

Adiemus Care Limited

Chaplin Lodge

Inspection report

Newenden Road,
Wickford,
Essex
SS12 0QH
Tel: 01268 733699
Website: www.orchardcarehomes.com

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

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

The inspection was completed on 9 December 2014 and there were 56 people living at the service at the time.

A registered manager was in post. 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.

The last inspection on 25 April 2014 found that the provider was not meeting the requirements of the law in relation to consent to care and treatment and supporting workers. An action plan was provided to us by the registered manager on 24 September 2014. This told us of

Summary of findings

the steps taken and the dates the provider said they would meet the relevant legal requirements. During this inspection we looked to see if these improvements had been made.

People and their relatives told us the service was a safe place to live. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and other's safety.

Staffing levels to meet the needs of people who used the service were appropriate to meet people's needs.

The management of medicines was suitable and people received their medication safely.

People's healthcare needs were well managed and we found that the service engaged proactively with health and social care professionals.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. 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 registered manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

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

Not all people had been involved in the development of their care plan. People's care plans were not fully reflective of their care needs as some of the information was not up-to-date.

Risks to people's health and wellbeing were assessed but generic in content.

Staff felt supported and valued. Staff received regular training opportunities. However, staff did not receive a robust induction, supervision and appraisal.

Comments about the quality of the meals provided were variable across the service. Although the dining experience for people was positive, choices of food and drink were not always readily available.

We found that an effective system was in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care provided to people who used the service and how this ensured that the service was operating safely. However, the provider's quality assurance system had not picked up that people's comments about the quality of meals was not favourable and people had not always had a choice of snacks and drinks available. In addition, it had failed to pick up and address that not all newly employed staff had received a formal induction, regular supervision and appraisal in line with the provider's policy and procedure.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the care and welfare of people who use the service and suitable arrangements not in place for people in relation to their dignity, consideration and respect. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe. We found that appropriate steps had been taken by the provider to ensure that there were sufficient numbers of staff available to support people.

People and their relatives told us the service was a safe place to live.

The provider had systems in place to manage safeguarding matters and ensure that people's medicines were managed safely.

Good



Is the service effective?

The service was not consistently effective. Although the dining experience for people was generally positive, not all people had access to snacks and drink.

Suitable arrangements were not in place for staff to receive an induction, supervision and appraisal.

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

Where a person lacked capacity, Mental Capacity Act (MCA) 2005 best interest decisions, had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by the senior management team and appropriately implemented.

Requires Improvement



Is the service caring?

The service was not consistently caring. Proper steps to ensure that people had their needs met or to ensure their welfare and safety were not in place.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated 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.

Requires Improvement



Is the service responsive?

The service was not consistently responsive. The care needs of people were not always assessed and planned so as to ensure that the delivery of care met the needs of the people they supported.

People told us that they were happy with the activities provided.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their concerns and complaints were listened to and acted on.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led. Although arrangements were in place to monitor the quality of the service we found that issues relating to people's nutritional needs and issues relating to staff induction, supervision and appraisal had not been picked up and dealt with.

A registered manager was in post. The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and senior management team.

Staff told us that they felt valued and supported.

Requires Improvement



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 was planned to check 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 9 December 2014 and was unannounced.

The inspection team consisted of one inspector, one bank inspector and a specialist professional advisor.

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 12 people who used the service, three relatives, 12 members of staff, the registered manager and the deputy manager. We spoke with two healthcare professionals to obtain their views about the quality of the service provided.

We reviewed 10 people's care records. We looked at the service's staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us that they felt safe and secure. One person told us, "I do feel safe here and secure. I know the staff would help me if I needed help and I would not like to be anywhere else." Another person told us, "I feel safe. The staff are always around and they are attentive." One relative told us, "I am pretty sure that my relative is kept safe. I have no concerns."

People were protected from avoidable harm. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns where necessary. One staff member told us, "If I am worried about any resident I tell the manager straight away or the deputy manager if the manager is not here. I also record in writing what I have found and the action I have taken." Staff also demonstrated their understanding and knowledge of the provider's whistleblowing procedures. One staff member told us, "I know all about whistleblowing and I would not hesitate to contact senior managers outside the home or the Care Quality Commission to pass on my concerns." Staff told us that they would challenge their colleagues if they observed poor practice. The manager was able to demonstrate that, where safeguarding concerns were highlighted, they had responded appropriately by following local safeguarding procedures.

Staff were able to demonstrate to us that they knew the people they supported and were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls, at risk of poor nutrition and the arrangements in place to help them to manage this safely.

People told us that there were sufficient numbers of staff available and their care and support needs were met in a timely manner. One person told us, "Staff are always around. They look after us and there is always someone to talk to." Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided promptly and in a timely manner.

Staff told us that the recruitment process had been thorough. We looked at the staff recruitment records for three members of staff appointed since April 2014 and this showed that staff employed had had the appropriate checks to ensure that they were suitable to work with vulnerable people.

The arrangements for the management of medicines were safe. People told us that they received their medication as they should. One person told us, "I always get my medication on time." We observed medicines being given to people during lunch time and saw that this was done with due regard to people's dignity and personal choice. Medicines were stored safely for the protection of people who used the service.

There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for eight of the 56 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

We found that the arrangements for the administration of covert medication for one person was in accordance with the Mental Capacity Act (MCA) 2005. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

Is the service effective?

Our findings

At our last inspection to the service in April 2014, we were concerned that the provider's arrangements relating to staff training, induction, supervision and appraisal were not appropriate. We were also concerned that the provider's arrangements which related to consent to care and treatment were not appropriate. We asked the provider to send us an action plan outlining the actions taken to make improvements.

The provider did not have an effective induction programme in place. Four recently appointed staff members told us they had only received an induction relating to the orientation of the premises. Staff told us that their induction had not been suitable. One member of staff confirmed that they had not previously worked in the care sector. The manager recognised the shortfalls and they told us that a more in-depth induction pack for 'new starters' based on Skills for Care Common Induction Standards had been introduced. These are recommended standards for people working in adult social care designed to enable staff to demonstrate their understanding of how to provide high quality care and support. We found no evidence to show that this had been implemented. This meant that people were at potential risk of receiving poor care and support as a result of an ineffective staff induction programme being in place.

Staff told us they had received regular training opportunities and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. Staff told us, "The training is brilliant and the 'in-house' trainer is fantastic." Staff confirmed they had not received appropriate training and could only demonstrate a basic understanding about how to support people during these times. However, the staff training plan showed that several members of staff had not received training in a number of subject areas as required by the organisation. We discussed this with the registered manager and they confirmed that additional training for staff was booked for December 2014 and January 2015. However, this did not include all of the subject areas as required by the organisation.

Staff told us that they were supported by the manager and deputy manager. Staff told us that they had received one-to-one supervision but could not confirm as to when this had last taken place. We found for three members of

staff that supervision had last been completed in March 2014 and April 2014 respectively and none of them had received an appraisal. A senior member of care staff told us that they carried out supervisions for staff but had not received any training for this. They told us that they were not confident undertaking this task and stated, "I do what I can but not sure if I do it right."

People's comments about the quality of the meals provided were mixed. One person told us, "The food is alright and I get enough to eat." Another person told us, "The food here is good." Where negative comments were noted one person told us when describing the rice pudding which was for dessert, "This is awful stuff. I don't know what it is. It is cold, tasteless and the rice is not as it should be."

Staff told us that if people wanted snacks these were purchased by staff out of their own money as there was no budget for treats. We found that there was no evidence of finger foods and snacks outside of the designated mealtimes. We discussed this with the chef and staff, and were advised that snacks were not readily available. In addition, we were told that the provider's procedure for ordering food provisions included a weekly order being sent from the service to the organisation's head office. Staff told us that if certain items were not approved by the provider, or were not available, the order would be short of those items. For example, staff told us that chocolate digestive biscuits were not approved and people could only have alternative biscuits. One person who used the service told us, "I like Ovaltine at bedtime but sometimes I'm told this is not available." This meant that people's choices about what they preferred to eat and drink were not always met. The minutes of the regional home managers meeting for November 2014 confirmed that there were on-going problems between the provider's food ordering system and actual food deliveries. Following the inspection the manager told us that a trolley with various sweets, crisps, fruits and other items were taken round the home on a daily basis for people to choose from. The manager also told us that the problems with the suppliers had been rectified.

Our observations of the lunchtime meals showed that the dining experience for people was generally positive and met people's individual nutritional needs. Where people required assistance to eat their meal, staff were seen to provide this with due care and sensitivity and people were not rushed to eat their meal.

Is the service effective?

However, we found that scheduled mid-morning and mid-afternoon drinks were not routinely provided to people on one unit. This meant that people were either able to ask for a drink or reliant on staff to ask them if they wanted one. In addition, we were concerned that one person was denied a bowl of ice cream after seeing staff provide this to another person. The member of staff was overheard to say, “No, you’ve already had your dinner.” The person looked disappointed at this response. This meant that the person’s choices were not respected. The provider did not have suitable arrangements in place to ensure food was served hot. We observed on one unit that two people found their lunchtime meal to not be served at a hot enough temperature. We intervened and brought this to staff’s attention. Both meals were re-heated.

Although there was a rolling four week menu and if people did not like what was on the menu then they would be provided with an alternative, it was noted on the day of inspection that although some people had not enjoyed their meal an alternative to the menu had not been offered by some staff. This meant that people did not always receive a choice of meal that met their needs.

We found that the registered person had not ensured that people understood the choices available to them. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the arrangements for consent to care and treatment were suitable and that the improvements the

provider had told us they would make had been made. Staff confirmed that they had received MCA and DoLS training. However, not all staff spoken with were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied. For example, one member of staff told us, “The MCA is about protecting people and keeping them safe.” They did not understand the importance of decision making especially for people who had fluctuating capacity. Although they were aware of one person who had a DoLS authorisation in place, they were not clear about how this benefitted the person who used the service. Appropriate assessments had been carried out to assess people’s capacity and any deprivations of their liberty.

People’s healthcare needs were well managed. People told us that if their member of family was unable to attend their healthcare appointment with them, a member of staff always accompanied them. This was confirmed by staff spoken with. Relatives’ told us that they were kept informed of the outcome of healthcare appointments. One relative told us, “Staff let me know what is happening. I am always kept informed.” We spoke with two healthcare professionals. They told us that staff were able to recognise changes in people’s healthcare needs and were proactive in making appropriate referrals where required. People’s care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People were not always actively involved in the planning of their own care and support. Relatives told us that they had not been asked to be involved in the planning of their relative's care other than at the initial pre-assessment stage. Three out of four people told us that they had not seen their care plan. However, one person told us that staff discussed their day-to-day care and support with them. We discussed this with the manager and they confirmed that improvements could and should be made in this area.

People made positive comments about the quality of the care provided. One person told us, "The staff are a pretty good lot." Another person told us, "The staff are all first class." Relatives spoken with were complimentary about the care and support provided for their member of family. One relative told us, "I find the care to be absolutely perfect. I would come here if I needed to. The service couldn't be better."

We observed that staff interactions with people were positive. The atmosphere within the service was seen to be welcoming and calm. Staff demonstrated affection, warmth and compassion for the people they supported. We saw that one person became tearful and upset as they were not feeling well. Staff provided concern, consideration and reassurance in a helpful and encouraging way. The person was seen to welcome this and became less tearful and sad.

Staff showed an awareness and understanding of people's day-to-day care and support needs. Interactions between staff and people were friendly and easy-going. We saw that staff laughed and joked with the people they supported. One person told us, "You can always have a laugh with the staff."

People told us that staff respected their privacy and dignity. One person told us, "They [staff] knock when they want to come into my room and they close the door when they are helping me." Another person told us, "The staff here respect my wishes. If I press my buzzer they come to see what I need. The staff shut my room door and respect my privacy." We saw that staff were observed to use the term of address favoured by the individual and people received their mail unopened. In addition, staff ensured that doors to bedrooms and toilets were closed when people received personal care. Staff ensured that people were appropriately dressed and that their clothing was arranged properly so as to preserve their modesty and to promote their dignity.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf were able to visit the service when they wished. One relative told us that they were able to visit their relative whenever they wanted. They told us, that they visited their family member two to three times a week and came at different times of the day.

Is the service responsive?

Our findings

Staff were not always responsive to people's changing needs and, we found that people's care was not always planned, assessed and reviewed to ensure their safety and well-being.

In Parkview we saw that one person had been sat in their chair all morning without any staff interventions. They were observed to be slumped forward in their recliner chair without any supports, such as, cushions and/or pillows to keep them upright and comfortable. No staff attempted to reposition the person or to offer them a drink until lunchtime. Another person's care plan showed they had an existing pressure ulcer. Although suitable pressure relieving equipment was in place, an entry had been made the previous day by a visiting health professional that further pressure ulcers had developed. Staff were not aware of the additional ulcers and therefore were failing to provide the appropriate care and support. In addition, we found that the majority of this person's care records had not been updated since September 2014 and October 2014 respectively. This meant that there was a risk that the person would not receive the care and support they needed.

We looked at the care plans of 10 people and found that these were not fully reflective of their care needs. In addition, where people's needs had changed, their care plans had not been amended to reflect the most up-to-date information. For example, the care plan for one person recorded them as being at nutritional risk. A healthcare professional had provided written nutritional advice for staff to follow. One action detailed, 'Re-start strict food and fluid charts.' This information was not included within the person's nutritional care plan and the person's food intake charts showed that their food intake was not routinely recorded each day. Therefore an accurate record about the person's care and support needs had not been maintained. This demonstrated the risks to people of staff not adhering to the care plan.

Staff told us that there were several people who could become anxious or distressed. The care plans for these people did not consider individual people's reasons for becoming anxious or the steps staff should take to reassure

them. Clear guidance and directions on the best ways to support the person were not always available and this meant there was a risk that the person would not receive the care and support they needed.

We found that people's care was not planned and assessed to ensure their safety and welfare. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a member of staff designated to lead on activities. They confirmed that they were employed full time but advised that they struggled to perform their role adequately and to provide activities for the number and needs of people living at the service. They told us that they were not always able to provide people with one-to-one support and when unable to attend a specific unit to provide activities the expectation was that care staff would assume this role. We were told that this did not always happen. However, people told us they had the choice whether or not to participate in a planned programme of activities. One person told us, "I enjoy all of the activities provided." Another person told us, "I have my nails done and the hairdresser visits regularly." Our observations showed that people could choose how they spent their time. For example, people spent their time watching television, listening to the radio and chatting with others. In addition, some people were seen to undertake individual interests, for example, to knit or to play a game of dominoes.

The provider had a complaints policy in place and had procedures in place that ensured people's concerns were listened to. 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 told us that they felt able to talk freely to staff about any concerns or complaints. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. Records showed that there had been two complaints since our last inspection in April 2014. A record was maintained of each one and included the details of the investigation and action taken.

Is the service well-led?

Our findings

Comments about the quality of the service provided were complimentary. One relative told us, “I would recommend the home and would gladly come here if I needed to. I have confidence in the management team and staff.”

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. This also included an internal review by the organisation’s quality assurance team. We found that not all areas highlighted for corrective action had been included within the service’s action plan. In addition, we found that issues highlighted at this inspection in relation to people’s dignity and respect, ensuring that care plan documentation was planned and delivered to meet people’s needs, staff inductions, staff supervision and appraisal had not been picked up. This meant there was not a consistent approach to quality assurance to ensure effective development and improvement of the service.

People’s records were stored in an unlocked cabinet within one office on a shelf. The door to the office was not locked and on closer examination we found that the door could not be shut as the door frame was broken and warped. There were several times noted throughout the inspection when there was no staff present in this area. Therefore people’s personal information was not being kept secure and confidential.

The manager was supported by a deputy manager and senior members of staff. It was clear from our discussions with the manager and deputy manager and from our observations that they were clear about their roles and

responsibilities. The manager told us that they had delegated specific responsibilities to the deputy manager and senior members of staff according to their strengths and abilities.

Staff felt valued and supported by the manager and deputy manager. The manager and deputy manager were approachable and there was an ‘open culture’ at the service. Staff told us that they would be confident to speak to the manager or deputy manager if they had any concerns. One member of staff told us, “The manager gives me very good support.” Another staff member told us, “I think the manager and deputy manager take notice and action on what I say.” All the staff we spoke with told us that they enjoyed working at the service.

The registered manager advised that the service was part of two external initiatives, ‘Promoting Safer Provision of Care for Elderly Residents’ (PROSPER) project. This is a two year project that runs from June 2014 to mid-2016. The aim of the project is to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across north-east and west Essex by developing the skills of staff employed within the service. They also told us that they had recently agreed to be part of another initiative run by Essex County Council, FaNs (Community Friends and Neighbours). This is a three year programme that supports groups of people and organisations who are willing to take an active interest in the wellbeing of people living in care homes in their local area. This showed that the provider worked together with other external organisations to promote best practice and to keep themselves up-to-date with new initiatives.

The manager confirmed that the views of people who used the service and those acting on their behalf had been sought in November 2014 and December 2014. All of the comments received to date were noted to be positive and raised no issues for further corrective action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>We found that people's care was not planned and assessed to ensure their safety and welfare. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>We found that the registered person had not ensured that people understood the choices available to them. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.