Adiemus Care 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?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

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

The inspection was completed on 26 and 27 August 2015. There were 53 people living at the service when we inspected.

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.

At our inspection on 9 December 2014 we found that the provider was not always meeting the requirements in relation to providing people with choice, ensuring that staff's training was up-to-date and staff received appropriate opportunities for supervision and appraisal. Improvements were also required in relation to care planning. An action plan was provided in May 2015 and

Summary of findings

this confirmed the actions to be taken by the provider to achieve compliance. Our observations at this inspection showed that the improvements had been made in relation to providing choice for people who used the service and ensuring that staff were appropriately trained, received an induction, supervision and appraisal. However, improvements were required to ensure that care plans contained all information about a person's care and support needs.

Improvements were required in relation to medicines management to ensure that this was safe and people received their prescribed medication.

Improvements were required as the arrangements for the prevention and control of infection were poor and required improvement.

Although records were not always available to guide staff on how to meet all aspects of a person's assessed care needs, actual care and support provided by staff was observed to be appropriate.

The provider's systems to check on the quality and safety of the service provided were not always effective in identifying areas for improvement.

Robust procedures and processes to protect people's rights and prevent people from being abused were in place. Staff had attended training on safeguarding people and were knowledgeable about identifying abuse and how to report it.

Staff were available in sufficient numbers to meet people's care needs and staff deployment was observed to be appropriate.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff felt well supported in their role and received regular supervision and appraisal.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety. People received proper support to have their social care needs met. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support and told us that their healthcare needs were well managed.

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

You can see what actions 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 not consistently safe.

The management of medicines did not ensure people's safety and wellbeing.

Infection control practices and procedures required improvement so as to ensure these were appropriate to keep the service clean and protect people from acquired infections.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Staff recruitment processes were thorough and ensured that staff were suitable people to work in the service. There were sufficient numbers of staff to meet people's needs.

Requires improvement

Is the service effective?
The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Good

Is the service caring?
The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good

Is the service responsive?
The service was not consistently responsive.

Requires improvement

Summary of findings

Although records were not always available to guide staff on how to meet all aspects of a person's assessed care needs, actual care and support provided by staff was observed to be appropriate.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

Concerns and complaints were well managed and showed if raised were taken seriously and responded to.

Is the service well-led?

Requires improvement

The service was not consistently well led.

Although systems were in place to regularly assess and monitor the quality of the service provided, they were ineffective as they had not highlighted the areas of concern we had identified.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

Positive comments were made about the manager and management team.

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 26 and 27 August 2015 and was unannounced.

The inspection team consisted of two inspectors. In addition, the inspectors were accompanied by an Expert by Experience on 27 August 2015. An expert by experience is a person who has had personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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

We spoke with 15 people who used the service, seven relatives, six members of care staff, the registered manager, the deputy manager, the person responsible for facilitating activities and two healthcare professionals.

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

Requires improvement

Is the service safe?

Our findings

Although people told us they received their medication as they should and at the times they needed them, the arrangements for the management of medicines were not consistently safe. Medicines were not stored securely, for example, on the first day of inspection one person's medication had been left in a medication pot on the dining room table and was easily accessible to others not authorised to have access. The medication pot remained on the table for 30 minutes before it was seen and removed by a member of staff.

We found five tablets on the floor in one person's bedroom and one tablet in two other people's bedrooms. This showed that the administration of medicines by staff for people was poor as staff had not ensured that peoplehad taken their medication. The medication administration records [MAR] for 15 out of 53 people who used the service were viewed. The medication administration records for three people showed that there were unexplained omissions giving no indication of whether people had received their medicines or not, and if not, the reason why was not recorded. Where people were prescribed a variable dose of medication, for example one or two, the specific dose administered had not always been recorded. This meant that people could be at risk of receiving too much or too little medication.

Records also showed that people had not always received their prescribed medication in line with the prescriber's instructions. One person's medication, for example, was 'out of stock'. Another person received their pain relief medication through a medicated adhesive patch one day later than prescribed and another two people had not received their medication as they were 'sleeping.'

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. The manager confirmed in light of the above errors highlighted that staff would receive additional training and/or competency assessments.

The arrangements for keeping the service clean and hygienic so as to ensure that people were protected from the risk of poor infection control were not robust.

On the second day of inspection, we found that four duvets were stained and three duvet covers were soiled with faeces. In one person's bedroom a ball of paper towels covered in faeces was noted within their under sink vanity unit and faeces were also smeared within their sink. Additionally, two people's floor covering in their bedroom was noted to be sticky underfoot when walking on it.

We discussed this with the manager and head of housekeeping. They confirmed that cleaning standards at the service had been difficult to maintain as a result of insufficient housekeepers and this was due to poor retention of housekeeping staff and difficulties in recruitment to this role. Cleaning schedules viewed showed that there were gaps in the records. This meant that we could not be assured that daily, weekly and periodic cleaning of the service had been accomplished to a satisfactory standard.

These failings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe. One person told us, "I have no concerns, I definitely feel safe." Another person told us, "I feel safe and if I need anything I press this buzzer [held the call alarm up for the inspector to see]." Relatives told us that as far as they were aware their family member was safe and well looked after. One relative told us, "It's a great relief they [member of family] are in here. I now feel they are secure. It has taken a great weight from our minds."

People were protected from the risk of abuse. 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 any concerns about a person's safety to a senior member of staff or the manager. Staff told us that if they had any concerns at all about people living at the service they would tell the manager or the person in charge of the shift. Staff were also able to demonstrate their understanding and knowledge of whistleblowing procedures. Staff confirmed that they would not hesitate to raise the alarm if they were concerned about something at work, such as others' poor practice. Staff were confident that the manager and deputy manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Requires improvement

Is the service safe?

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as the risk of poor nutrition and mobility, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition, risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's care practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Risk assessments relating to the premises and equipment were completed, for example, risk assessments for fire and Legionella.

People's comments about staffing levels at the service were variable. Whilst some people told us that staff responded promptly to their needs and to requests for assistance others told us that they had to wait. One person told us, "You do have to wait for staff to come and see you." Another person told us, "Staff do their best, but I do have to wait sometimes." When asked for further information they told us that they could be waiting for up to five to 10 minutes for staff to attend to their needs.

Relatives advised that in their opinion staffing levels had been reduced over the past 24 months and that this was linked to national funding issues. However, staff told us that there were sufficient staff to meet people's needs.

Our observations during the inspection suggested that the deployment of care staff was suitable to meet people's needs and where assistance was required this was promptly provided.

The dependency levels of people were determined as the basis for deciding staffing levels at the service. This showed that the provider had suitable arrangements in place to review staffing provision to ensure they had the right number and mix of staff to meet the needs of the people they supported. The staff rosters over a six week period showed that staffing levels as told to us had been maintained each day.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

Good

Is the service effective?

Our findings

At our last inspection in December 2014, we were concerned that the provider's arrangements relating to staff training, induction, supervision and appraisal required improvement. In addition, we found that the provider had not ensured that people understood the choices available to them, particularly, in relation to meals. An action plan was sent to the Care Quality Commission in May 2015 detailing the actions to be taken to address the shortfalls. At this inspection we found that the required improvements as stated to us had been made.

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Relatives told us that, in their opinion, staff were appropriately trained. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Records confirmed what staff had told us.

The manager was able to tell us about the provider's arrangements for newly employed staff to receive an induction. The manager confirmed that this would include an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. The manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Records showed that staff had received a robust induction and staff spoken with confirmed this. Additionally, the manager told us that opportunities were given to newly employed staff whereby they had shadowed a more experienced member of staff for several shifts and staff spoken with confirmed this.

Staff told us that they received good day-to-day support from work colleagues, formal supervision at regular intervals and an annual appraisal. They told us that supervision was used to help support them to improve their work practices. Staff told us that this was a two-way process and that they felt supported by senior members of staff and the manager. Records confirmed what staff had told us.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had a good understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that the majority of people living at the service were deemed to have capacity to make day-to-day decisions in their best interests.

Where people did not have capacity appropriate records to evidence this were in place. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, where they ate their meals and whether or not they participated in social activities.

We found that the arrangements for the administration of covert medication for two people had been assessed and agreed in their best interest by the appropriate people involved in their lives. '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.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "The food is very good." Another person told us, "The food is good. I'm not a big eater but what I have I enjoy. If there's anything that needs cutting they [staff] cut it and I have a spoon and a fork to eat. They have a sweet trolley, but if I need fruit I ask and they [staff] bring it, such as, tangerines and bananas."

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. The service was able to show that people's meals could be taken at flexible times of their choosing, for example, two people were asleep in their room when the lunchtime meal was served. Both people were not woken up but when they roused at a time of their choosing they

Good

Is the service effective?

received their meal. One relative told us that there had been times when their relative had not eaten at lunchtime and the staff had kept their lunch aside and made sure that they ate it later when they felt like it. Hot and cold drinks, fresh fruit and snacks were available throughout the day.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, dietician or the Speech and Language Team [SALT].

People's healthcare needs were well managed. People told us that they were supported to attend healthcare appointments and had access to a range of healthcare professionals as and when required. One person told us, "I can see the doctor when I need to and the District Nurse, they come as well." Relatives told us they were kept informed of the outcome of healthcare appointments for their member of family. One relative told us, "There is very good communication and we are always kept informed of what is happening." 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. Two healthcare professionals were very complimentary and confirmed that staff were receptive and responsive to advice provided. They advised that communication was good and they were alerted at the earliest opportunity to provide interventions.

Good

Is the service caring?

Our findings

People who used the service and their relatives spoke positively about staff's kindness and caring attitude. One person told us, "The staff are very kind." Another person told us, "I can't speak too highly about the staff. The staff are brilliant; they listen to you and ask you what you want. The staff were amazing when I came in." They further explained that when first admitted to the service they experienced bouts of low mood as a result of their medical condition but explained that staff got them through the first five months of their stay at the service. They told us, "The staff were so supportive at that time and never made me feel awkward. I don't know what I would have done if staff had not been there."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be warm and calm. We saw that staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. In addition, staff rapport with people living at the service was observed to be friendly and cheerful. This was clearly enjoyed by people and there was positive chit-chat between both parties.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. The manager told us that six people accessed the local community independently, for example, to go shopping and to use the local cafés and the pub. One person told us, "I go out most days. As long as I let staff know that I am going out there is no problem. I was very worried when I first came here as I was anxious that my independence and freedom would be curtailed. It has not been." They also confirmed that they maintained their independence in relation to the administration of their medication and this was very important to them. This showed that people were empowered to retain their independence and skills where appropriate according to their abilities, wishes and preferences.

Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. The manager confirmed that although people living at the service had family members able to advocate on their behalf, information about local advocacy services was readily available.

Requires improvement

Is the service responsive?

Our findings

At our last inspection in December 2014, we found that people's care was not planned and assessed to ensure people's safety and welfare. An action plan was sent to the Care Quality Commission in May 2015 detailing the actions to be taken to address the shortfalls.

At this inspection improvements were noted and a review of people's care plans had been undertaken. However, although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not fully reflective or accurate of people's care needs. Some people's care plans did not contain sufficient relevant information on how people's dementia affected their day-to-day living and how they were to be supported. They did not include detail about people's strengths, abilities and aspirations.

Staff told us that there were some people who could become anxious or distressed. Although the care plans for these people were better, improvements were required to ensure that individual people's reasons for becoming anxious and the steps staff should take to reassure them was recorded in more detail. In addition, assessments of the behaviours observed and the events that preceded and followed the behaviour were not consistently robust, completed or easily accessible so as to provide a descriptive account of events including staff interventions.

Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff and the management team. Staff told us that handover meetings were undertaken between each shift and were important in making sure that they had up-to-date information each day about people who used the service. This meant that staff had day-to-day information required so as to ensure that people who used the service would receive the care and support needed.

Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

Although some people's comments about activities were variable others told us there were sufficient opportunities for them to participate in a range of social activities. One person told us, "There were raffles and more trips out then." Another person told us that two members of staff had recently taken the trouble to come in on their day off to take them out. They told us that they had very much enjoyed the experience.

People told us that they had the choice as to whether or not they joined in and some people confirmed that they preferred to spend time in their room. Where people participated, they told us that they enjoyed the activities provided. Our observations throughout the inspection showed that people were provided with a newspaper, were able to read books, enjoyed art and craft activities, played cards or other games. Although a planned activity programme was in place the person responsible for activities advised that the programme was flexible and social activities could be provided on an 'ad-hoc' basis. They were also able to tell us how they met the social care needs of people living with dementia, for example, providing one-to-one activities and using sensory stimulation via specific objects.

People and their relatives told us that if they had any concerns they would discuss these with their relatives, staff on duty or other members of the management team. One person told us, "If I had a complaint I would tell my boy [relative] and he would see the manager or I would press my buzzer." Relatives said that they were confident in being able to raise concerns and complaints to the management team. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. A record was maintained of each complaint and included the details of the investigation and action taken.

Requires improvement

Is the service well-led?

Our findings

The provider 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 internal quality assurance team at regular intervals. Although these systems were in place, they had not highlighted the areas of improvement we had identified, particularly in relation to medication practices, infection control and record keeping relating to people who used the service.

Relatives told us that that the service was well run and managed. There was nothing but praise and positive comments for the manager and management team from people who used the service and those acting on their behalf. Relatives told us that the service "had changed for the better." Two relatives told us that they were concerned about the impending change of manager and that this could lead to a reduction in overall standards at the service. Comments about the manager included, "[Manager's name] always makes themself available and always listens." One person who lived at the service told us, "[Manager's name] is a lovely person. I can always call on them if I have a problem." Another person told us that they had received very helpful emotional support from the manager and management team during a difficult period in their life.

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 had an understanding about their roles and responsibilities. Staff told us that the overall culture across the service was open and inclusive and that they received good support from the manager and deputy manager. Staff also told us that they felt valued as a member of staff by the management team and received both positive and constructive feedback.

The provider confirmed that the views of people who used the service and those acting on their behalf were sought each month through a specific topic, such as, dining experience, activities. The comments received were noted to be positive and raised no issues for further corrective action.

The provider told us that regular meetings with staff, people who used the service and those acting on their behalf were undertaken so as to facilitate good effective communication and to understand what was happening within the service. Records were available to confirm that these occurred at regular intervals and a record was maintained of the discussions. Improvements were required to ensure that actions required and evidence of the actions taken to address these were clearly recorded.

The manager told us that they had participated in the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service. In addition to this the manager confirmed that the service was part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project in relation to falls, urinary tract infections and pressure ulcers management. This is a two year project that aims to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across Essex by developing the skills of staff employed within the service. Data provided by the manager showed that whilst efforts had been made to try and reduce the incidence of falls, not as much progress had been made as the reduction relating to the incidence of pressure ulcers and urinary tract infections. We were assured that further work to reduce the incidence of falls at the service was on-going and there was evidence to show that the management team were working with external healthcare professionals to address this. The manager also confirmed that they were 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 to take an active interest in the wellbeing of people living in care homes in their local area.

They also confirmed that they regularly looked at national guidance and advice provided from a number of organisations, so as to improve health and social care practices at the service, for example, Skills for Care, Social

Requires improvement

Is the service well-led?

Care Institute for Essex (SCIE) and the National Institute for Health and Care Excellence (NICE). This showed that the manager endeavoured to promote best practice to keep themselves up-to-date with new initiatives.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with the proper and safe management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the cleanliness and monitoring of the premises. Regulation 12(2)(h)