

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 and nursing care to 35 people at the time of the inspection, some of these people were 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's care records, including care plans and risk assessments did not always provide guidance for staff in reducing risks and the specific care people required to meet their needs. This was in the process of being addressed but was not yet fully implemented.

Whilst there were improvements needed in the assessment of risk in people's daily living, risks associated with the environment and equipment being used were assessed and mitigated. There were systems in place designed to reduce the risk of abuse.

There had been changes in management in the service. A new manager was in post and was making improvements in the service. 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 to provide people with their medicines safely. There were ongoing improvements being made in the staffing levels, including recruiting new staff. Vacancies were being covered by agency staff to ensure there were enough staff on duty to meet people's needs. Staff were recruited safely.

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

Rating at last inspection

The last rating for this service was good (published 22 November 2017).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and safe 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 changed from good to 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.

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 one inspector.

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. There was a manager in post who was in the process of completing their application to be registered manager.

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 4 August 2021. We spoke with five people who used the service, one visitor and three staff members, including the manager and senior care staff. We observed the interactions between staff and people and reviewed records which related to health and safety and equipment checks. We undertook a tour of the building to check it was clean and hygienic.

Following our visit, we reviewed records remotely, these included the care plans, risk assessments and medication records for four people who used the service. We reviewed sections of another four people's care plans, and records including recruitment, training, policies and procedures and records relating to the governance of the service including audits. We received feedback via the telephone or electronically from seven people's relatives and six staff members.

We fed back our findings to the manager, the director of compliance and the operations manager on 19 August 2021.

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 now deteriorated to 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's risk assessments did not always provide enough guidance to staff in how to reduce the risks to people in their daily living. Some records did not include the most up to date information and there were inconsistencies. For example, where there was a risk of choking and the support a person required with repositioning to reduce the risk of pressure ulcers.
- At the time of our inspection, the manager was already in the process of reviewing and updating people's risk assessments following shortfalls being picked up in the provider's monitoring processes. We were assured this action was reducing the risks to people receiving unsafe care, but was not yet fully implemented.
- The environment and equipment used was regularly checked to reduce the risks to people. This included mobility equipment and fire safety.

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

Staffing and recruitment

- Prior to our inspection we had received concerns about the staffing levels in the service. During our inspection we found any staffing shortfalls were being addressed with the use of agency staff and permanent staff were being recruited.
- 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.

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.

- A new system had been introduced to improve the recording when people had received their medicines in the form of creams and lotions.
- Staff responsible for supporting people with their medicines had been trained to do this safely and their competency was checked.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. The service changed the way PPE was stored to reduce the risks to people accessing them.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified a bathroom which required cleaning, this was addressed immediately. Improved systems in the cleaning practices in the service had been introduced.
- 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 good. At this inspection this key question has now deteriorated to 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.

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

- People's care plans did not always provide guidance for staff in how to meet their needs effectively and safely. The records reviewed included inconsistencies and people's conditions were not always fully explained, for example the signs and indicators of people's anxiety and distress, how people's conditions affect them, and the areas of care people could attend to independently.
- Some recording was written in a negative way when describing people's wellbeing. For example, for one person, their weekly report used language such as, "Disruptive," "Usual behaviours," and "Challenging."
- Shortfalls in recording had been picked up in the provider's own monitoring systems and the manager was in the process of reviewing and updating care records to ensure the care people received was appropriately recorded including guidance for staff in how to meet these needs. However, this was not yet fully implemented and embedded in practice.
- To support these improvements, further training and support was being provided to staff relating to positive behaviour support and dementia awareness.

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 showed the duty of candour policy and procedure was used where required. The majority of relatives told us they were being kept updated with any concerns relating to their family members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had recently been several changes in the management of the service. We had received some concerns prior to our inspection and in feedback from relatives about the previous management. The provider had taken action and there was a new manager in post, since the 5 July 2021.
- We received positive feedback from both staff and people's relatives about the new manager. Staff told us the manager was approachable and had started putting improvements in place in the service.
- The manager understood their responsibilities in managing a service and told us about how they were implementing improvements, such as in staff training and support, care planning and cleaning schedules. They showed us documentation which confirmed what they had told us.
- Staff told us they were happy working in the service and were committed to providing people with good

care. The staff spoke about people in a caring way and we received feedback from relatives and people using the service about how the staff treated people with kindness. 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.

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

- People, staff and relatives were asked for their views about the service in quality assurance surveys. We saw the results from the last survey in October 2020, which included actions taken as a result of comments received.
- The manager had held staff meetings, one of which for senior staff we observed during our visit. We observed and saw records which showed the manager was speaking with staff about their expectations and improvements being made.
- The manager had invited people's relatives to a cheese and wine evening following our visit, to introduce themselves and give them an opportunity to raise any concerns or discuss the service.

Continuous learning and improving care

- The staff training records showed training was kept updated, with dates for updated training being flagged.
- 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. Some relatives told us they felt their concerns had not been addressed by previous management and hoping the new manager would take action.

Working in partnership with others

- The manager told us the service had positive relationships with other professionals involved in people's care.
- Records showed where there were concerns about people's wellbeing, referrals were made to other health and social care professionals to reduce risks. This included dieticians and the GP.