

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Seacroft Grange Care Village is a care home which provides personal and nursing care for up to 95 older people. At the time of the inspection there were 77 people using the service. Accommodation is spread over six units; five of the units accommodated people in a residential setting, some of whom had dementia and one unit supported people with nursing needs.

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

There were systems in place to help keep people safe and risks were assessed appropriately. Risk assessments and care plans were up to date and contained personalised information. Staff were aware of people's risks and how to keep them safe. For example, staff we spoke with knew who was at risk of choking and how to reduce this risk.

Staffing levels were safe. During the inspection, we observed staff around the home and in communal areas. Medicines were administered safely and people's preferences regarding how their medicines were presented to them was documented.

During the inspection we observed staff wearing masks incorrectly. This was raised with the provider during the inspection and was addressed with staff and resolved. Records were up to date and accurate. Care plans were personalised and up to date with people's needs. Care plans and risk assessments were reviewed regularly.

There was an open and positive culture. The registered manager demonstrated a good oversight of the service and areas for ongoing improvement. Audits were completed and action plans were developed following audits to ensure improvement.

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 26 July 2021).

At the last inspection we recommended the provider reviewed their governance systems to highlight inconsistencies and recording issues to ensure records are up to date and accurate. On this inspection we found improvements had been made.

Why we inspected

The inspection was prompted in part due to high notifications received relating to choking. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe sections 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 Grange Care Village on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Health and Social Care Act 2008.

Inspection team

This inspection was conducted by two inspectors, a pharmacist specialist 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 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people using the service and 7 relatives about their experience of the care provided. We spoke with 21 staff members including the registered manager. We looked at 4 care records and 9 medicine records. We looked at 3 staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and service improvement plans.

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

- Risks were assessed appropriately. The service had measures in place to manage risk associated with choking, mobility and skin integrity. Risk assessments and care plans were up to date and contained personalised information for staff to manage risks to people's health and wellbeing.
- People who were at risk of choking received the appropriate support. Staff were aware of people who were at risk of choking and how to keep them safe.
- Accidents and incidents were recorded and investigated. Lessons learnt from incidents were recorded and shared with staff.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Relatives told us their family members were safe. One relative said, "Yes I think [family member] is safe."
- Staff understood their responsibility in the safeguarding process. Staff were appropriately trained and able to identify people at risk of harm and what they could do to protect them.
- There were systems in place to help keep people safe and the provider had up to date safeguarding policies and procedures.

Staffing and recruitment

- The provider had recruitment checks in place to ensure staff were suitable to work in a care home.
- Staffing levels were safe. The provider used a dependency tool to calculate staffing levels and staffing rotas indicated staffing levels were always above minimum. During the inspection we observed good staff presence during mealtimes, this meant people who were at risk of choking were observed whilst they were eating.

- Staff were recruited safely. The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. Staff received an induction and regular supervision.

Using medicines safely

- Medicines were administered safely. Medicine audits demonstrated staff followed the policy and kept people safe from the harmful effects of medicines.
- Guidelines for staff about the administration of medicines prescribed 'when required' were kept on the person's eMAR. The effectiveness of the medicine was recorded.

Preventing and controlling infection

- We were somewhat assured the provider was using PPE effectively and safely. During the inspection we observed staff wearing masks incorrectly. This was raised with the provider during the inspection and this was addressed with staff and resolved.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was taking steps to effectively prevent and manage infection outbreaks.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; 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 recommended the provider reviewed their governance systems to highlight inconsistencies and recording issues to ensure records are up to date and accurate. On this inspection we found improvements had been made.

- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement.
- Records were up to date and accurate. Care plans were personalised and up to date with people's needs. Care plans and risk assessments were reviewed regularly.
- There was a registered manager in post. The registered manager demonstrated a good oversight of the service and areas for ongoing improvement. The registered manager understood the importance of the duty of candour.
- Audits were carried out on a periodic basis. We saw action plans were developed following audits to ensure improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open and positive culture. Staff told us they felt part of a team, one staff member said, "I'm very proud to be a part of the home."
- The feedback about management was positive. Staff told us they could raise issues and management was visible around the home. One staff member said, "The manager is approachable. Yes, things are getting better."
- The provider engaged with staff. There were regular meetings to keep staff up to date, staff told us they were encouraged to participate.

Working in partnership with others

- Feedback from external healthcare professionals was positive. Stakeholders reported the Provider communicated in an effective and timely manner.

- The provider worked with other professionals to meet the needs of people using the service. Peoples records evidenced involvement from various external healthcare professionals.