

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Seacroft Grange Care Village is a residential and nursing care home providing personal and nursing care to 86 people at the time of the inspection. The service can support up to 95 people.

The care home was split into six separate units or 'communities' for residential, dementia, nursing and working age adults.

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

People were supported to engage in a wide variety of activities which matched their interest and preferences, and wellbeing staff engaged in innovative projects with local organisations to ensure people's wellbeing was monitored and improved. There were extensive links with the local community to ensure people were not socially isolated.

People said there were enough staff to meet their needs. Staff recruitment processes were robust, with sufficient background checks.

People received their medicines as prescribed. Staff received training and competency checks before administering medicines. Documentation, ordering and storage arrangements were appropriate.

The environment was clean and well maintained. Staff received training in preventing and controlling infection. The environment was designed to meet people's needs.

Staff received the proper training and support to meet people's needs. There was ongoing support through supervisions, one to one's and spot checks.

People's physical health and nutritional intake were monitored and recorded by staff. Where appropriate, staff supported people to access external health and social care agencies to ensure they were able to maintain a healthy lifestyle. People's food choices and needs were taken into account and supported.

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.

People and their relatives said staff were kind, caring and compassionate. People's diverse needs were taken into account and people were supported to have their needs met.

Staff understood how to protect and promote people's privacy and dignity. People we spoke with said they were supported to maintain their independence, and have choice over their care.

People, their relatives and staff said the manager was open and supportive. The provider engaged with people, their relatives and staff to gather feedback on how the service was performing and make improvements.

There were a range of quality assurance checks and processes in place to monitor the service's performance and make improvements. There were action plans where issues were found and they were followed up. There were regular staff meetings to ensure communication was positive and issues were identified and resolved in a timely way.

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 requires improvement (published 20 July 2018).

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.

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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.

Inspection team

The inspection was carried out by an adult social care inspector.

Service and service type

Seacroft Grange Care Village 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.

The service did not have 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 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with fifteen members of staff including the regional manager, manager, HR lead, head of estates and facilities, senior care workers, nurses, care workers and the chef. We also spoke with five volunteers and a visiting health professional. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

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.

Using medicines safely

At our last inspection the provider had failed to ensure medicines records and systems were sufficiently robust. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines on time and as prescribed. Comments included, "I could never ever self medicate. Staff ensure I get my medicines on time" and "I know what medicines I should have and am aware of what I'm being given, I make a point of being there to make sure I'm getting the right tablets at the right time. No problem there."
- Systems and processes around medicines management had improved since the last inspection. A pharmacy technician had been working closely with senior staff to make improvements to practice.
- We reviewed systems, processes and documentation for the storage, administration and safe disposal of medicines. We found they were safe.
- Staff received competency checks in line with best practice to ensure they had the skills to administer medicines safely.
- Staff said they felt support from the pharmacy technician had improved their confidence in managing medicines. One senior member of staff said, "[Staff name] is brilliant, any support you want at all they are there straight away, they have the answers. I feel the issues with medicines have been resolved"

Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse.
- Staff were able to describe how they would escalate potentially harmful behaviour to ensure it was appropriately investigated.
- Staff were aware of how to raise concerns anonymously through the service's whistleblowing process. One senior staff member said, "Staff come to me for safeguarding, they know who to report to. There is a whistleblowing line, it's all in the reception with information on complaints."

Assessing risk, safety monitoring and management

- There were appropriate risk assessments in place which were individualised for people using the service. These included falls, nutrition, choking and risks around people's weight. Risks to people's safety were

monitored regularly.

- There were regular health and safety checks and inspections to make sure the environment was safe and equipment used was regularly serviced. Checks ranged from five year electrical safety certificates to daily window restrictor checks.
- There were bespoke fire safety assessments and drills which used an accredited external provider. For example during the inspection there was a drill conducted using a smoke machine to enhance the learning experience.

Staffing and recruitment

- People and staff told us that overall there were enough staff to meet people's needs.
- Staff comments included: "At the moment I will say two, three years ago staffing was low, now it is brilliant we always have enough staff. Made sure residents could get regular staff", "Staffing at the moment is good. Its steady, we are not short. I get on with all my colleagues."
- People's and relative's comments included: "Staffing levels, [person] needs two people, sometimes you have to wait a little while, but we understand. If we needed them urgently they would be there urgently", "Staffing levels appear to be enough. There always seem to be plenty".
- We reviewed recruitment processes and found they were safe and included relevant background checks.

Preventing and controlling infection

- The environment was clean and tidy, with no malodours observed.
- Staff had access to personal protective equipment and had been trained in preventing and controlling infection
- Domestic staff were involved in daily 'huddles' so they could share issues with the manager and react to information from different staff across the service.
- There were external and internal infection control audits. One member of housekeeping staff said, "They do infection control audits from the NHS. We get an action plan from that, we will do one in house as well". We reviewed the audits and found actions were carried out.

Learning lessons when things go wrong

- Incidents and accidents were reported and investigated appropriately, with lessons shared either with individual staff or in group supervisions.

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 good. At this inspection this key question has remained the same add rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed appropriately before using the service. This included recording information about their personal history and important social network as well as professional network and medical needs.
- One relative said, "They asked about what [Name] liked and didn't like, we wrote in the care plan about their life history, their job so when the staff first got to know them they had something to work on."

Staff support: induction, training, skills and experience

- Staff we spoke with said they received the right level of training and support to meet people's needs. People and their relatives said staff had the right training to meet their needs.
- Staff comments included, "We get random spot checks and things as well. They make sure everything required is in place. I did night shifts, they were there doing spot checks on night shifts as well", "I passed my probation, and have done the care certificate. There is good support from staff they helped me as well as seniors and managers, when I wasn't sure what to do they'd show me straight away. I get regular one to one's, supervisions stuff like that."
- We reviewed staff personnel files and found staff received regular recorded supervisions, one to one conversations and had received unannounced 'spot checks' to ensure their practice was in line with expected standards.
- People and relatives said staff were well trained to meet people's needs.
- One relative was invited to attend training, they said "I attended some of the training, I asked if I could attend so I could know what it was I was impressed with what they said and how much they already knew and could respond in terms of questions asked. It was reassuring."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. People we spoke with said they enjoyed the food on offer.
- There were a range of drinks and snacks available. One person told us how they were able to access a kitchenette area and make drinks of their choice. During the inspection the weather was warm, and people were provided with ice lollies and cool drinks to ensure they were cool and hydrated.
- Care plans recorded people's preferences and allergies, as well as important information such as whether the person was a choking risk and what steps staff had to follow to reduce the risk (for example a fork mashable diet or drink thickeners).
- There were audits undertaken by the management team to ensure the mealtime experience was efficient and people enjoyed the food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care agencies to provide effective care. We spoke with a GP who conducted weekly 'ward round' visits where they could discuss people's changing needs.
- A visiting health professional gave positive feedback about the service. They said, "Medicines and general health no concerns, they are performing well."
- Care plans contained detailed records of health and social care interactions with actions where relevant for staff to follow advice given.
- Care plans also contained relevant correspondence from health and social care agencies as well as information packs from the NHS where people had specialised equipment or a particular condition such as Parkinson's disease.

Adapting service, design, decoration to meet people's needs

- The building was designed specifically as a care home to meet people's needs.
- The home was pleasantly decorated with age appropriate designs and décor.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed in line with best practice guidelines. Assessments were made in consultation with relevant stakeholders and were written for specific, as opposed to generalised decisions.
- We reviewed best interests meeting for a range of MCA relevant decisions, such as the impact of a bed rail and whether this was the least restrictive option for the person, in line with best practice guidance.
- Where necessary, DoLS were applied for and tracked appropriately.

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.

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 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 and relatives said staff were kind, caring and respectful. Comments included: "Staff are brilliant. They treat me like a friend. I would say I'm more like a friend than a resident", "Staff are all pleasant friendly", "I think they are very helpful and kind. Nothing is too much trouble", "Staff are lovely. Always kind and compassionate. Trying to get to know what [Name] likes and doesn't like."
- We spoke with two visiting faith leaders who said staff respected people's individual religious and cultural beliefs. One visitor said, "My experience is people's beliefs are respected. I feel welcome here. Many of the staff I know by name."
- Care plans contained information about people's diverse needs such as religious practice, cultural considerations or sexuality and how they wanted staff to support them.
- The provider had a robust policy and there was training which had recently been introduced for ensuring people who identified as LGBT+ were protected by staff to compliment the provider's own equality and diversity training.

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

- People were supported to express their views. One person said, "I feel listened to and involved in my care. They are all really friendly here. If there was something needed dealing with they would do it."
- People and their relatives said they were included in decision making about their care. One person said, "My daughter and son look after my affairs. They have power of attorney. But staff don't make me do anything I wouldn't want to do".
- There was information available on how to access an advocate (someone who helps vulnerable people make important decisions about their care).

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected their privacy and dignity and helped them to lead independent lives as much as possible. One person said, "Oh yes, they are all respectful of my privacy and dignity".
- Staff were able to describe how they would promote people's privacy and dignity. One staff member said, "First of all I ask, would you like a shower or a full body wash, make sure they are covered up. Take them into the shower room if they need the toilet first, assist them into the shower chair make sure they are covered up with a towel, get the water to temperature, I tell them what I am doing, talk them through it as some get frightened. If you aren't interacting they won't know."
- People and their relatives said staff respected and promoted people's independence. One person we spoke with said, "I can be very independent. I make my own breakfast. They let me do what I can for myself,

and I'd like to let them try and stop me!". A relative said, "Because [Name] has a lot of personal care the carer goes in and explains we have to do this and this are you alright with this? [The carer] always asks for consent".

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 good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Dedicated staff ensured people avoided social isolation, followed their interests and took part in activities that were socially and culturally relevant to them. Activities and wellbeing staff sought out current and relevant research and how this would enhance people's lives.
- Activities staff were supported by the provider to help integrate the service into the local community, for example they sat on the board of local community groups so that people's interests would be represented when planning local events such as fireworks nights or the local gala.
- People and relatives spoke positively of the activities provision in the service. Comments included: "What kind of place has a cinema, activities all the way through the week, a choir, someone bringing in animals, you can't beat this place. We are going to the pub, we are friends with people in the care home across the road. Even going to the supermarket, I am friends with the people there", "I think it's really good. The head of activities asks what [Name] likes and doesn't like, she knows if there's something on and we aren't here whether he would like it. He couldn't play ping pong this week but she knows he would like other things. He won't be sat bored", "They invite mum. She loves the activities, likes being around people. Many a time seen the displays about activities around", "There are plenty of opportunities for dad, they don't just leave him in his room. They try, but they are also respectful if he says no". Re earlier comments re gender
- The service was working with the University of Leeds alongside another service because of efforts made by activities and wellbeing staff. The aim of the study was to create a platform for evidence-based solutions to issues that mattered for people living in care homes and to enhance and promote long term care.
- The activities and wellbeing coordinator had undertaken dementia mapping training and training in dementia and design. The activities and wellbeing lead used this to support a project facilitated by a dance charity which wanted to look at dementia mapping's effectiveness in evidencing the impact of creative sessions on people living with a dementia.
- During the inspection we saw a ping-pong contest held between the service and its neighbour (which was also owned by the provider). This was facilitated by a volunteer from a charitable organisation. People were visibly engaged by the activity which was open to people of all abilities. People said they really enjoyed the activity. The volunteer said, "Staff are really engaged, they want to give people opportunities to do unusual things. Staff are terrific. Table Tennis England (the governing body for the sport) commissioned a video here of the regular activities we do here". We saw a publication from Table Tennis England which featured Seacroft Grange Care Village prominently in its '#PowerofPing' project.
- We spoke with a volunteer from the local library who had been invited to provide regular reminiscence reading sessions. They said, "[Staff Name] is really proactive, I've been working with them for three year's now and they always have loads of ideas. It's nice to know when I come here the outcome for people will be

good."

- We spoke to a volunteer from a local charity which used dance to support older people. They said, "[Staff name] is very passionate, and all staff really know people's histories. They know what music people like, so we use that with them in one to one sessions for the most isolated people".
- A visiting religious minister said, "[Staff Name] asked me to provide them with information about our beliefs so they are aware when it comes to activities if it wouldn't be right to involve them for religious reasons".
- We saw one person's 'dreams' were to see a football match and to have a holiday by the seaside. Staff worked with the local football club's foundation to make the necessary arrangements for this to happen, and had organised a trip to the seaside at their favourite destination.
- Other examples of community links which had been used to ensure people were supported to avoid social isolation and take part in relevant activities included protected time at the local pub, visits from the Royal British Legion, local school children, fire services, girl guides, Leeds Football Club foundation, animal visits and an arrangement with a local ice cream man to provide an opportunity for people to buy their own ice creams in hot weather.
- The service hosted a community dementia café open to members of the public in the service's bistro.

End of life care and support

- Staff supported people receiving care at the end of their lives in a way that inclusive of their wishes and in partnership with relevant health and social care agencies. One staff member said, "We are working with district nurses who are overseeing palliative care, on my community we see them twice daily. The pharmacy technician is there to oversee us. If I had any questions we all have access to the information. Care plans will be very specific. One person on end of life care has a specific advanced care plan, we have to go with their wishes".
- People were encouraged to discuss their end of life wishes in their care plans. This included what they wanted to happen during and after the end of their lives.
- We reviewed an end of life care plan where the person had made clear their religious and cultural preferences, as well as music they wanted played when they were unable to make decisions for themselves. We saw during the inspection that staff had respected these wishes and ensured they were carried out.
- The service provided information and signposting for relatives on bereavement counselling options, as well as providing training for staff on how to support relatives as well as people receiving care.
- When someone did pass away, there was an opportunity for staff to be supported as well in an informal setting with colleagues and peers over coffee. The Bistro served cake which was a former staff member's favourite cake.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Care plans contained high levels of person-centred information on their needs and preferences. Care plans emphasised giving people choice in their daily routines, for example one care plan read '[Name] can choose what he would like, and his portion size'.
- Care plans contained information on people's hobbies and interests, and activities and wellbeing staff used this information to include people in relevant activities and events.
- Care plans referenced variable levels of ability and guided staff to judge which level of support was appropriate, for example in mobility or nutrition.
- Care plans were reviewed regularly or in response to a change in need (such as end of life or change in mobility).

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.

- There were clear guidelines for staff on how to meet people's communication needs, taking into account their physical abilities as well as their preferred manner of communication. One care plan read 'When talking to [Name], if they close their eyes they do not want to listen any more and for you to stop. Please respect this'. Other prompts included, 'verbal communication is variable dependent on mood', 'Use closed questions, body language, and give [Name] time to respond'.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with said they knew how to raise a complaint and were confident their concerns would be listened to and resolved. One relative we spoke with said, "The communication has improved beyond recognition. Knowing I can flag any issues gives me comfort".
- We reviewed complaints received and found they were responded to in line with the service's complaints policies and procedures.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff we spoke with said the manager was approachable and supportive. Comments included, "The support has been amazing, I can't thank [management] enough", "I can always go to the manager with any concerns. I always feel the door is open and they will listen", "I think the manager has been good and positive. They are always at the end of the phone, they do regular visits and walkarounds on the communities. She is responsive to concerns."
- People and their relatives said the manager was approachable. Comments included, "I think the manager is doing a brilliant job. I can see they have a relationship with staff and people. They attend meetings listens and has good rapport with everyone",

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found governance systems were not effectively identifying and addressing shortfalls in medicines management. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service's manager was not registered with the commission, however they were in process of doing so.
- There were a range of quality assurance processes and procedures in place to monitor, analyse and improve the quality of service delivered. There were regular reports on key areas of performance such as falls, infections and incidents. They were analysed with clear actions taken and followed up.
- The manager understood their role and responsibility with regard to their regulatory requirements. The manager sent appropriate notifications to CQC in line with their regulatory requirements.

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

- There were regular surveys and questionnaires sent to people and their relatives to gather feedback about the service's performance.
- These included surveys on how well people's privacy and dignity were respected, and surveys on how the

laundry team were doing. We saw evidence people's feedback was followed up. One relative said, "There are always meetings and questionnaires, we have no complaints".

- The manager also gathered feedback from staff, and there were regular staff meetings. One member of staff said, "We have staff meetings, and I've just done the annual survey. I did a survey a while ago and in response I got a letter from them offering me the training I thought I needed".
- There were daily 'huddles' with staff from all departments. At these meetings the manager was able to discuss issues they had found and wanted staff to be aware of, and staff were able to bring issues to their colleagues and the manager which were discussed and solutions offered. We observed a huddle as well as reviewed previous meeting minutes and found staff communication was positive and there was effective cross-departmental working. For example, maintenance staff were made aware of a person on an end of life care plan and were able to adapt their work accordingly, and all staff were made aware of activities taking place.

Working in partnership with others

- The provider and manager had ensured the service continued to have strong links with the local community. This included local libraries and events organisations to provide activities for people as well as opening their doors to the local community with open days and coffee mornings.
- Staff worked with local GP's, the local authority and district nurses to ensure people had the right care and support from the wider health and social care network.

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

- There was a duty of candour policy and procedure in place.
- Where something had gone wrong, people and their loved ones were informed as required.