did not reflect where staff did not require training. For example, the training record showed a low compliance level due to including all staff when medicines training was only delivered to nurses and senior staff.
- We found improvements were needed to ensure clear and detailed recording of complaints. Whilst we saw no impact on people and complaints were dealt with, recording issues meant access to documents could potentially limit oversight. Following the inspection, the provider demonstrated they had made improvement to their recording systems.

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

- The registered manager had developed a positive culture with staff, encouraging an open and honest environment. For example, one staff member told us, "The manager is easy to go and talk to. There is no blame game with any issues. They put it across in a nice way." Another staff member told us, "[Name of registered manager] is a good manager. They keep us up to date and we have a meeting every day at 11am with any concerns or updates."
- We had a mixed response from relatives who told us, "Communication in general is not good, things happen but they don't tell me." More positively relatives told us, "The manager is doing shifts as a carer herself. She is very good as a manager and is approachable."
- Systems were in place to gain staff and people feedback. The provider used the information to drive improvement. For example, lack of activities was a continued issue for relatives and people. A room in the service was being developed for people to use for activities, individually or in groups, The provider told us due to COVID-19 restrictions external entertainment could not be sourced, this is now an option and was being sourced with the necessary safety measures in place.

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, staff and visitors. Notice boards were at the entrance and around the service with information about complaints, IPC measures and guidelines, also photographs and names of the staff team who work in the service.
- Records showed staff meetings had taken place regularly. This was an opportunity for staff to raise any concerns or discuss the service. It was clearly detailed any actions and who was responsible for these, giving time frames for completion.
- We observed partnership working to support people's wellbeing with external support coming into the service weekly. This was having a positive impact on people, promoting and encouraging interactions.