

# Larchwood Care Homes (South) Limited

## Chaplin Lodge

### 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?

**Inadequate** ●

# Summary of findings

## Overall summary

About the service:

Chaplin Lodge is a residential care home that provides personal and nursing care to for up to 66 people aged 65 and over. At the time of the inspection there were 36 people living at the service.

People's experience of using this service:

Suitable control measures were not put in place to mitigate risks or potential risk of harm for people using the service, as not all risks to people had been identified and assessed.

People were at risk of having their safety compromised. This was because equipment such as people's call alarms to enable people to summon staff assistance was either not accessible or not working. The arrangements for notifying relevant staff and managing equipment-related risk was not robust.

Staff did not have sufficient time to give people the care and support they needed. The provider did not regularly review its staffing levels or ensure there were sufficient numbers of staff at all times available to meet people's needs.

Staff regularly felt under pressure and this meant care provided by staff was not 'person-centred' care and support. Staff did not sit and talk with people for a meaningful length of time and people's distress or discomfort was not always responded to promptly or consistently.

The provider did not have effective systems in place to monitor the quality of the service they provided or to drive improvements where needed. The lack of managerial oversight had impacted on people, staff and the quality of care provided. Improvements were not always made when things went wrong.

People did not always receive their medicines as prescribed and accurate medicines records were not maintained.

Staff training was not up-to-date. Not all staff had completed a comprehensive induction and staff supervision and support was inconsistent.

Care planning arrangements did not ensure all of a person's care needs were recorded. Staff were aware of people's end of life care needs but these were not recorded.

Recruitment arrangements were robust to ensure the right staff were recruited.

People were protected by the provider's prevention and control of infection procedures.

Sufficient food and drink was available to people throughout the day. Regular monitoring and review was carried out for people at nutritional risk to ensure their dietary needs could be met.

People experienced positive outcomes regarding their health and wellbeing and had access to healthcare services. The service worked collaboratively with other services and agencies.

People's capacity to make day-to-day decisions had been considered and assessed and the provider was working within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People enjoyed the activities provided but stated there were occasions when they were bored and there was nothing for them to do.

Rating at last inspection:

The rating of the service was 'Requires Improvement' (Last report published 9 November 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection of 'Requires Improvement'.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found during this inspection is added to reports after any representations and appeals have been concluded.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Chaplin Lodge

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one inspector on both days of inspection. An expert by experience accompanied the inspector on the first day of inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and people living with dementia.

#### Service and service type:

Chaplin Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this inspection 36 people were living there.

Although there was a manager at Chaplin Lodge, the manager was not registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 10 and 11 December 2018 and was unannounced.

#### What we did:

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us 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 ten people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff [including senior members of staff], an activities coordinator, the deputy manager and the manager. We reviewed six people's care files and four staff recruitment file. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- ☐ People told us staffing levels did not always meet their needs and left them feeling unsafe at times. One person told us, "Weekends are mayhem here, never enough staff, I think they [staff] just go home sometimes." A second person told us, "There's never enough staff, never. At night there's no staff in the lounge." Relatives stated there were insufficient staff to meet people's needs and they were concerned about staffing levels.
- ☐ Staff told us there were insufficient staff available to meet people's needs. One staff member said, "The staff rosters look good but staffing levels are always short." When asked how this impacted on people living at Chaplin Lodge, staff stated people did not always have their personal care and comfort needs met in a timely manner or have the opportunity to be supported to have regular baths or showers. We observed communal lounge areas were not always staffed for between 10 to 15 minutes and people's call alarm facilities were not always answered promptly. The manager confirmed staff members response times when they answered people's call alarms were not monitored.
- ☐ Arrangements were in place to assess people's dependency and to understand the number of staff needed to support them. However, the information was not used regularly to determine and establish the service's staffing levels. This was last completed in July 2018.
- ☐ Staff rosters and staff 'signing in sheets' for 5 November 2018 to 11 December 2018 were viewed and showed staffing levels as told to us by the manager were not being maintained all of the time. Staff rosters did not accurately reflect staff on duty.

There were not always sufficient numbers of staff available to meet people's care and support needs. Staffing levels were not reviewed to make sure sufficient staff were deployed to the service to keep people safe. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Staff had been recruited safely to ensure they were suitable to work with the people they supported.

### Assessing risk, safety monitoring and management

- ☐ Not all individual call alarm facilities in people's rooms were working and not all people had access to a cord to summon staff assistance. This did not enable people to summon staff assistance if they were feeling unwell, required assistance or in an emergency.
- ☐ Where people required an alarmed floor mat, a dual purpose 'jack plug' adaptor was not available to enable the call alarm cord and alarmed floor mat to be attached to the same call point and used at the same time. This meant there was a risk that the person could not summon staff assistance and if they mobilised or fell out of bed, staff would not be alerted.

- Staff did not always ensure risks for people were followed to safeguard people. We saw a member of staff offer and provide popcorn and pretzels to one person who was at risk of choking. The person was not supported to be sat in an upright position and monitored to ensure their safety. The person was observed to cough several times. This placed them at risk of choking.
- Risk assessments were in place for people and identified where they required monitoring and staff interventions, however some people were not always monitored and interventions recorded. One person was at high risk of developing pressure ulcers and had developed a pressure ulcer prior to admission. Although the care plan stated they were to be repositioned at regular intervals, evidence to support this didn't reflect this.

#### Using medicines safely

- Not all staff who administered people's medicines had received training or had their competency assessed.
- One person did not receive their medication in line with the prescriber's instructions. The person's transdermal patch which is placed on the skin to deliver a specific dose of medication was administered one day earlier than it should.
- Although the majority of Medication Administration Records [MAR] were double signed, some were not.
- PRN 'as required' protocols were not completed for all medicines prescribed in this way.
- People's medication profiles did not include their preferred method for taking medicines.

People's care and support needs were not provided in a safe way and risks to people were not always recorded to manage risk. Medication practices and procedures were not always followed. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- The provider did not have effective arrangements in place when things go wrong and to learn from these.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had suitable safeguarding arrangements in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Most staff had received safeguarding training.
- People told us they felt safe, whilst others implied that staffing levels left them feeling unsafe at times.

#### Preventing and controlling infection

- Overall the service was clean and we saw staff used Personal Protective Equipment such as gloves and aprons to help prevent the spread of infection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience.

- ☐ Not all staff employed had received an appropriate induction. Although staff had previous experience within a care setting, they had not achieved a National Vocation Qualification [NVQ] or the Qualification and Credit Framework [QCF]. The manager told us staff new to care or who did not have a NVQ or QCF were to complete the 'Care Certificate'. The 'Care Certificate' is a nationally recognised set of standards that social care and health workers should adhere to in their daily working life.
- ☐ Staff who were promoted to a senior role had not received an induction to this position.
- ☐ Not all staff had completed the provider's online training despite having been employed at Chaplin Lodge for over three months.
- ☐ Staff told us they did not feel listened to, valued or supported by the manager or the organisation. Staff told us they would go to the deputy manager rather than speak to the manager. Staff had not received regular supervision and where issues were recorded, there was no information available to show how this was to be monitored and addressed.

Not all staff received appropriate training, induction or supervision to fulfil the requirements of their role. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- ☐ People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff were able to tell us about people's individual characteristics.

Staff working with other agencies to provide consistent, effective, timely care; and supporting people to live healthier lives, access healthcare services and support.

- ☐ The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ We asked people about the food they received at Chaplin Lodge. One person told us, "I find the food here okay. I've chosen cauliflower cheese for lunch because I like it, they [chef] do a good choice." Another person told us, "I don't mind the meals, not like 'home cooking' but nonetheless, very nice."

- People had access to sufficient food and drink throughout the day with meals nicely presented. The overall dining experience for people was generally positive.

#### Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to make their own decisions. People told us they could choose what time they got up in the morning, the time they retired to bed each day, what clothes they wished to wear, whether they required PRN 'as required' pain relief medication, where they ate their meals and whether or not they wished to participate in social and leisure activities.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives in the least restrictive way possible.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

#### Adapting service, design, decoration to meet people's needs

- Chaplin Lodge is a purpose-built care home. People could access the ground floor safely, and had access to secure outdoor areas. There was sufficient dining and communal lounge areas for people to use and choose from within the service. People had personalised rooms which supported their individual needs and preferences.
- Some areas of the service are tired and worn, in particular this refers to the unit used for people living with dementia [Parkview] on the ground floor. Consideration needs to be given to signage and decoration to assist people to orientate themselves.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity.

- ☐ People did not always feel they were treated with care and kindness. People did not always feel listened to. People and their relatives attributed this to inadequate staffing levels at the service and staff not having the time to spend with them. One person told us, "They [staff] don't listen to me, they haven't got the time, I suppose." They explained to us that the jumper they were wearing was not their own, but staff had not responded when this was raised with them. Another person told us, "I can be sat here for ages waiting for staff to take me to the toilet. They do eventually but by then I am feeling so uncomfortable."
- ☐ People told us they did not receive regular baths or showers. The manager told us that a "bathing/shower book" had been introduced to record when this happened. We found these arrangements were ineffective as Information available concurred with what we were told and few people had received a bath or shower.
- ☐ People were not always supported in a timely or consistent manner when anxious or distressed. One person at lunchtime was observed to have a chesty cough. Over a 20 minute period the person continued to cough and bring up phlegm. Staff although present within the dining room failed to support the person and it was only when another member of staff entered the dining room was support provided.
- ☐ Another person told us, "I like it here, but it's not always nice." The person was unable to elaborate further but this was said after they had been repeatedly calling out for help and staff had failed to respond as their call alarm facility was not working.

Supporting people to express their views and be involved in making decisions about their care.

- ☐ People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives were given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires.
- ☐ Steps were being taken by the manager to enable people and those acting on their behalf to be actively involved in the care planning process and to agree the information recorded.
- ☐ Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating.

Respecting and promoting people's privacy, dignity and independence.

- ☐ People's dignity and privacy was respected. People received support with their personal care in private, staff were discreet when asking people if they required support to use the bathroom to have their comfort needs met.
- ☐ People's independence was promoted and encouraged according to their capabilities and abilities. People told us they could manage some aspects of their personal care with limited staff support. They also confirmed if they needed assistance this would be provided. The majority of people were able to eat and drink independently.

- ☐ People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ Not all people living at Chaplin Lodge received care that was personalised and responsive. This was primarily related to insufficient staffing levels being maintained at the service to meet people's needs.
- ☐ People's care records did not fully reflect people's care and support needs or provide sufficient guidance for staff as to how people's needs were to be met. For example, where guidance was provided by a healthcare professional, information had not been transferred to the care plan. Some people's care plan had not been updated as regularly as they should.
- ☐ Daily records relating to how people spend their day, staff interventions and the delivery of care; and repositioning charts for people at risk of developing pressure ulcers required significant improvement.
- ☐ People were offered the opportunity to participate in activities during the day Monday to Friday. However, people told us that after staff responsible for providing activities left, there was nothing else for them to do. One person told us, "We had a choir yesterday from a school, that was good. We also have an accordion player who visits quite often, we all like him. However, I go up to bed at 6.30pm because it's so boring down here, no staff and no chat. I go up and watch the television in my room." Another person told us, "The activities are alright if you like that sort of thing. The television is always on but certain people always have their choice of programme on."

End of life care and support.

- ☐ Staff told us there were people using the service that were judged as requiring end of life care. Although there was no evidence to suggest people were not receiving appropriate care, no information was recorded relating to pain management arrangements and how the person's end of life care symptoms were to be managed to maintain the person's quality of life as much as possible.

Improving care quality in response to complaints or concerns.

- ☐ The provider had effective arrangements in place to record, investigate and to respond to any complaints raised with them.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; how the provider understands and acts on duty of candour responsibility; and continuous learning and improving care.

- ☐ We identified significant shortfalls in the quality of leadership and management which impacted on people using the staff and staff employed at Chaplin Lodge.
- ☐ The culture of the service was not positive, open, transparent or well-led. Staff did not feel listened to, valued or supported by the registered manager. A significant number of staff spoken with were candid and expressed concern regarding the manager, their management style, the impact this had on staff morale and the level of care and support provided to people using the service.
- ☐ Staff members told us they had raised issues relating to staffing level concerns to the manager and regional manager. However, they went on to say that nothing had happened and therefore they had stopped to report further concerns. A relative told us they too had raised concerns about staffing levels with the manager. They stated, "I've mentioned to [manager's name] often about the staffing levels. They just say, "We're dealing with that, but I don't ever hear back from them or see things change."
- ☐ The manager was asked about the formal support they received. They told us the regional manager visited the service regularly, however they themselves had not received formal supervision since August 2018. This was of concern given the overall rating of the service following our last inspection in August 2017 remained rated 'Requires Improvement'.
- ☐ The registered provider's quality monitoring was not effective in identifying the concerns found at this inspection. Areas which required improvement, for example, ensuring staffing levels were maintained to support people's care needs, care planning and risk management arrangements, medicines practice and monitoring staff practices, were not picked up by the registered provider's quality assurance arrangements.
- ☐ Though many audits and checks were in place and completed at regular intervals, these checks failed to address the areas for improvement. For example, seven care plan audits for the period 25 September 2018 to 27 November 2018 were viewed. Four out of seven audits recorded a 'fail' score. An action plan was completed and even though areas for improvement were recorded, it was not possible to determine if these had been actioned as no information was documented. The manager was unaware if actions required had been followed up or addressed. Arrangements to examine data, such as for the incidence of falls and incidents, was inadequate to monitor potential trends and lessons learned.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ A manager was in post but they were not registered with the Care Quality Commission. The manager was present on day two of the inspection and during feedback of the inspection findings.

- The quality assurance arrangements and monitoring failed to effectively measure the experience of people being supported and cared for at Chaplin Lodge. This meant there was a lack of oversight based on observations of actual care being provided by staff and being experienced by people living at the service.
- People's comments about the manager were variable. Comments from relatives included, "I know the manager, I feel I can talk to them" and, "They're never here, you never see them at weekends, we don't see much of them."
- The quality rating of the service was displayed in accordance with the law.

Effective arrangements were not in place to assess and monitor the service to ensure positive outcomes for people using the service. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider had effective arrangements in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff meetings were held to enable the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Where issues were raised, an action plan had not been completed detailing how these were to be monitored and addressed.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People's care and support needs were not provided in a safe way and risks to people were not always recorded to manage risk. Medication practices and procedures were not always followed.

### The enforcement action we took:

Condition Imposed

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective arrangements were not in place to assess and monitor the service to ensure positive outcomes for people using the service.

### The enforcement action we took:

Condition Imposed

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not always sufficient numbers of staff available to meet people's care and support needs. Not all staff received appropriate training, induction or supervision to fulfil the requirements of their role.

### The enforcement action we took:

Condition Imposed