

Larchwood Care Homes (South) Limited

Chaplin Lodge

Inspection report

Nevendon Road
Wickford
Essex
SS12 0QH

Tel: 01268733699

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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

At our previous comprehensive inspection to the service on 27 October 2016 and 16 and 18 November 2016 and four breaches of regulatory requirements were made in relation to Regulation 9, Regulation 12, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of our concerns the Care Quality Commission took action in response to our findings by placing the service into 'Special Measures' and amending the provider's conditions of registration. This meant the provider had to send the Care Quality Commission a detailed written report each month as to how the necessary improvements were to be achieved. At this inspection considerable progress had been made to meet regulatory requirements, however some further improvements were still required.

Chaplin Lodge provides accommodation and personal care for up to 66 older people. Some people also have dementia related needs.

This inspection was completed on 2 and 3 August 2017 and there were 34 people living at the service when we inspected.

A registered manager was in post but on maternity leave at the time of this inspection. The service was being managed by a peripatetic manager to cover the registered manager's maternity leave and to address the shortfalls identified at the last 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.

Quality assurance checks and audits carried out by the provider and the management team of the service were in place and had been completed at regular intervals in line with the provider's schedule of completion. The provider and management team of the service were able to demonstrate a better understanding and awareness of the importance of having good quality assurance processes in place. This was a significant improvement and this had resulted in better outcomes for people using the service. Feedback from people using the service, those acting on their behalf and staff were positive and spoke of the improvements made by the provider and management team following our last inspection in November 2016. This referred specifically to better visible management presence within the service and there now being confidence that the provider and management team were doing their best to make the required improvements to the service. Nonetheless, some improvements were still required to ensure that where issues were highlighted as part of the management teams auditing arrangements, information was available to show actions required had been addressed. Additionally not all areas of concern found at this inspection, namely induction processes for newly employed staff, infection control practices and improvements to the premises had been identified.

People told us the service was a safe place to live and that their safety was maintained. Staff understood the risks and signs of potential abuse; however improvements were required to ensure staff followed relevant

safeguarding processes by alerting the management team at the earliest opportunity where concerns were highlighted.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed to ensure their safety. Although environmental risks were highlighted, where actions were required, not all of these had been addressed in a timely manner. This referred specifically to the service's Legionella risk. Additionally improvements were needed in respect of some aspects relating to infection control practices and procedures at the service and ensuring the premises were suitable for people using the service. The latter referred specifically to improvements required to Parkview Unit so as to make it suitable for people living with dementia and many items of furniture, fixtures and fittings within the service required repair or replacement. Some areas of the home environment also required redecoration.

Sufficient staff were now available to meet people's care and support needs. Our observations showed that the deployment of staff was suitable to meet people's needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Improvements were needed to ensure where appropriate newly employed staff completed the 'Care Certificate' or an equivalent induction, particularly where newly employed staff had limited experience within a care setting or had not attained a National Vocational Qualification. Improvements were also required to ensure that staff received an appropriate induction for their role. Staff received suitable opportunities for training and where refresher training was required; this was scheduled for the coming months. This ensured that staff employed at the service had the right skills and competencies to meet people's needs. Staff now felt supported and received appropriate formal supervision at regular intervals. Staff told us this was now a two-way process and they felt able to express their views openly. Staff commented that this process was no longer an opportunity to solely receive negative feedback.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The peripatetic manager was working with the Local Authority to make sure people's legal rights were being protected. People who used the service and their relatives were involved in making decisions about their care and support.

The dining experience for people was positive and people were very complimentary about the quality of meals provided. Where people were at risk of poor nutrition or hydration, this was monitored and appropriate healthcare professionals sought for advice and interventions.

Care plans accurately reflected people's care and support needs and people received appropriate support to have their social care needs met. Care plans also reflected people's choices and preferences and included information relating to people's life history and experiences. However, minor improvements were still required to ensure that care plans for people who could be anxious or distressed, considered the reasons for people becoming anxious and the steps staff should take to comfort and reassure them. People told us that their healthcare needs were well managed. Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Arrangements had been made following our last inspection in November 2016 to protect people from the

risk of social isolation and loneliness. Additional staff had been employed so as to provide and undertake a programme of social activities for people living at the service. People and those acting on their behalf confirmed that social activities were readily available and relatives told us that the arrangements were much improved.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

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 consistently safe.

Improvements were required to ensure that appropriate infection control practices, policies and procedures were applied, understood and followed by staff and the provider.

Suitable arrangements were evident for the reviewing and management of risks for people's safety and wellbeing. However, improvements were required to ensure that environmental risks were addressed in a timely manner.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse and the risk of harm.

The deployment of staff was suitable to meet people's care and support needs.

The provider's arrangements to manage people's medicines were suitable and ensured people received their prescribed medication as they should.

Suitable procedures were in place to recruit staff safely.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Although newly employed staff received an 'in-house' induction, improvements were needed to ensure the 'Care Certificate' or an equivalent robust induction was completed and in line with staff's role.

Improvements were needed to ensure the premises were suitable for people living at the service.

Staff received a range of training so as to meet people's care and support needs. Staff felt supported and staff had received regular supervision and an annual appraisal of their overall performance.

Requires Improvement 

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

The dining experience for people was positive and people were supported to have adequate food and drinks throughout the day.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Although care plans recorded people's care and support needs and how these were to be delivered by staff, improvements were required to ensure where people were anxious and distressed care plans considered the reasons for them becoming anxious and the steps staff should take to reassure them.

There were varied social activities available to support people's social care needs.

Complaints and concerns were logged, acted upon and responded to in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although significant improvements were noted at this inspection, the provider's systems to check the quality and safety of the service required minor improvements so as to ensure that areas highlighted for corrective action as part of the provider's auditing systems were followed up and addressed.

Chaplin Lodge

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.

This inspection took place on 2 and 3 August 2017 and was unannounced. The inspection team consisted of one inspector. On the 4 August 2017 the inspector was accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

Before our inspection we reviewed the Provider's Information Report [PIR]. This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 15 people who used the service, three people's relatives, five members of staff, the peripatetic manager and the regional manager for the service.

We reviewed six people's care plans and care records. We looked at the staff personnel records for four members of staff. Additionally we looked at an additional four members of staff's supervision and appraisal records and the service's training matrix. We also looked at the service's arrangements for the management of medicines, safeguarding, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our previous comprehensive inspection to the service on 27 October 2016 and 16 and 18 November 2016, we found that risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing. Additionally, sufficient numbers of staff were not always available to meet people's needs and this impacted on the quality of care people received. As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This meant the provider had to send the Care Quality Commission a detailed written report each month as to how the necessary improvements were to be achieved. Our findings at this inspection showed that the required improvements had been made.

People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "I feel very safe here. It's because they [staff] treat me well, and I've never seen people being treated badly." Another person who lived at the service with their spouse told us, "I think they do a good job to keep us both safe. They [spouse] need far more support than I do, but they care for us both. I feel safe here."

The majority of staff employed at the service had received appropriate safeguarding training. Staff were able to demonstrate an awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that all members of the management team would act appropriately on people's behalf. Staff told us they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or provider were not receptive or responsive. However, although the above was noted we were aware this did not always happen in practice. For example, where staff had raised concerns about poor staff practice as part of formal supervision, this had not always been addressed or escalated to the peripatetic manager for further investigation and action. We discussed this with the peripatetic manager and regional manager and were assured that appropriate actions would be taken to ensure staff were aware of their roles and responsibilities pertaining to safeguarding. Where appropriate, suitable arrangements had been carried out by the peripatetic manager to take action and alert all relevant parties when abuse had been alleged or suspected. Records were well maintained including details of the alleged or suspected abuse, investigation report, accompanying documentation and the outcome if known.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health and wellbeing. Where risks were identified, suitable control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and the risk of choking.

Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP). The provider and peripatetic manager had received a recent letter from the Local Authority and Care Quality Commission regarding the provider's

legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment was in place and the services 'Business Continuity and Emergency Plan' had recently been reviewed and updated. The latter is a document that ensures the service can cope with the effects of an unforeseen emergency or crisis. The peripatetic manager confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. These ensured that the provider was able to respond effectively to fire related emergencies that may occur at the service. Staff spoken with were aware of the service's fire procedures and knew what to do in the event of an emergency. Fire drills within the service were completed at regular intervals for day staff. The peripatetic manager confirmed that although these had not taken place with night staff these were now planned and the deputy manager was responsible for ensuring this happened. Where these had highlighted improvements were required to staff's practice, additional fire drills had been undertaken until the peripatetic manager was satisfied that fire practices and procedures were safe and lessons had been learned.

A Legionella Risk Assessment Survey had been carried out in February 2017 in order to ascertain the possible risk of contracting Legionella, including Legionella Disease. The report identified five priority control measure areas as requiring attention. At the time of this inspection no information was recorded detailing if these actions had been addressed by the provider. The peripatetic manager contacted the provider's 'Estates Department' and found that although the company tasked with undertaking the works had been contacted in May 2017, this had not been followed up and completed. An assurance was provided that the works would be completed. The regional manager confirmed on 11 August 2017 that these works had now been completed.

People told us that staffing levels at the service were appropriate in meeting their needs. One person told us, "I think they normally have enough staff on. If I press the bell they [staff] come quite quickly." The peripatetic manager advised that following our last inspection in November 2016, although the number of people using the service had reduced, staffing levels had remained the same so as to ensure people using the service received a good level of care. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and current staffing levels ensured that their care and support was provided in a timely manner and staff were able to respond to the changing needs and circumstances of people using the service.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed within the last six months showed that the provider had operated a thorough recruitment procedure in line with their own policy and procedure and regulatory requirements. Relevant checks were carried out by the provider before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS].

Medicines were stored safely for the protection of people who used the service, with secure storage arrangements in place for staff authorised to have access to people's medication. The temperatures for storing medicines were monitored each day and within recommended guidelines. Our observation of staff practice in relation to medicines management was good and staff were seen to undertake this task with dignity and respect for the people they supported. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for 12 out of 34 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as stipulated by the prescriber. However, minor improvements were required. Where people had a transdermal

patch prescribed, the site of application was not always recorded. This is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream over a long period of time. Additionally, topical creams in people's room were not always labelled for the person these were intended for and therefore there was a risk that this could contribute to the spread of infection.

Improvements were required to ensure that appropriate infection control practices, policies and procedures were applied and followed. Our observations showed that the service was generally clean and tidy, however some improvements were required. Several people's vanity units were no longer impermeable, for example, the surface of the vanity unit was broken and cracked. This meant there was a risk that the surface was no longer impermeable and could contribute to the spread of infection. A number of beds were checked for cleanliness and found to be clean, however, where one person was known to make their own bed in the morning so as to maintain their independence, staff had not checked to ensure the bedding remained clean. We found large pieces of biscuit crumbs and faeces stains on the bed sheet. This was immediately brought to the peripatetic manager's attention and steps were taken to change the person's bedding. A stale odour was noted on both days of the inspection on Parkview Unit, particularly throughout the communal areas and within some people's bedrooms.

Is the service effective?

Our findings

At our previous comprehensive inspection to the service on 27 October 2016 and 16 and 18 November 2016, significant improvements were needed to make sure that staff had a structured opportunity to discuss their practice and development. Where subjects and topics were raised, information was not always available to show that these had been followed up to demonstrate actions taken. Staff did not feel that supervision was a two-way process or feel able to express their views or have a 'voice'. In addition, staff told us that they perceived supervision as an opportunity for the supervisor to 'tell them off' and to only discuss negative themes. As a result of our concerns a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was made. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that the majority of these improvements had been made.

Staff confirmed they received both face-to-face and e-learning training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities to meet people's needs to an appropriate standard. Staff told us this ensured that their knowledge and understanding of how to care for people using the service safely and competently was as up-to-date as possible. The training matrix provided by the peripatetic manager showed that the majority of staffs' mandatory training was up-to-date. Where training was outstanding or required a refresher up-date, training was scheduled for the period August 2017 to December 2017.

The peripatetic manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of Skills for Care 'Care Certificate' or an equivalent. Although the above was positive, improvements were required to ensure the 'Care Certificate' or equivalent was completed, particularly where newly employed staff had limited experience working within a care setting, and had not completed the 15 common standards as part of the 'Care Certificate' or had a National Vocation Qualification at Level 2 or above. For example, the personnel file for one member of staff showed they had limited work experience within a care setting and only completed four out of 15 common standards as part of the 'Care Certificate'. This meant the provider could not be assured as to the staff member's level of competence within the core standards. Additionally, one member of staff was employed as a senior member of staff without having been previously employed in this role. Their recruitment file suggested they had limited experience in a care setting and had not received an induction relating to this role. We discussed this with the peripatetic manager and they confirmed that the member of staff would be commenced on the 'Care Certificate' as a priority and additional support would be provided in relation to their senior role. Staff were also given the opportunity to 'shadow' and work alongside more experienced members of staff. The peripatetic manager advised that the latter could be flexible according to a staff member's previous experience and level of competence.

The provider needed to work on the environment to maximise the suitability of the premises for the benefit of people living with dementia on Parkview Unit. There was limited signage available to help people to orientate themselves and did not follow best practice and up-to-date guidance to support people living with dementia. There were few clear signs and symbols to help people to recognise their own bedroom. There

was a lack of sensory stimuli, for example, orientation boards and information for people in an easy to understand format. In addition, there were few memory boxes and objects of reference to help aid reminiscence or provide a stimulating environment. We observed the areas on Beaches Unit were being redecorated and once completed the redecoration would commence on Parkview Unit.

Within the service some items of furniture, fixtures and fittings required repair or replacement, for example, door handles on doors or drawers/vanity units were missing and several toilet seats were loose which could be uncomfortable for people when sat on or potentially cause them to slip off causing injury. Many areas of the service, including communal areas, corridors and people's bedroom required redecoration as the walls were marked and scuffed.

Staff told us they received good day-to-day support from the peripatetic manager, work colleagues and formal supervision at regular intervals. Staff told us that supervision was used to help support them to improve their work practices. Staff told us they had now found this to be a two-way process and were able to express their views openly. Staff told us they no longer felt that supervision was used as an opportunity for the supervisor to 'tell them off' and to only discuss negative themes. Several staff members advised they now received positive praise. Staff told us and records confirmed that staff employed longer than 12 months had received an appraisal of their overall performance for the preceding 12 months.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. However, not all staff were able to demonstrate a good knowledge and understanding of MCA and DoLS and how this applied to the people they supported. We discussed this with the peripatetic manager and they advised that further training would be considered. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty, for example, due to living with dementia, appropriate applications had been made to the Local Authority for DoLS assessments to be considered for approval. This meant the provider had acted in accordance with legal requirements.

From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

People told us that the meals provided were nice. One person told us, "Nothings too much trouble; They'll [chef] always try to find something I fancy." The dining experience within the service was noted to be positive during both days of the inspection. People were able to choose where they ate their meal, for example, at

the dining table, while some people remained in their lounge chairs with tables placed in front of them and others were able to eat in the comfort of their room. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive verbal encouragement to eat and drink was provided. Both the chef and staff were overheard to ask people if they had enjoyed their meal and people were routinely offered 'second helpings.' Hot and cold drinks and snacks were readily available throughout the day and not just at set times.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. One person told us, "I'm gluten-free, they [staff] all know and they never make mistakes, even the trolley has two separate snack tins. They [staff] always know that my snack tin is the Roses tin and not the Quality Street tin." Another person told us that because of their previous employment and working unsocial hours, breakfast was their main meal. They told us that they always had the "full works" at breakfast, including cereals, a cooked breakfast and toast, "I still don't eat lunch, I'm not hungry after a big breakfast and staff understand this." Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate referrals had been made to a suitable healthcare professional, such as, GP, dietician or the local Speech and Language Team [SALT].

People told us their healthcare needs were well managed. One person told us that staff were quick to notice if they were unwell, stating, "Recently I didn't feel right and had a high temperature. They [staff] called the paramedic. I didn't have to go to hospital, but the doctor gave me some medicine, it got me sorted." Another person told us, "They're very good at noticing if my relative is not well." Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and any outcomes.

Is the service caring?

Our findings

People were satisfied and happy with the care and support they received. One person stated, "The staff are never unkind here, they're very friendly towards me." Another person told us, "I love them [staff] all, they're very friendly and chatty. We have a laugh and a chat. If I was off-colour they'd sit and talk to me." One relative told us, "There's a much better atmosphere here recently. One new carer is particularly good and spends time with each person in turn asking how they all are, they are exceptional."

Where staff interactions were observed, we found these to be positive. For example, one person was given assistance by staff to transfer from a comfortable chair to a wheelchair using a hoist. Staff allowed the person to take their time, providing verbal encouragement and help where necessary. Staff were noted to have a good rapport with the people they supported and there was good humoured 'chit-chat' which people appeared to enjoy and found interesting. Staff confirmed they now had time to sit and talk with people and care provided was less routine and task based. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events. On the day of inspection one person was celebrating their birthday. The person told us that staff had remembered a comment they had made about liking firemen in their uniform. The peripatetic manager that morning had approached the nearby fire station to arrange a visit from a uniformed fire fighter. The person told us, "It made my day and made me feel young again." People were actively encouraged to make day-to-day choices and where appropriate people's independence was promoted and encouraged according to their capabilities and abilities. Our observations showed that several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, including jewellery and were appropriate to the occasion and time of year. One person told us that they still felt very much in control of their own life stating, "When I wake up I press my call bell and they'll [staff] come to help me up. They [staff] don't make me get up, or go to bed at a set time. I can make my own decisions." Another person told us they had needed a surgical procedure so as to divert digestive waste away from their body. They stated they had given the item of equipment used a specific name. They told us that all staff including night staff were aware and this helped them to retain their dignity and privacy so that other people did not have to be aware of their medical condition.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome. Visitors

told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Is the service responsive?

Our findings

At our previous comprehensive inspection to the service on 27 October 2016 and 16 and 18 November 2016, not all care plans were reflective or accurate in relation to people's care and support needs. Additionally, improvements were required for people using the service to participate in social activities. As a result of our concerns a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was made. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that the majority of these improvements had been made.

Appropriate arrangements were in place to assess the needs of people prior to admission so as to ensure that the service were able to meet the person's needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. However, the latter was only recorded as part of the care plan's monthly evaluation. This meant the actual care plan was not updated with any new information and anyone reading the care plan would have to read the evaluation to establish what had changed. Nonetheless, there was no evidence to show that as a result of this people received poor care or that staff did not know people's care and support needs.

Staff told us there were some people who could become anxious or distressed. Improvements were still required to ensure that the care plans for these people considered the reasons for them becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person were not always highlighted and recorded so that staff had all of the information required to support the person appropriately. Where information was recorded detailing the behaviours observed, the events that preceded and followed this and staff's interventions, improvements were required. There was not always sufficient information to demonstrate staff's interventions and the outcome of incidents so as to provide assurance that these were effectively being dealt with and positive outcomes were attained for the person who used the service and others living at the service.

People told us they were supported to take part in social activities. One person told us, "They put on things for us to do, but only if we want to." Another person told us, "I don't want to have things planned for me. I don't like playing skittles or doing puzzles. I am happy just to sit here." They further stated that they were grateful to sit with two other people who were similar to them. The person ended by saying, "We spend the day talking and laughing together." We observed this and saw that they clearly enjoyed each other's company. A relative told us, "The entertainment is much better since the new activity co-ordinator's been here. There is normally something going on which [name of relative] enjoys, even if they do not want to take part, it's something for them to watch. However, I think they [people using the service] need to get out more."

Since our last inspection the service had employed one new member of staff responsible for providing social activities at Chaplin Lodge. A programme of activities was readily available and this clearly showed the activities available each week. Our observations showed that people were supported and enabled to

participate in social activities and pastimes that interested them. One person responsible for providing social activities advised us there was to be a Summer Fete at the weekend and where possible people had been supported to assist with its preparation by undertaking a variety of art and craft projects, for example painting small glass jars. People were also noted to enjoy stimulating engagement by means of a quiz. People were also seen to take part in ball games. The game was made easier or harder depending on the person's capabilities.

People living at the service and their relative's knew how to make a complaint or raise a concern and who to complain to. People told us if they had any concerns they would discuss these in the first instance with a family member, with staff on duty or the peripatetic manager. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. The complaints log was well maintained and included a record of issues raised, action taken but did not include the outcome. A record of compliments was also maintained so as to capture the service's achievements.

Is the service well-led?

Our findings

At our previous comprehensive inspection to the service on 27 October 2016 and 16 and 18 November 2016, we found that quality assurance systems were not effective or robust and there was a lack of managerial oversight of the service as a whole by the provider and the then management team. This meant that the service was not effectively being run for the benefit of the people using the service. As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This meant the provider had to send the Care Quality Commission a detailed written report each month as to how the necessary improvements were to be achieved. Significant improvements were noted at this inspection.

The peripatetic manager confirmed that following our last inspection to the service in November 2016, non-compliance at that time and areas for further improvement and development had been taken seriously both at provider and service level. Our findings at this inspection showed that improvements had been made so as to protect people using the service against the risks of receiving inappropriate or unsafe care. However, further improvements were needed to the overall quality assurance processes within the service to recognise other risks such as environmental factors that had not been addressed prior to our inspection. Further areas that required improvement and related directly to the management of the service in terms of oversight included, the induction process for newly employed staff, infection control practices and the improvements required to the premises, particularly on Parkview Unit.

The provider's quality assurance arrangements were significantly improved so as to assess and monitor the quality of the service provided and delivered. People's care and support needs were accurately recorded and risk assessments developed for all areas of identified risk. The deployment of staff was now suitable to meet people's care and support needs and medicines management arrangements continued to be safe. Improvements had also been made to ensure that people's social care needs were supported and encouraged. Whilst the above showed that systems were in place to assess and monitor the quality of the service provided, these arrangements had not identified all of the areas of concern or where improvements were required.

The peripatetic manager had a good knowledge of the people living at Chaplin Lodge, their families, those acting on their behalf and staff. People, relatives and staff told us the peripatetic manager was visible. One person told us, "The manager comes up regularly just to check on how we are. The area manager also pops his head round the door sometimes, he's always very nice. I think it's better since the new manager has been in charge." Another person told us, "I don't know the manager's name but we see quite a bit of her. She's always in and out." The peripatetic manager demonstrated an awareness and understanding of their key role and responsibilities and had resources and support available from within the organisation to help drive improvement and to monitor the quality of the service provided. The peripatetic manager made statutory notifications to the Care Quality Commission as required by law without delay.

The peripatetic manager had monitored the quality of the service through the completion of a number of audits at regular intervals, for example, infection control, health and safety, care planning and medication.

The findings of these showed that a good level of compliance had been achieved for the period January to June 2017. Where areas for improvement were highlighted, an action plan had been completed identifying the actions to be taken. However, minor improvements were needed to demonstrate the actions and date these were completed. In addition to these, clinical audits relating to the incidence of pressure ulcers, urinary tract infections, accidents and incidents including falls and nutrition were completed. These provided both qualitative and quantitative information and showed that arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provided, and its outcomes.

The peripatetic manager confirmed the views of people who used the service, those acting on their behalf and staff were sought in March 2017 and a report compiled. However, the number of responses received was relatively low. The peripatetic manager had compiled a summary action plan from the main findings and this was displayed within the service for people to read.