

# Care Expertise Limited

# Spring Lake

## Inspection report

17 Forty Lane  
Wembley  
Middlesex  
HA9 9EU

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24 August 2017

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 12 and 16 January 2017. During this inspection we found the provider to be in breach of the regulation related to governance. This was because the registered provider had failed to establish and operate effective systems or to monitor the quality and safety of the service to ensure compliance with the regulations. We served a warning notice.

After our comprehensive inspection in January 2017, the registered provider submitted an action plan detailing how they would improve to ensure they met the needs of the people they were supporting and the legal requirements.

We undertook a focused inspection on 24 August 2017 to check that the registered provider had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this focussed inspection which looked at whether the service was 'well-led'. 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](http://www.cqc.org.uk).

Spring Lake provides accommodation for up to 11 people with varying support needs including people with learning disabilities, autism, behaviours that challenge services and other complex needs. At this inspection there were 10 people living at the service.

There was a registered manager in post who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At this focused inspection, we found that the provider had followed their plan and legal requirements had been met.

We found the provider had put in place procedures to monitor the quality of the service. We saw evidence that regular audits on care records had been completed since our comprehensive inspection in January 2017. Audits had been carried out covering a range of areas including, medicines administration, care documentation, maintenance, health and safety and infection control. There was evidence audits were used to improve the quality of care people received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

We found that action had been taken to monitor the quality of the service. Audits covered a number of areas, including medicine management, care records, maintenance and health and safety. Records showed that this had been used to improve the quality of care people received.

We could not improve the rating for safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Spring Lake

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Spring Lake on 24 August 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 12 and 16 January 2017 had been made. We inspected the service against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

Spring Lake provides accommodation to people with varying support needs including people living with learning disabilities and other complex needs. People were not able to speak with us verbally. However, they used gestures and facial expressions to communicate with us. We spoke with the registered manager, deputy manager, five care workers and quality assurance compliance manager. We also reviewed people's care plans, audits, and other records relating to the management of the service.

# Is the service well-led?

## Our findings

At our comprehensive inspection 12 and 16 January 2017 we identified the registered provider had failed to establish and operate effective systems to ensure compliance with the regulations. For example, there had been a failure to identify shortfalls in care records. Some risk assessments did not provide guidance for staff about how to minimise risks to people. We also saw that some care plans were not up to date and reflective of people's current needs. Therefore, we could not be assured that people received care in line with their care plan.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

At our focused inspection on 24 August 2017 we found that the provider had followed the action plan they had presented to us and met shortfalls in relation to the requirements of Regulation 17.

We found the provider had put in place procedures to monitor the quality of the service. We saw evidence that regular audits on care records had been completed since our last inspection. For example, an audit that was carried out by the provider in March 2017 identified that care plans and risk assessments of some people were not detailed. At this inspection we saw evidence that improvements had been made. Risk assessments now included more detail and guidance for staff on how to minimise risk. Care plans were more detailed and reflective of people's current needs.

The home also carried out other audits, which covered a wide range of areas, including, health and safety issues, falls, medicines, and infection control. We saw that actions from the audits had been addressed. For example, at our last inspection we identified that people did not have PEEPS (personal emergency evacuation plans) in place and that the home's laundry practice did not follow infection control procedures. During this focussed inspection there was evidence that these shortfalls had been addressed. We saw that people had PEEPS in place. There was an infection and control guidance on managing soiled laundry and staff were aware of this.

There was a clear management structure now in place in the home. The registered manager was supported by a deputy manager and senior team leader. The registered manager and her staff team were knowledgeable and familiar with the needs of the people they supported. They shared with us the improvements they had made since our last inspection. This included, reviewing and improving people's care records, undertaking all repairs that were outstanding at our last inspection, and improving their health and safety arrangements.

There was now an effective system for managing and monitoring accidents and incidents. These were recorded and reviewed in order to identify any changes in people's support needs. Staff were knowledgeable about the procedures for reporting accidents and incidents. Records of accidents and incidents were maintained at the service and the registered manager undertook monthly audits to identify any trends and take action as required.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.