

# Springdene Nursing And Care Homes Limited

## Spring Lane

### Inspection report

170 Fortis Green  
London  
N10 3PA

Tel: 02088152000  
Website: [www.springdene.co.uk](http://www.springdene.co.uk)

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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

This unannounced inspection of Spring Lane was undertaken on the 5 October 2017 and was carried out by one inspector and one inspection manager.

We carried out an unannounced comprehensive inspection of this service in April 2017. The Care Quality Commission (CQC) recently received anonymous concerns in relation to the management of medicines, staffing, personal care, hygiene, nutrition and hydration and governance.

As a result of these recent, anonymous concerns we undertook this focused inspection. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Spring Lane on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At our last inspection, this service was rated 'good' overall with well-led being rated as 'requires improvement'. At this inspection safe had been rated as 'requires improvement' and well-led remains as 'requires improvement'. The overall rating for this service has changed to 'requires improvement'.

Spring Lane is a care home registered for a maximum of 63 adults some of whom are living with dementia.

The previous registered manager had recently resigned and the provider was in the process of advertising for a new manager. 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.

Staff used an electronic system for the management of medicines at the home. This had reduced the risk of errors but medicines were not always being stored securely.

The registered provider was not always notifying the Care Quality Commission about certain changes, events and incidents that affect their service or the people who use it.

Windows fitted at the home required reviewing by the provider to ensure they were meeting the requirements of current health and safety legislation.

After the former registered manager had resigned, an acting manager had been employed to manage the home. This manager was being supported by a number of other managers. However, this had led to an overly complex management structure which both staff and people using the service told us they often found confusing.

People and their relatives had mixed views about the openness of the management and staff told us that communication was an issue at the home.

We did not find any evidence to substantiate the other anonymous concerns that were raised with the CQC. These concerns related to personal care, hygiene, staffing and nutrition and hydration.

People were provided with sufficient to eat and drink and mealtimes were relaxed and unhurried.

People told us they liked the staff and they there were generally enough staff on duty to meet their needs.

There were enough domestic staff on duty to ensure the home was clean throughout and to limit the risk of cross infection.

We found two breaches of regulations during the inspection. These were in relation to the management of medicines and notifications of incidents.

## 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. The storage of medicines at the home was not always secure enough to ensure the safety of people who used the service.

People liked the staff who supported them and there were generally enough care staff to support people with the exception of unexpected staff absences.

People were positive about the cleanliness of the home and there were enough domestic staff on duty to ensure the home was clean and bright throughout.

As a result, of the above we have changed the rating for this key question from 'Good' to 'Requires Improvement'.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led. The management structure was complicated which meant that people did not always know who was in charge or who they should talk to if they had a concern.

The registered provider was not always notifying the Care Quality Commission about certain changes, events and incidents that affect their service or the people who use it.

People using the service, relatives and staff did not always feel that the management showed that they were open to concerns that they raised.

**Requires Improvement** ●

# Spring Lane

## 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 checked whether the provider is 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.

Spring Lane is a care home registered for a maximum of 63 adults some of whom are living with dementia.

We carried out an unannounced comprehensive inspection of this service in April 2017. The Care Quality Commission (CQC) recently received anonymous concerns in relation to the management of medicines, staffing, personal care, hygiene, nutrition and hydration and governance.

As a result of these recent, anonymous concerns we undertook this focused inspection. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Spring Lane on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Prior to the inspection we reviewed information we have about the provider, including previous inspection reports and notifications of any safeguarding or other incidents affecting the safety and well-being of people.

We spoke with 10 care staff and eight members of the management team. The management team included the acting manager, the support manager, two unit managers, the group operations manager and three directors of the organisation.

We spoke with eleven people who used the service and three relatives. Because many of the people at Spring Lane were living with dementia, it was not always possible to ask them direct questions about the service they received. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We checked three people's care plans and other documents in relation to medicines management.

# Is the service safe?

## Our findings

Prior to this inspection the CQC received anonymous concerns which relate to this key question. These concerns related to the management of medicines, staffing levels, hygiene, nutrition and hydration and personal care.

We looked at the electronic medicine administration system used at the home. Staff told us they liked this system. One staff member told us, "It's much better. I'm not stressed out." Only staff who had trained to use this system were given an individual log in code and were permitted to manage people's medicines.

There was a key pad for each floor. Once staff logged in, there was an audit trail for every part of the procedure, designed to mitigate the risk of medicine errors. For example, if a member of staff undertook a medicines round and did not enter the medicine administered on the system at the time prescribed, the system would record the eventual time of entry and would flag an administration error as the medicines had not been given at the correct time .

This system was also used to log returns and unused medicines and kept an automatic record of stock, which, staff told us, made administering and auditing medicines more straightforward. We were given an example of where a disparity of medicine stock had been highlighted by the system and how staff took appropriate action.

We identified an issue with the storage of medicines. Medicine trolleys, used to store medicines, were made of a plastic composite and appeared solid and hardwearing however, the locks fitted to them were not always secure and staff told us they 'often broke' and the keys 'frequently' bent or snapped off. At the time of our inspection the medicine trolley for the first floor could not be locked.

The risk this posed was mitigated, to a degree, as all trolleys were kept in the basement medicine room until it was time for a medicine round and this door was locked. For a single administration the staff would go to the room to get the medicine. However, there was a risk that the member of staff using the medicine trolley on a floor could be called away meaning the trolley would be left unlocked and unattended. We were informed by the provider the problem with the locks breaking was known to them and they had made a complaint to the pharmacy who supplied these trolleys.

The above issue is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We visited all areas of the home during the inspection and noted a few minor maintenance issues such as broken furniture which were recorded and passed to the maintenance person for action.

We saw that windows in all parts of the home were fitted with window restrictors in order to limit windows being opened too far. However, these window restrictors were of a type that could be overridden and therefore presented a risk to people. We spoke with the management of the home about this and referred

them to the appropriate Health and Safety guidance from the Health and Safety Executive.

People told us they liked the staff who supported them and felt safe with them. One person told us, "They are kind and I can see they are kind to other people." A relative commented, "It's a friendly place with some excellent staff."

People told us that there were times when there were not enough staff and people had various views about the impact this had. Comments from people and their relatives about staffing levels included, "Sometimes they are short staffed, a problem at weekends," "[The staff] don't rush me too much," "They say, 'you're not the only one here you have to wait'" and "They are in difficulties but I don't feel that we suffer as a result."

On the day of the inspection we saw that there were enough staff on duty to meet the needs of people they were supporting.

Staff told us they generally felt there were enough staff on duty at the home. They told us that when staff phoned in sick at the last minute it took time to arrange for agency cover which meant they were short staffed until the replacement agency staff arrived.

The acting manager told us there were ongoing difficulties in recruiting care staff at the home. They told us they tried to use bank staff or regular agency staff to fill the gaps in staffing. We spoke with two agency staff during the inspection who confirmed they had been working at the home on a regular basis. The acting manager confirmed that staffing levels on the fourth floor had recently been increased in order that there were more staff around at mealtimes.

People told us they did not feel staff rushed them with their personal care. One person commented, "I felt rushed once, with personal care with an agency staff but they never came back."

We saw that people were comfortable with staff and their personal care needs were being met. People were clean and well dressed and most people were in the various communal areas enjoying a variety of activities.

One of the anonymous concerns raised was that staff rushed people at mealtimes and that people did not get enough to eat or drink. We observed lunchtime on the fourth floor and the ground floor. We saw that people who required help with their lunch had a designated staff member sitting with them who assisted that person at their own pace. We saw that people were engaged with the staff and staff were not rushing people to finish or move on to the next course. No one we spoke with told us they felt rushed at mealtimes.

People told us they liked the food and they always had enough to eat and drink. One person told us, "There is no problem with the food. It's of good quality and we get plenty. We can always ask for a bit more." Another person commented, "They are always coming round with water or you can have fruit juice." We observed a mid-morning tea round, and also saw jugs of water and glasses in people's rooms.

People were positive about the cleanliness of the home and all areas of the home we visited were clean and fresh with no malodours detected. There were domestic staff working throughout the home on the day of our inspection. Staff were wearing personal protective equipment where required and there were sufficient amounts of paper towels and soap in toilets and bathrooms to limit the risk of cross infection.

## Is the service well-led?

### Our findings

Prior to this inspection the CQC received anonymous concerns which relate to this key question. These concerns related to the way the service was managed.

We asked people for their views regarding how the home was run and managed. People had different views about the openness of the management and some people told us it was difficult to understand the management structure and who was in charge.

People's views about the management included, "There have been a number of management changes but on the whole everyone is very helpful," "They can brush you off. You have to be persistent and you have to know the best person to go to" and "The hierarchy is a little cloudy. Management is the vaguest area."

The previous registered manager had recently retired and one of the directors of the organisation told us that recruiting a new manager was proving a challenge.

An acting manager was currently employed to manage the service. The acting manager was being supported by another manager as well as the group operations manager and unit managers. In addition two directors of the organization also spent time at the home. People who used the service, relatives and staff were not always clear who they should go to if they had any concerns. Some people said there were particular members of the management team who would take action and they would go straight to one of the directors rather than the other managers.

The group operations manager told us the issue with the management had been identified as needing addressing and that there were changes being made to simplify the management structure. We will check that these changes provide clarity and that people know who to go to if they have concerns at our next inspection of this service.

Most staff we spoke with were positive about the home and said they would recommend the home to friends. However, some staff told us they were reluctant to report concerns they might have to the management because they did not feel their concerns would be taken seriously or that the management were open to receiving concerns. Although the provider told us they operated an 'open door' policy, some staff told us they had reported concerns in the past but the management had not responded and they had not raised anything further.

The management had introduced an employee engagement survey in 2015. Staff told us that communication between managers and staff was inconsistent. This was confirmed by the results of the staff survey which showed communication between managers and staff had the highest negative response. The group operations manager told us they would be sharing and discussing the results of this survey at the next staff meeting.

By law, the provider must notify us about certain changes, events and incidents that affect their service or



the people who use it. Although the CQC had received statutory notifications and notifications were being sent to the local safeguarding authority, we saw that two notifications regarding allegations of abuse had not been sent to us. The acting manager told us they would review the systems for reporting notifications to the CQC to ensure this did not happen again.

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  The storage of medicines at the home was not secure enough to ensure the safety of people who used the service.  Regulation 12(1)(2)(g)