

Springfield Healthcare (The Grange) Limited

Seacroft Grange Care Village

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Seacroft Grange Care Village is a care home providing personal and nursing care. At the time of the inspection there were 75 people living at the home. The service can support up to 95 people. The building had six separate communities. Five of the communities accommodated people in a residential setting some of whom had dementia and one community supported people with nursing needs.

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

People told us they felt safe living at Seacroft Grange Care Village. There were systems in place to recognise and respond to any allegations of abuse. Medicines were stored safely and administered as prescribed. Staff were knowledgeable about people's risks and assessments were carried out. There were enough staff deployed to meet people's care and support needs in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Most care plans included people's individual preferences for care and staff knew people's individual needs. However, we found some care plans lacked individualised and accurate information. We recommended the provider reviews all their records to ensure these were accurate. Complaints were managed effectively, and people were satisfied with the actions the home took when concerns were raised. Activities were provided for people to prevent social isolation and people said they enjoyed these.

There were systems in place to ask people, their relatives, and staff for their views on the home. People and staff provided us with positive comments about the management and felt supported. The service had up to date policies and procedures which reflected current legislation and good practice guidance. Audits had been completed with action plans developed to ensure the home remained safe. Trends and themes from incidents were analysed however, actions taken were not always recorded on the monthly analysis. The provider took action to address this immediately.

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 Good (published 1 October 2019).

Why we inspected

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion (effective and caring) were used in calculating the overall rating at this inspection. The overall rating for the service has remained 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 on our website at 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 responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Grange 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

The inspection team was made up of two inspectors, one pharmacist and two Experts 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 Grange 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 deputy manager was managing the home and a new manager had been recruited and starting in June 2021. The nominated individual was also supporting the home during this time. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spoke with ten people about their experience of the care provided and four relatives. We spoke with the nominated individual, improvement lead, deputy manager, two wellbeing staff and four members of staff.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included eight people's care records and four staff files. A variety of records relating to medicines, activities and the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing feedback about the service 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- People's care records contained risk assessments. They included guidance for staff on how to reduce each risk. Staff clearly knew people well and were able to tell us how they would support people to manage any identified risks. One person said, "The hoisting is done OK, they make sure I am covered up and I feel safe."
- Accidents and incidents were recorded and investigated. Lessons learnt from incidents were recorded and actions taken. For example, one person was identified as being at risk of falls during certain times in the day and 1-1 support was put in place during these times to prevent re-occurrence.
- The premises were well maintained. Regular checks of the buildings and the equipment used were carried out to keep people safe. There was an ongoing action plan to address any safety issues within the home.

Using medicines safely

- Medicines were managed safely. Medicines were stored securely and disposed of properly.
- Medicine administration records (MARs) were accurate and contained the relevant information to support safe administration by staff.
- Medicine audits were effective in ensuring medicines were used safely.
- Guidance protocols on the use of medicines to be taken only when required was person centred and up to date.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the home was safe. Comments included, "Knowing the staff are around helps me feel safe" and "The staff are fabulous, and I feel [Name] is safe and protected when I am not around. I won't have [Name] in any other home."
- There were systems in place to help keep people safe and the provider had clear safeguarding policies and procedures.
- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding and knew who to report concerns to and felt confident these would be fully investigated. One staff member said, "It's my duty of care to make sure residents and people in the workplace are taken care of. I would go straight to my manager and report any abuse."

Staffing and recruitment

- There were enough staff deployed to help keep people safe and staff told us there were always enough staff day to day to carry out their roles.
- The provider had recruitment checks in place to ensure staff were suitable to work in a care home. We looked at one file which did not contain a reference from the person's last employer. This was immediately actioned by the provider.

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 not always assured that the provider was using PPE effectively and safely. During our inspection we saw some staff wearing watches and rings which meant they were not following current guidance. We observed one staff member who had not sanitised their hands when required. Staff were on occasions in situations where they did not maintain social distance from each other, and they could have done. For example, all huddled together to get meals from the hot trolley.
- 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.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question was rated good. This meant 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

- Staff were knowledgeable about people's specific needs and knew how to care for people. However, we found some care plans lacked individualised information on how to support people and records were not always accurate. We have addressed this further in the well-led domain.
- People told us they were involved in their care planning and their care plans included preferences for care. People told us they were offered choices and their needs were met by staff. People commented, "I do feel involved in my care. They (staff) go through the plan with me quite regularly" and "Yes, I have a care plan and I feel very much involved. The care is centred around me which is as it should be."
- People were encouraged to have full control of their lives and their preferences met. For example, one person was unable to attend their usual religious services due to the pandemic and had been supported by staff to have a skype call with their Rabi to ensure their religious needs were being met.

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

- People told us they enjoyed the activities offered and one person said, "I like all of the activities really. The exercises keep me physically healthy, and the quizzes and things keep my brain active. The wellbeing staff are trying to sort it out so we can go to a local pool. I have always loved swimming and it would be so good to get back into the water again."
- A range of activities were available for people to reduce social isolation. Some of these included, a 'strollers walking group', a virtual Christmas concert, quizzes with sister homes and virtual fitness activities. There was also a large movable tablet for residents to use which provided games for people to interact with and keep their minds active.
- During the pandemic people were unable to travel and the home created resident passports and for a day each month staff would transform the home into a country and included activities, foods and learning about different countries from across the world. The residents and staff also completed a 5K walk within the home where people volunteered to be part of this challenge as they were unable to undertake their usual activities of walking in the community.
- People from the wellbeing team were employed with different qualities to ensure there was a variety of activities on offer. For example, they recently employed a staff member with a background in fitness for those people wishing to do physical exercises.
- People were supported to maintain relationships with their family and friends. The wellbeing lead told us, each unit had a mobile and one tablet so people could Skype, zoom and whatsapp their loved ones.
- The home also linked with other organisations to develop relationships within the wider community. For example, residents were involved in pen pal letters with another organisation.

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.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support people to communicate.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of the care they received. They felt confident any feedback would be managed effectively. One person said, "If I needed to complain about anything, I would ask for someone from management to come and see me. I think they would listen and sort anything out".
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support

- People's wishes and preferences regarding the end of their life were discussed and recorded. Care plans documented people's preferences. However, we found one care plan which had not included the person's preferences and the deputy manager told us they had arranged a meeting to ensure this care plan was updated.
- Staff were supported by relevant healthcare professionals to make sure people had a pain-free, dignified death.

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 was rated requires improvement. This meant the service management and leadership was inconsistent around the management of records and risk. Leaders and the culture they created supported the delivery of person centred care.

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 time of our inspection there was no registered manager and the deputy manager with support from the nominated individual was supporting the home. The nominated individual told us they had recruited a new manager who was due to start at the beginning of June 2021.
- We found records were not always accurate. For example, one care plan stated staff to use physical interventions when a person presented with behaviours that challenge however, this was incorrect as physical interventions were not used. This was feedback to the deputy manager on inspection and immediately changed. Staff also told us no physical interventions were being used.
- Care plan records did not always include relevant information for example, one person had diabetes however, there was no care plan in place to inform staff of how this should be managed. Another person's care file had not been updated to reflect their current needs. We discussed this with the provider and care plans were immediately updated.
- The home gathered analysis in relation to falls, weights and pressure sores. These identified themes and trends however, the actions taken were not always recorded on the monthly analysis but elsewhere. The nominated individual agreed to include this information to show what action the home had taken in the monthly analysis.
- Audits were carried out, with a rota in place throughout the year to ensure all areas were monitored in the home. We saw action plans were developed following audits to ensure the home remained safe.
- The management team were clear in their responsibilities to act on concerns raised and provided effective responses to complaints.

We recommend the provider review their governance systems to highlight inconsistencies and recording issues to ensure records are up to date and accurate and systems effective.

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

- There was an open and positive culture. Staff told us they felt part of a team and throughout the pandemic have become closer. One staff member said, "The management have been supportive not just by coming and helping out but by making sure we have had access to wellness support. We have all supported one another too and I think as we have come through it all, it has made us a more rounded and closer team."

- People and relatives told us they felt well supported by the staff team. One person said, "The staff know me well. I think they (staff) are wonderful though and I feel very lucky to be living here. I am very happy here."
- Relatives had provided positive feedback about the service and the outcomes it had achieved with people. One relative said, "One member of staff took a lot of time out to teach my mum to use her phone. This was great given the restrictions the pandemic imposed."

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

- Daily huddles were held with staff to ensure they were updated with any new changes within the home.
- Residents living in the home told us communication with staff was good. Surveys were carried out to ask people and their relatives for their views on the service so they could continually improve.
- There was a mental health first aider who provided support to staff when required. The first aider said, "Throughout the pandemic we have supported staff who have struggled." The home acknowledged mental health awareness day and provided gifts to staff to improve their wellbeing.
- The management team acknowledged good practice by staff members and used a monthly award system to ensure their work was recognised.
- Throughout the pandemic people in the home had been kept up to date about changes in guidance and the provider produced easy read road maps for COVID-19 procedures.

Working in partnership with others

- The home had established good working relationships with health professionals and received compliments from visiting professionals. They included positive feedback about working in partnership with the home. One nurse from a specialist clinic had complimented the home on how organised they had been.
- The home sought feedback from people about the activities and continuously looked for new ideas. For example, one of the wellbeing team had been a panellist promoting wellbeing through technology and helped other homes in the area use this in a positive way. The wellbeing team had all completed training in technology to help the home identify apps that would benefit people in the home. The team had recently requested a grant for an adaptable ping pong table and applied to have the Yorkshire dance service come into the home to do creative dancing for residents.