

Regal Healthcare Properties Limited

# Spring Lodge

## Inspection report

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## 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

Spring Lodge is a residential care home providing personal care to 31 people at the time of the inspection. The service provides support to older people, some of whom may be living with dementia. The service is registered to support up to 46 people in one adapted building.

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

People were not consistently protected from the risk of harm. Our observations showed that not all people were consistently safe when using equipment to transfer them or transport them. People's health was not adequately monitored. We have made a requirement relating to the safe care and treatment of people.

The service was not consistently well led. There had been ongoing changes in management in the service. There was no registered manager. We have made recommendation to the provider around best practice regarding recruitment.

A programme of audits and monitoring supported the provider and management to identify shortfalls and address them. The comments received from people, relatives and staff and analysis of incidents were used to drive improvement.

There were systems in place designed to reduce the risk of abuse. There were systems in place to provide people with their medicines safely. There were ongoing improvements being made in the staffing levels, including recruiting new staff. Vacancies and the use of agency staff had reduced. There were enough staff on duty to meet people's needs.

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

The service had kept up to date with guidance relating to the coronavirus pandemic, ensuring systems were in place to reduce the risks to people.

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

The last rating for this service was requires improvement (published 11 September 2021).

### Why we inspected

The inspection was prompted in part due to information we had received relating to people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The overall rating for the service has remained requires improvement. 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 Spring Lodge 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** ●

# Spring Lodge

## 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 was undertaken by two inspectors.

#### Service and service type

Spring Lodge 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 did not have a manager registered with the Care Quality Commission. Registered managers 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 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 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 visited the service on 18 October 2022. We spoke with five people who used the service, one visitor, two health care professionals and seven staff members, including the deputy manager, housekeeping and maintenance. We observed the interactions between staff and people and reviewed records which related to care planning, assessing risk, quality monitoring, staff recruitment and health and safety and equipment checks. We undertook a tour of the building to check it was clean and hygienic.

Following our visit, we received feedback via the telephone or electronically from five people's relatives and five staff members.

# 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 remains 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

- People were placed at risk of potential harm. We observed that a person was transported in a wheelchair without a lap belt. When this was brought to the attention of staff they believed this would be restraint. We had to explain that lap belts come as standard to be used when transporting a person for their safety. This would prevent a person falling or being tipped from a moving wheelchair.
- We also saw that a sling used on a hoist to transfer a person had a washed-out label. It was impossible to identify the size of the sling. There was no name on the sling to identify who it belonged to. We examined the risk assessment and care plan of the person who had used the sling. It stated that the person required a medium sized sling, but the assessment was not linked to any change in weight.
- The care records stated the sling had been checked 3 times that month for any signs of wear and tear and was safe for use. But given the sling in use could not be identified means the current system is somewhat flawed. The one tag on the sling in use stated, 'next inspection due' and Dec 2021 was marked. There was no correct labelling of the size or the owner of the sling in use. Therefore, we were not assured that systems in place to safely transfer people using specialist equipment were safe.
- The district nurse was visiting to administer medicine to a person. They found the person so unwell they instructed care staff to call an ambulance. Staff were aware the person was not well, but had failed to monitor the person's condition and check their vital signs (Though equipment was on the premises to do so) Vital signs such as temperature and oxygen saturation were routine during COVID 19 pandemic and equipment had been supplied to staff.  
This is a breach of Regulation 12; Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection, the provider was already in the process of reviewing specialist equipment, such as people's slings. We were told that it was the intention for people to have 2 named slings to enable laundering. We were assured this action would reduce the risks to people receiving unsafe care, but this had not been fully implemented.
- The environment was regularly checked to reduce the risks to people. We observed that parts of the wooden decking had lifted and was a trip hazard. These areas had been sectioned off to protect people.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to reduce the risks of abuse.
- Staff had been provided with training in safeguarding and understood their responsibilities in reporting concerns. One staff member told us, "I'm aware of safeguarding and I would be more than comfortable to whistle blow, if need be, and I would also know who and how to do it." Whistleblowing is the term used

when a worker provides information to their employer or a prescribed person relating to wrongdoing.

- Safeguarding concerns were reported to the appropriate professionals and measures put in place to reduce future incidents.

#### Staffing and recruitment

- At our last inspection agency staff were used to fill staff shortages. Permanent staff had been successfully recruited and live in agency had reduced from 4 staff down to 1.
- The service used a tool to calculate the staffing numbers needed to meet the dependency needs of the people using the service. People told us when they needed assistance staff were available to support them.
- Staff were recruited safely, this included checks to reduce the risks of staff being employed who were not suitable to work in this type of service. However, one staff member did not have independent references taken up. They had one testimonial that had been supplied by a family member.

We recommend the provider follows best practice around recruitment checks, to ensure they have the necessary information about applicants.

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.

#### Using medicines safely

- There were systems in place to provide people with their medicines when they needed them, safe storage, ordering and disposing of medicines safely.
- The service's monitoring processes, supported the management team to identify shortfalls and put systems in place to reduce risks to people.
- One such shortfall that was found related to, 'as and when required' medicines, sometimes called PRN. These had written protocols that were in the process of being reviewed. This would ensure tight clear instructions that had the agreement of the prescriber. We were assured this action would reduce the risks to people relating to medicines but was not yet fully implemented.
- Staff responsible for supporting people with their medicines had been trained to do this safely and their competency was checked. A relative told us, "The appropriate member of staff comes around with a trolley and we have seen them reading from a sheet and checking before dispensing medicines."

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- 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 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 accessing testing for people using the service and staff.



- 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.

#### Learning lessons when things go wrong

- There were systems in place to learn lessons and use them to drive improvement, for example when complaints and concerns had been received.
- Falls and incidents were analysed, and measures put in place to reduce future incidents.

# 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 remains 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We had previously reported that there had been ongoing changes in management at Spring Lodge. This had continued to be the case. The service was without a registered manager. The deputy manager currently in post was once again acting as manager. There were senior managers within the organisation present and supporting the service.
- The lack of consistent management had gone on for some time. Managers were recruited, but did not stay any length of time. Feedback from relatives was mixed. But most relatives stated that communication needed to improve. One relative said, "The current deputy manager is very good but the high turnover of managers means we feel we miss out... a good manager would make the world of difference."
- A consistent registered manager, who knew people well, would have mitigated the risks we have found in relation to moving and handling equipment and monitoring health.
- Staff feedback was positive in relation to morale and receiving ongoing support and supervision. One staff member said, "I feel like we have a really good team as Spring Lodge at the moment and work together to support the residents."
- The staff spoke about people in a caring way and we received feedback from relatives and people using the service about how the permanent staff treated people with kindness. Relatives had noted and were pleased there were less agency staff. Commenting that permanent staff knew their relatives well and could update them as needed, but agency staff were unable to offer consistency and 'appeared to go through the motions.' All of the relatives spoken with said they felt their family members were happy living in the service, this was confirmed by the people who used the service we spoke with.
- Previous shortfalls in recording relating to care plans had been picked up in the provider's own monitoring systems and had been addressed.

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

- The provider had a policy and procedure relating to the duty of candour.
- Records relating to managing complaints showed the duty of candour procedure was used where required. These were responded to openly, apologising where appropriate and willing to learn from events. The majority of relatives told us they were being kept updated with any concerns relating to their family members.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to ensure staff received regular updates in their training. One staff member said, "We have regular online training and have very recently had other in house training such as pressure sore prevention and barrier creams."

During our visit we met and spoke to 2 unrelated healthcare professionals who were visiting. One said they could see improvements had been made over the time they had been visiting the other said, "Management are willing to take on recommendations. Staff have taken on what I said on my last visit and have acted."

- A programme of auditing and monitoring supported the provider and management team to identify shortfalls and act to reduce identified risks.
- Complaints, concerns, incidents and accidents were addressed and analysed, and systems put in place to reduce them reoccurring.

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  People were not in consistent receipt of safe care and treatment.