

Care Expertise Group Limited

Spring Lake

Inspection report

17 Forty Lane
Wembley
Middlesex
HA9 9EU

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Spring Lake is a residential care home providing care to nine people with learning disabilities at the time of our inspection. The service can support up to 11 people.

Summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The service did not fully demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

People were not supported to have the maximum possible choice, control, independence and have control over their own lives. Whilst we saw features of positive support, including choice, participation, and inclusion, these were not consistent.

Right care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The provider had enough appropriately skilled staff. Staff understood people's individual communication needs.

Right culture:

Whilst people and those important to them, including advocates, were involved in planning their care, people did not lead fully inclusive and empowered lives. Reasonable adjustments were required to meet people's needs, more so for those with sensory sensitivities. The provider did not have effective strategies to help people predict, understand and control their environment effectively.

We have made two recommendations for an enabling environment for autistic people and person-centred approaches.

There were no effective risk assessments for people at risk of scalding. During the inspection we found some shower outlets discharged water hotter than safe temperatures.

The incident investigation process was not adequate. We noted underlying and organisational factors were

not considered. We judged there were limited opportunities for organisational learning because there was a focus on individual errors, as opposed to root causes.

People were not always supported to have maximum choice and control of their lives and the provider did not always assist them in the least restrictive way possible.

People's medicines were safely stored and well recorded. There were protocols for medicines prescribed 'as required' (PRN) in relation to reduction of behaviours and anxieties. The provider took immediate action to correct a gap in the management of PRN medicines. The provider must continue to manage these arrangements.

Staff received regular supervision. Staff training records showed they had completed mandatory training.

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 on 4 July 2018)

Why we inspected

We received concerns in relation to the management of risk relating to hot water. A decision was made for us to inspect and examine those risks.

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 overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Spring Lake on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in regulation in relation to safe care and treatment, unnecessary or disproportionate restraint and good governance. Please see the action we have told the provider to take at the end of this report.

At the time of the inspection the service had enlisted input from a party contractor, and we noted an improvement plan had been developed which broadly mapped ways to address identified risks. The provider must invest sufficiently in the service to deliver improvements required in the water system. Our

inspection of the provider in 2018 identified faults with the water system.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow-up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Spring Lake

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.

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 carried out by one inspector.

Service and service type

Spring Lake London 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 had 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 announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

All people who lived at Spring Lake had learning disabilities and other complex needs. They were unable to communicate with us in a way which we always understood. We spent considerable time observing care to help us understand their experience of people. We also spoke with two healthcare professionals and completed various observations throughout our inspection. We spoke with the registered manager, service manager, the deputy manager and five members of staff. We also contacted the local safeguarding team. We reviewed six care records of people using the service, obtained information about safe recruitment practices, audits and other records about the management of the service, including policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed 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 were at risk of scalding from hot water, but there were no effective risk assessments in place. As a result, there were no effective measures to reduce risk.
- Water was delivered to shower outlets at more than safe temperatures. The provider's guidance instructed staff that temperature must not exceed 43°C. However, we found three shower outlets discharged water hotter than 43 °C. This included an outlet of a recent incident of scalding, which discharged water at 56°C.
- Showers were unsafe. The provider was aware they were prone to temperature fluctuations, which meant showers could not prevent unsafe hot water temperatures at all times. The registered manager told us, control measures such as thermostatic mixing valves (TMVs) could not be fitted.
- Controls to manage the risk from hot water such as TMVs were not adequately maintained. There were no maintenance schedules or regular servicing to ensure they were maintained in a safe working order.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as premises were still not safe.

- Risks relating to burns from radiators were reduced because they were covered which ensured safe surface temperatures were maintained.
- The care plans provided information about how to support people to ensure risks were reduced in other areas. This included risks arising from general health and well-being.
- We observed staff could recognise signs when people experienced emotional distress and knew how to support and keep them safe.

Learning lessons when things go wrong

- The provider did not manage incidents affecting people's safety well. An incident/accident reporting system was in place. However, the process of investigating did not ensure underlying causes were understood. For example, following a recent scalding incident, the interventions made to prevent hot water heating above "38/40 °C" were ineffective. During our visit we found the showers discharging hot water above identified safe levels.
- Key elements of an effective system for learning lessons from incidents were missing. This included intervention plans, identified responsibilities for implementing corrective actions and timescales, and a process for tracking progress to ensure any actions identified were implemented. The provider did not have an improvement plan in place following the stated incident.

The assessment, monitoring and mitigation of risk and quality were insufficient to provide safe care. This all demonstrates a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

- Following the inspection, the registered manager informed us the plumber had visited and adjusted the showers to 37 degrees. The provider must invest sufficiently in the service to deliver sustainable improvements required in the water system.

Using medicines safely

- Three people living at the home were prescribed PRN (as required) medicines. There were protocols for staff on when and how to administer PRN medicines. We saw PRN medicines were administered as prescribed.
- However, it was noted that people requiring PRN medicines did not take it out with them when attending outdoor activities, away from the home. This posed risks should any emergency occur for people with diabetes or epilepsy. We raised concerns with the provider, and they took immediate action. The provider must continue to manage these arrangements.
- The provider was not implementing the principles of STOMP (stopping over-medication of people with a learning disability, autism or both), which meant people's medicines were not reviewed by prescribers in line with these principles. The registered manager updated the medicines policy and shared the information with staff during the inspection. There was no evidence people's behaviour was controlled by excessive and inappropriate use of medicines.
- People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Training records showed all staff had completed safeguarding training.
- The service worked well with other agencies to protect people. Staff were aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission (CQC) if management had taken no action.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS).
- There were sufficient staff. They knew how to take into account people's individual needs, wishes and goals.

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 assured that the provider was using PPE effectively and safely.
- 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.
- The provider was following current government visiting and infection prevention and control guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments and best interest's decisions had been completed for specific decisions, including where medical interventions were required.
- Whilst in many examples, appropriate legal authorisations were in place to deprive liberties, we observed two examples of unauthorised restrictive practice. The door leading to the garden had a key lock on, on both sides, which prevented people to access the garden at their free will. Staff advised that this was due to the risk of some people eating grass. In the same way, some shower rooms were fitted with keypads as a measure to manage the risk of scalding. In both examples, the provider could not demonstrate they had considered less restrictive options.

This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was no evidence of an autism friendly layout and décor. The provider had not made reasonable adjustments, including internal colour and finishes to enhance people's independence. Two people were visually impaired. Contrasting doorframes and doors against paintwork may assist visual skills.
- A section of the home had two big office boards on the wall, which were not consistent with a home setting. We were advised the boards were used to complement an adjacent office, which had not been in use for the last six months.

We recommend the provider considers current guidance on environmental design that is more enabling for autistic people.

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

- People had care and support plans that reflected their needs and aspirations, including physical and mental health needs. The care plans included guidance about meeting these needs.
- Staff had a good understanding of people's needs, including relevant assessments of people with chronic conditions such as epilepsy and diabetes. Two healthcare professional we met during the inspection spoke positively about the home.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training relevant to people with a learning disability and or autism, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Staff had completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. They also received support in the form of regular supervision to enable them to carry out their duties.

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

- People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet.
- Care assessments and planning considered individual requirements in relation to nutrition and these were known to staff.
- People were able to eat and drink in line with their cultural preferences and beliefs. For example, halal meat was available for people from a Muslim background.

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

- People's health needs were met. People had health actions plans that enabled health and social care services to support them in the way they needed.
- Staff from different disciplines worked together to make sure people had no gaps in their care. People's care plans identified their needs and input from a range of professionals, including speech and language therapists (SALT), district nurses, GP's and consultant specialist in relevant health conditions.
- Each person was registered with a local GP and had an annual health check. Annual health checks are for adults and young people aged 14 or over with a learning disability. By having annual health checks, it ensured problems were spotted earlier, so that people received the right care.

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 received kind and compassionate care from staff who used positive and respectful language which people understood and responded well to. They used people's names and not labels. Their tone of voice enabled people to be at ease and engaged.
- People's differences were respected. All factors about them had been considered, including cultural and religious aspects. This had a positive effect to people in the sense care was delivered in ways that were respectful of and responsive to practices, cultural and religious needs.
- Staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.
- As stated, the interior and decoration of the home was not fully adapted in line with good practice to meet people's sensory needs. This was an equality issue for people with sensory needs or those who may not be able to move around easily without the benefit of visual aids. Whilst the impact was minimised by the fact staff were mindful of people's sensory perception and processing difficulties, we highlighted the limitations of the environment to the service manager.

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

- There were systems and processes to support people to make as many independent decisions about how they were supported and lived their lives as possible.
- There were gaps in the application of certain forms of communication. As referred to earlier, the 'now and next' schedules were not delivered effectively. However, staff understood people's individual communication styles and developed a rapport with them.
- We observed people were enabled to make choices for themselves and staff ensured they had the information they needed. For example, objects of reference were used help people make choices.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. In particular, we observed that cultural or religious preferences, were supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Their care plans described how they should be supported so that their privacy and dignity were upheld. We observed people given space when they needed it.
- Privacy was upheld in the way information was handled. The service recognised people's rights to privacy

and confidentiality. Confidentiality policies were in place that complied with the General Data Protection Regulation (GDPR) law. People's care records were stored securely on an electronic database, which meant people could be assured that their personal information remained confidential.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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.

- People were not always supported by staff to understand or express views using their preferred method of communication. Visual structures such as 'now and next' boards were used to help people know what was likely to happen during the day and who would be supporting them. However, we observed this was not appropriate to most people. The provider had not carried out assessments to determine people's understanding of this system and therefore visual symbols to be used. For example, two people were partially sighted but had not been assessed to see if they would benefit from the use of this system.
- The absence of appropriate schedules to make the environment more predictable was mitigated by staff good awareness, skills and understanding of people's individual communication needs. They knew how to facilitate communication when people were trying to tell them something. We observed staff providing information using objects and gestures to help people know what was going to happen during the day and who would be supporting them.
- However, the absence of tailored timetables or schedules to support people's understanding, may impact on their ability to predict, understand and control their environment.

We recommend the provider considers current guidance on use of communication aids, including visual structures.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive personalised care. As highlighted above, reasonable adjustments had not been fully made to ensure better equality outcomes in relation to communication for people who were visually impaired.
- Whilst there was evidence of recognised models of care and treatment for people with a learning disability or autistic people, these were not utilised fully. For example, interventions were in place to restrict some people to access shower rooms or garden without staff support. We were informed this was to keep people safe. However, there were no functional assessments to justify these intervention measures. Functional assessments aim to understand people's behaviour so that they receive tailored support.

We recommend the provider considers current guidance on person-centred planning tools and approaches.

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

- Staff helped people with advocacy, cultural and spiritual support. One person received support from a representative to help express views and wishes. Needs of people from different religious backgrounds, including Hindu, Muslim and Christians were supported.
- People were supported to participate in social and leisure activities on a regular basis. The home received visits from an activity co-ordinator who engaged people in activities.
- Less positively, the home had a big and well-maintained garden, which was underutilised. People could not freely access to unwind or take part in outdoor activities or enjoy a sunny day, as it was during the inspection. Similarly, the daily group trips in the company's minibus, which were planned in advance, did not reflect a person-centred approach.

Improving care quality in response to complaints or concerns

- There was a clear procedure in place to receive and respond to complaints and concerns. Relatives felt comfortable raising any concerns and had confidence that the management team would act on them. We saw that complaints had been resolved in line with the provider's policies.

End of life care and support

- None of the people using the service was receiving end of life care. However, the registered manager was trained to provide end of life care. The registered manager explained they would ensure that all care workers received the training and support they needed to provide people with end of life care if the need arose.

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 good. At this inspection the rating has changed 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.

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

- Governance processes were not fully effective. We noted that following a recent incident of scalding, there were still issues with hot water temperature in some water outlets.
- Where checks identified an issue, it was not always clear what action had been taken to remedy the problem. For example, at times unsafe temperatures were identified by the provider's own checks but it was unclear this was acted upon and suitable interventions put in place to prevent a recurrence.
- We inspected the provider in January 2017 and found two unmounted fire extinguishers on the first floor which were kept locked in a side cabinet. The cabinet was full of clutter. During this inspection, we observed that whilst the cabinet was not locked, it was cluttered. It meant that in the event of a fire, the extinguishers were not as accessible.
- The provider did not have an effective process for incident investigation, which meant they risked deriving wrong lessons. We evaluated a recent accident investigation and noted underlying as well as organisational factors were not considered. For example, the care plan of the person in question as well as other organisational factors, including gaps in quality assurances did not form part of the investigation. Therefore, we judged there were limited opportunities for organisational learning because the investigation focussed on individual errors, with less attention on root causes.

This demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the service manager submitted an action plan, which outlined corrective actions and timescales.
- As part of organisational learning, we discussed with the service manager of the need to include details of root causes of the incident in question so that opportunities for learning were not limited.

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

- The provider was not meeting all elements of right support, right care, right culture. For example, there was no evidence of autism friendly layout and décor. Visual resources to help people predict, understand and control their environment were not used effectively. Furthermore, scheduled outdoor activities in groups evoked an institutional feel.
- Most staff felt respected, supported and valued by the registered manager. They said the service promoted

equality and diversity and provided opportunities for development. They could raise any concerns without fear of what might happen as a result.

- There was an open and inclusive approach to the running of the service. Staff attended staff meetings
- There were some systems to ensure people had choice and control over their care. People and were being invited to give formal feedback to the service by means of a survey.

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

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. CQC had been notified of any event that the service was required to inform CQC about.
- The provider sought feedback from people through their representatives. There were also efforts to engage with people via meetings and surveys.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in planning care.

Working in partnership with others

- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care.
- Staff shared clear information about people and any changes in their care, including during handover meetings. We received positive feedback from professionals we spoke with.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service user were deprived of their liberty for the purpose of receiving care or treatment without lawful authority.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.