Care Unlimited Group Ltd

Chipstead Lodge Residential Care Home

Inspection report

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on the 21 July 2017. Chipstead Lodge is registered to provide residential care for up to thirty six people. The service specialises in providing care for people who have a past or present mental health issues and who are elderly. On the day of our inspection 28 people lived at the service.

There was a registered manager in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt they were safe, that staff gave them the care they needed and that they felt cared for. People did say more activities were needed.

The safety of the premises and equipment was not well maintained. and staff were not always following good practice in relation to infection control.

There was not sufficient detailed information in people's care plans around the support they needed with their mental health. However, other aspects of the care needed was detailed and provided staff with the appropriate guidance. There were not sufficient activities on offer specific to the needs of people.

People's rights were not always protected under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect them from harm. Assessments had not always been completed specific to the decision that needed to be made around people's capacity. DoLS applications had been submitted to the local authority but these were not accompanied with the MCA specific to this.

Staff were not always sufficiently competent, skilled and experienced in relation to people's mental health. However, other aspects of training were provided to staff that met people's needs. Staff competencies were not assessed as one to one supervisions were not taking place regularly.

Records were not always maintained with the most appropriate and up to date information about people's care. Systems in place to assess and monitor the quality of the service were not always effective. Audits had been undertaken but not always used to improve the quality of care for people.

There were sufficient staff deployed in the service to provide appropriate care to people. Risk assessments for people were up to date. There was information to guide staff in how to reduce the risks to people. Incidents and accidents were recorded and followed up and detailed actions put in place to reduce the risk

of incidents occurring. Staff that worked at the service had appropriate recruitment checks before they started work.

Medicines were managed, stored and disposed of safely.

Personal emergency evacuation plans were in place for people who lived at the service and staff had received fire safety training. There was a service contingency place in the event the building had to be evacuated. Staff had knowledge of safeguarding adult's procedures and there was a safeguarding adult's policy in place. People said that they felt safe.

People were provided choices that met their preferences including at meal times and what care they wanted. People at risk of dehydration or malnutrition were receiving enough food and drink and being supported to maintain nutrition. People had access to health care professionals to support them with their health needs. People told us that they felt well looked after.

Staff were caring and considerate to people. People told us that staff were kind towards them and treated them dignity and respect.

People and staff felt the registered manager was supportive and approachable. Staff said they felt valued and supported.

People and relatives were given opportunities to provide feedback to improve the quality of care; however this had not always led to improvements. There was a complaints procedure in place and complaints were investigated. People said they knew how to make a complaint.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events.

The service was last inspected on the 17 July 2015 where no concerns were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The environment had not always been maintained to a safe standard. Staff did not allow follow good infection control. Other risks of harm to people were managed appropriately.

People medicines were stored and administered appropriately.

There were sufficient staff deployed at the service to meet people's needs.

Safe recruitment practice was being followed.

People were protected against the risk of abuse and improper treatment. Staff were aware of their roles and responsibilities in how to protect people.

Is the service effective?

Requires Improvement

The service was not always effective.

People's human rights were at risk because the provider had not followed the requirements of the Mental Capacity Act 2005 and people's capacity assessments were not always completed appropriately.

There was a risk that people were being deprived of their liberty where they should not have been.

Staff did not always have the most appropriate training to be able to meet people's needs in relation to their mental health diagnosis. Other aspects of training were effective. Staff's competencies were not assessed on a regular basis because they had not received appropriate supervision.

People had a choice of meals and people enjoyed the food. People's weight and nutrition was always monitored.

People were able access to healthcare services to maintain good health.

Is the service caring?

Requires Improvement

The service was not always caring despite individual staff showing compassion towards people.

Staff had not always been trained to understand and provide appropriate care to maintain and enhance people's mental health. People were not truly at the centre of the service as their needs and wishes for more or different activity had not been addressed.

Staff treated people in a caring and dignified way.

People's preferences, likes and dislikes were taken into consideration and support was provided in accordance with people's wishes.

People were supported to live their lives independently.

Relatives and visitors were welcomed into the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was not always detailed information regarding people's mental health care. Other aspects of care were detailed for staff in the care plans.

People's needs were assessed when they moved in to ensure that the service could meet their needs.

People did not always have access to activities that were important and relevant to them.

There was a complaints policy in place and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

There were not appropriate systems in place to monitor the safety and quality of the service.

The provider did not have appropriate systems in place to regularly assess and monitor the quality of the service the service provided.

The provider sought, people's views but these were not always used to make improvements.

Appropriate notifications were sent to the CQC when required. People and staff said that the service was managed well and staff felt supported and valued.	

Chipstead Lodge Residential Care Home

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 was an unannounced inspection which took place on the 21 July 2017. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager, nine people, one relative and five members of staff. We looked at a sample of four care plans of people who used the service, medicine administration records, recruitment records for four members of staff and supervision records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. After the inspection we spoke with one health care professional.

The last inspection was on the 17 July 2015 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at the service. One relative told us, "They (staff) are very good at checking when something is wrong."

Despite this there were other aspects to the service that did not promote safe care. The environment was not always clean or well maintained and rooms did not always have suitable storage for people. In each downstairs bathroom there was a strong smell of urine that lasted the day. The registered manager told us that they identified this when they started working at the service a year ago and had taken steps to try and eradicate this. They told us that the flooring needed to be removed as the urine had seeped underneath the flooring which was what was causing the odour. The pedals on the bins in the bathrooms were broken and staff and people had to use their hands to lift the bin which was an infection control risk. The emergency call bells in the downstairs bathrooms were too short for people to reach and had not been cleaned. There was insufficient storage for people in their bathrooms to hold their toiletry items and often the toiletries were stacked on the tops of people's toilet lids. The registered manager agreed that people needed more storage in their bathrooms.

Outside of one person's bedroom rubbish and old equipment was being stored including boxes, old frames, a cupboard and bed heads. Whilst we were at the inspection we saw a member of staff outside the room sweeping the area but they left the items there. There was no hot water in three of rooms we looked in. One person told us that when staff assisted them with personal care they needed to go out of the room to get hot water. They said, "It's been like that for ages and no one has come to fix it. It's a nuisance." The registered manager told us that they were aware that some parts of the building did lack hot water but thought this had been fixed. The television in one person's room had been fixed at an angle on the wall which made it difficult for the person to watch television. One of the larger bathrooms was being used to store a large filing cabinet and there was bedding being stored behind the door of this bathroom. The carpet in the lift was heavily stained and there were stains on the wall on the main staircase.

The registered manager told us after the inspection that the lack of hot water and rubbish outside the person's bedroom has now been addressed and that the person's television in one person's room has now been moved to a more suitable place. They also told us that new bins had been placed in the bathrooms and that new flooring was being purchased for the bathrooms. When we attended a meeting at the service after the inspection we saw that the bathrooms were in the process of being replaced and some areas of the service were being decorated. Further improvements were also being planned.

As the environment had not been well maintained which did not promote safe care this is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of infection control being practiced by staff that put people at risk. The sluice room on the top floor was permanently locked and staff were not using it to clean commodes or urine bottles. Instead staff were washing out the urine bottles in the communal shower that people used. Clean bedding was being stored on the floor of the laundry cupboard which presented an infection control risk. The laundry

area was not set up in a way to help prevent the risk of infections spreading. There was no separate area to keep clean clothes and nowhere for staff to place clean clothes once they had been washed. The baskets for soiled and non-soiled clothes were placed next to each other and placed on top of a washing machine which put people at risk of cross contamination. The sink where staff washed their hands and cupboard in the laundry room was dirty. At the front of the building the bin for soiled waste was left unlocked and there was a risk that people could access this. Staff had received training around infection control but were not always putting this into practice.

People were not always protected from the risk of harm. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no PRN (as and when) protocols in place despite several people receiving PRN medicines. We were informed after the inspection that there was PRN guidance but that this was kept separately. This has now been placed with the medicine records. One person's Medicine Administration Record (MAR) stated that, 'Two sachets daily (of their medicine)' but the MAR had not been signed since 17 July 2017 so there was no way of identifying whether the person had received this. The provider notified us after the inspection that the person no longer required the medicine and have ensured that this has been removed from the MAR chart.

Other aspects to the management of medicines were safe. There was a staff signature sheet in place that staff had signed. Medicines were stored securely and the trollies were neatly organised. Where there were handwritten entries on people's MARs these contained two signatures and when bottles and boxes were opened staff dated them. The temperature of the room and fridge were recorded each day. Each person's MAR had their photograph and any allergies.

There were aspects to people's safety that were appropriately managed. There were allocated areas in the service where people could smoke and people were given the option to wear protective aprons when smoking. Those that required supervision were observed by staff when smoking. Where people chose to smoke risk assessments had been carried out to support people to exercise this choice safely. One person left their cigarettes and lighter with staff as a risk assessment had identified there were significant risks involved in the person keeping these items themselves. We observed that staff gave the person their cigarettes and lighter when they wished to smoke and ensured the person was kept safe while smoking.

Assessments were undertaken to identify risks to people. The care records had risk assessments in place including malnutrition, Waterlow (skin integrity) and moving and handling. There were care plans in place where people had identified needs, for example nutrition, continence and mobility, personal care and communication. Accidents and incidents were recorded and action taken. For example, one relative told us, "They have called the ambulance twice after (their family member) had a bad fall when trying to stand. Now they have put sensors in his room." Sensors are used to alert staff of when someone is moving and may require assistance to try to prevent them falling. We asked staff how they ensured they kept people safe. One told us, "If I am unsure about anything I go to the seniors. If they can't deal with it I would go to (the manager). I wouldn't allow anything to happen because I was unsure what to do." There were personal evacuation plans in place for people in the event of an emergency and there was a business continuity plan in place in the event that people had to be evacuated. Staff were aware of how evacuate people in the event of an emergency.

People told us that staff were always there when they needed them. One person showed us that they had a call bell placed within their reach and confirmed staff answered promptly when they rang the bell. There was sufficient staff to meet people's needs throughout the inspection. When people requested staff

assistance they received this quickly. All of the staff we spoke with felt there were enough staff. Staff absence was covered by the same agency staff to ensure consistency of care. The registered manager told us that there needed to be six care staff on duty in the morning and five in the afternoon with an additional member of staff providing one to one care for one person for part of the day. We saw from the rotas that that the staffing levels were always met.

People were protected because staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I would talk to them and try and understand why it happened, but still the manager needs to know." Another told us, "I would report to the manager and follow the procedure on the wall if I was not happy about how she dealt with it, but I know she would." Staff said that they knew about the whistleblowing policy and would have no hesitation in reporting concerns. There was a safeguarding adults policy and staff had received training in safeguarding people.

Robust recruitment practice was in place that protected people from being cared for by unsuitable staff. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained.

Requires Improvement

Is the service effective?

Our findings

People's rights were not protected because staff did not always act in accordance with the Mental Capacity Act. MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Mental capacity assessments were not undertaken correctly to ensure people's rights were protected. We saw that people's mental capacity had been assessed to determine if they needed support to make decisions about their general care and treatment. However, where specific decisions needed to be made there was no MCA assessment in relation to this. For example, where people had bed rails and constant supervision by staff. The registered manager told us that they were aware that this needed to be done and that this was being addressed. Where DNAR had been completed staff had not always identified where people may not have been appropriately consulted where they had capacity. One person's DNAR had the incorrect date of birth and this had not been picked up staff.

Staff did not always have an understanding of MCA and its principles. One member of staff told us, "People can make their own decisions about their care. They tell us when they want something and if they don't we walk away and try again later." Another member of staff told us, "I ensure people have correct medicines and take them to appointments and meet their needs." We asked her what happened if people couldn't make their own decisions and they told us, "Then they'll have a DoLS." A third member of staff told us that they thought they had received training but could not describe MCA to us. Despite staff having received this training this was ineffective.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications for DoLS authorisations had been made where restrictions were involved in people's care to keep them safe. For example, in relation to people going out without being supported by staff.

One person who had capacity had rails in place. They told us that they had not consented to the bed rails, however, they said that staff pulled the bed rails up at night. They said they needed to call staff if they needed to get out of bed to go to the toilet. The registered manager told us that they did not realise that bed rails were being used for the person as the person did not need them. They told us they would address this. DoLs application has been made to the Local Authority however these were not always supported by an appropriate MCA. The registered manager told us that DoLS had also been applied for unnecessarily for people that were able to consent to decisions.

The provider contacted us after the inspection and informed us that the person who had not consented to bed rails had now asked for them to be in place. We will follow this up at our next inspection.

The lack of MCA assessments and lack of understanding of DoLS is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always receive care from staff that had the training and experience to meet their needs. One of the main purposes of the service was to provide care and support to people who had a mental health diagnosis. However staff had not been provided with effective training. We asked staff to describe to us the specifics of mental health conditions and they were unable to. Staff told us that they would like training in mental health. One member of staff told us, "It would be helpful as It would help me deal with people." Another staff member told us, "We need more training in mental health. At least it would help us understand people more." Staff had received guidance and support from the mental health team from the Local Authority however additional training was required.

There were other gaps in the service mandatory training. For example out of 28 staff 13 had not received training in equality and diversity, 22 had not received epilepsy training and five had not received infection control training.

The provider informed us after the inspection that they were arranging further training for staff to aid their understanding and ability to provide the most appropriate care.

There were other aspects of training that staff had received that benefitted people at the service for example diabetes, safeguarding, first aid, fire safety, moving and handling and dementia training. Staff were complimentary about this training. One member of staff told us, "The training is good." Another said, "(The manager) gets our training up to date. I'm just doing my Level 2 so I feel very proud of myself. It's one thing I like about the manager. She wants you to be your best."

Staff were not always competency assessed in relation to the work that they carried out. The registered manager told us that staff should receive a one to one supervision with their manager every other month in line with their policy. We saw that 17 members of staff had not received a one to one supervision this year. There were staff that attended group supervisions but other staff had not had the opportunity to meet with their manager on a one to one basis.

Staff were not always suitably competent and skilled in their role. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people whether they liked the food at the service. Comments included, "The food is nice, they come round with a menu every day. We get coffee and biscuits as well", "The food is not too bad", "The food is very good. For lunch you get a choice", "I've eaten breakfast. I have egg on toast and Weetabix." One relative said, "The food's usually pretty good."

We observed lunch in the dining rooms. Staff took trouble making sure people were sitting where they wanted to. Everyone had a choice of drink. Those that required support with their meals or drink were given the help they needed. One person had a plate guard to assist them and was occasionally prompted to eat by staff. Alternative menus were provided to people that wanted something different to eat. Staff served people individually and plates were covered as they were brought in. We noted that people who chose to eat in their rooms received their meals quickly. Throughout the day people had access to drinks when they wanted and staff encouraged people to drink.

The chef had lists of people's dietary information. They told us they had five people that were diabetic. They told us, "I give them normal food, but for pudding I will give them fruit or I'll make a cake with low sugar. Some people want what's on the menu, so I will check with the senior's what their sugar level is and if it is okay I will give them a little." They told me they had gone round to everyone asking what they would like to see on the summer menu. This was now in draft waiting for the chef to review and introduce.

People at risk of dehydration or malnutrition had effective systems in place to support them. Where people needed to have their food and fluid intake recorded this was being done appropriately by staff. Intake and output of food and fluid was recorded on forms that were kept in people's rooms so that staff could easily keep an accurate record of what people had eaten and what they had had to drink. We saw that drinks were within reach for people that were in being cared for in bed. People were weighed regularly, in most cases monthly. If there was a change in someone's weight then this routine would be changed to weekly. If staff had concerns they would raise this with the appropriate health care professional.

People were supported to remain healthy. People told us that they were able to access health care professionals when they wanted and we saw that this was the case. People had access to a range of health care professionals including mental health professionals, community nurse, palliative nurse, GP and dietician. The GP visited regularly and people were referred when there were concerns with their health. We saw that where necessary multidisciplinary teams of health care professionals supported people with their needs. One relative told us their family member saw the GP, visiting optician and chiropodist.

Requires Improvement

Is the service caring?

Our findings

People told us that they liked living at the service and that they thought the staff were caring. Comments included, "They're very good to me. I've got no complaints", "They're looking after me well", "They're all very good people. There is something about the people (at the service) that makes me feel better", "It's better than being at home on my own. It's like a family here", "It's all lovely here", "It's lovely here. I have a nice little room. You couldn't find anywhere better."

Individual staff were very caring and showed compassion for each person. However, we have reported that this service did not fully respond to each person's needs for activity and stimulation so until this aspect of the care is improved people are not fully experiencing a caring environment where they are included and at the centre of the service being provided. Also because staff lacked detailed information about peoples mental health or sensory needs and had not been fully trained people may not experience a service which cares for them as individuals and maintains or improves their mental health.

We observed staff to be caring and attentive to people's needs. One member of staff was sat chatting to a person in the morning and was very attentive to them. During lunch when people came into the dining room a staff member noticed that some people were sitting with the sun directly on them. They suggested these people moved to make the lunch more pleasant for them. One member of staff told us, "The residents are so lovely." We noted that one person's paintings were being hung on the wall in reception for people to see. On another occasion we observed a member of staff sit and talk with a person in their room when they became anxious. Another person called out that they were cold. A member of staff responded to this and put a blanket over them. They said, "This will keep you warm." When staff walked past people they greeted them in a cheerful way.

People were treated with dignity and respect and felt involved in their care. One person stood up and there was a problem with their trousers falling down. Staff were very discreet in tying their drawstring and adjusting the person's trousers at the back. One member of staff said, "I always treat people as a human being. They should have the same freedom as anyone else to make choices and choose their preferences. Like (name) who is a food hoarder. You need to take her the food she wants and then she'll eat it, there's no point in taking her the food she doesn't like." People told us that they could get up and go to bed when they wanted. We saw evidence of this during the day. Staff knew and understood people. They explained how one person required care and patience as they were resistant to care. They understood the person and their feelings around being resistant to care. We saw staff treat the person with dignity and they respected their wishes.

People's bedrooms were full of their personal belongings and individualised. The environment in people's rooms was bright and colourful. People were supported to have their private space and to remain independent. One person was a painter and their room was set up like an artist studio. Care plans detailed what people liked and did not like. For example, one person did not want curtains in their room and we saw that this was the case. Another person did not want to be woken every hour during the night when staff checked on them so an agreement was arranged that staff would check on them every two hours and

agreed they would be quiet so as not to wake them. The person told us that this happened. We observed that staff encouraged people to be independent and supported them with tasks where necessary. For example, one person became anxious and wanted some help to sort through their clothes. We saw staff did this with them.

People were encouraged and supported to keep in contact with family and friends. One person liked to call their relative at the same time every week and they told us that staff supported them to do this. Family members and friends visited when they wished. One relative told us that they visited every week and always felt welcome. Relatives fed back to the registered manager about the care that they family members received. One letter stated, 'Words cannot express both my own and my wife's gratitude for the dedication and care you have provided.' Another letter stated, 'Thank you for all your care and support you gave to our dad.'

Requires Improvement

Is the service responsive?

Our findings

We asked people whether they felt there were enough activities at the service to keep them occupied. One person told us, "We tend to sit here and do things." Another told us, "Activities are very few and far between." A third told us, "I would like to go in the garden a bit more. There are outings and there are activities here." One relative told us "There are lots of activities; barbeques, Christmas shows, birthday parties for everyone. There was a sixties morning in the big lounge recently and (their family member) did some dancing. The staff engage you in something; cards or dominoes or something."

People did not always receive care and support that met their needs. The provider's 'Guide for Service Users states 'The home policy on Therapeutic Activities takes into account the service users interests, skills, experiences and medical condition. The home offers a wide range of activities designed to encourage mobility and mental stimulation and most importantly, to take an interest in life.' We did not see sufficient evidence of this taking place on the day of inspection.
On the day one person was taken to a hospital appointment in the morning which meant that the art activity that was supposed to take place was cancelled. One person told us that they were looking forward to this activity.

Later in the morning we observed six people were sitting in the lounge with a staff member throwing a ball between themselves which people were engaged in. Another game was then started by a member of staff but this was interrupted with the member of staff engaging in a conversation with one person who the member of staff was taking out later that day. The game was then ended when lunch was about to be served. There were people at the service with a wide variety of complex social needs such that a reasonable level of meaningful engagement and activity provision for them all was a challenge for staff at the service.

Staff at the service felt that more could be undertaken in relation to activities. One member of staff told us, "They could do with more activities. Those people who (the activities lead) can communicate with tend to do more, but it's more important to do things with people who can't." Another member of staff said, "We need to do more activities here to engage people more. It would benefit people." According to the records other activities did take place at the service which included art and crafts and gardening. The activities coordinator also took some people out but these trips were limited to shopping and walks. One person who had been at the service for some months said they had not had the opportunity to go out. They said, "Maybe they will introduce trips as time goes by." The registered manager told us that more work needed to be undertaken with activities.

There was a risk that staff were not providing the most appropriate care to people. Where a particular mental health condition had been identified there was not always guidance for staff. There were no behaviour or support plans in place or information on what interventions had been tried to support the person. In one person's care plan it stated that person was at risk of self-harm however there was no care plan in relation to this. Another person had a diagnosis of schizophrenia but there was no care plan or guidance for staff in relation to this and what their triggers may be. One member of staff we spoke to was not aware of this person's diagnosis and assumed that they had 'depression'. Their care plan stated that they

were at risk of choking but there was no information in the care plan to explain why this was. One member of staff told us that one person was partially sighted and that they needed to be mindful of when they walked around the service, however, there was no mention of this in their care plan.

Care and treatment was not always provided that met people's individual and most current needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were aspects to the care plans that were more detailed. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. People's care had a description of their medical history, moving and handling, skin care and sleep routine and how people needed and wanted to be supported. There were examples where the person's needs had been identified and care was provided that met their needs. For example, one person was dependant on insulin due to their diagnosis of diabetes. There was detailed guidance for staff on what signs to look out for should the person become unwell and actions they needed to take. Staff were aware of this guidance.

There were times when the registered manager and staff were responsive in the care that they were providing. One person was very reluctant to come out of their room. The registered manager involved health care professionals with the persons care. They worked with the person and agreed that it was in the person's best interest for them to remain in their room but with additional support from staff. Another person had a life limiting illness and staff ensured that they received care and support specific to their needs. One health care professional told us that staff provided good care and that the person had "Come on in leaps and bounds" since moving in to the service."

There was a complaints procedure in the service that was also in an easy read format for people. At the time of the inspection the registered manager told us that they had only received one complaint but were unable to locate the records of this. After the inspection we were provided evidence of one complaint that had been received in February 2017 and the actions that had been taken to the relative's satisfaction. People told us that they had no complaints about the service being provided. One member of staff told us that they would support a person if they wanted to make a complaint. They said, "I would listen to the person and then if the manager was available I go to her. She is good at sorting things out."

Requires Improvement

Is the service well-led?

Our findings

There were aspects to the records management that required improvement and there was a risk that staff would not have the most up to date information for people. There were care plans that had contradictory information about people's care. One person was resistant to receiving to personal care. One part of the care plan stated that staff needed to assist the person with washing each day and to support them with changing their clothes daily. However, in another part of their care the guidance was clear that the person resisted personal care and that the person may allow staff to assist them 'on occasion'. In another care plan it stated the person did not like to try new situations but then stated, 'I am willing to try new things.' In another part it stated the person did not like to go out but then stated, 'I like to go out shopping.' It states that the person is incontinent but goes on to say that 'I can put myself on the toilet then when I am finished I will call for assistance.' This contradictory information could lead to staff who did not know people well to deliver incorrect in inappropriate care.

Since the inspection the provider and the registered manager have informed us of their intention to make improvements to the recording in care records and we will see how this has been embedded at our next inspection.

Effective management systems were not always in place to assess, monitor and improve the quality of service people received. The registered manager told us that there were plans to improve the environment for people including the flooring in the bathrooms. However, none of the audits that we were provided with had identified the concerns with the environment and we were not provided with any plans to show when the work was going to be completed. We identified that the sluice room was not being used by staff; however, this had not been picked up by the management despite the fact that staff could not locate the key to the door. A senior member of staff was heard to say that the room was unclean and obviously had not been used.

We were provided with 'Quality Actions' audit report and action plan undertaken by the provider and noted in March 2016 it was recorded that care plans required updating and that this was an 'On-going concern.' This had still not been fully addressed at the time of the inspection. A provider 'Compliance audit' undertaken in February 2017 stated that 'Activities are organised on a planned basis and a timetable posted for service users' and that this was 'Not actioned or adhered to.' We found that this had still not been fully addressed. The audits that we were provided with did not always identify the concerns that we had identified. For example, the cleanliness, the way equipment was stored, lack of training and the lack of infection control. In May 2017 and prior to the inspection we spoke to the provider about MCAs for people. They told us that it was likely that the MCAs for Chipstead Lodge were incorrect, however this had still not been fully addressed and there was no action plan for when this was likely to have been completed.

People attended regular meetings and were asked their views on the running of the service. However these meeting were not always used as a way of improving the service for people. We saw that people had requested more trips out and increased activities however this had not improved on the day of the inspection. The lack of activities was also raised in the survey that people and relatives completed.

The provider informed us after the inspection that more robust auditing and monitoring is now taking place. We will check the impact on this at our next inspection.

Appropriate systems were not in place to assess, monitor and improve the quality of the service, and the records were not always complete and accurate. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were aspects to the quality assurance that was effective. For instance a care plan audit identified that there were personal histories were missing. We saw that this had now been addressed. Care plans around mobility and skin integrity had improved and risk assessments were up to date. Staff told us that since the registered manager had started at the service a year ago there had been improvements. The registered manager had requested that the provider re-decorate the hallway to lighten this up and modernise and this had taken place.

We asked people about how they felt about the manager of the service. One person told us, "(The manager) is willing to know about problems. She likes things to be right." Another person told us, "The lady is very nice." One relative said, "More recently we got the new manager who is very good." The registered manager was seen around the service on the day of the inspection and had a good rapport with people and staff.

Staff were equally complimentary of the management of the service. One told us, "She values your opinion. You can talk to her and you just mention something, for example, training and it's done. Another told us, "The manager is brilliant. If we want anything we talk to her and she puts it in place. She never refuses anything. She wants everything for the residents." A third member of staff told us, "She's genuine and very, very caring. Her first priority is the residents. I feel valued by her and she acts on things." A fourth member of staff said, "The manager is absolutely fantastic. If I need to go to her she is always there for me. A lot has improved since (the registered manager) has been here."

Staff said they enjoyed working at the service and felt valued. One said, "There is good teamwork here and people (resident) are lovely. Another said, "It's like a family. It's a small home. It's great working here." A third said, "I absolutely love it here. The residents make it and I go home feeling like I've done a good job."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care and treatment was not always provided that met people's individual and most current needs

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had failed to ensure that mental capacity assessments were appropriately completed and that staff understood their responsibilities in line with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure people were protected from the risk of harm in relation to infection control.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider had failed to maintain an environment which supported safe care.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that appropriate systems were in place to assess, monitor and improve the quality of the service, and the records were complete and accurate.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff were suitably competent and skilled in their role.