

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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Chaplin Lodge is a residential care home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The service can support up to 66 people in one adapted building. People are accommodated within two units, Beeches and Parkview. The latter provides care and support, primarily for people living with dementia.

People's experience of using this service and what we found

Not all risks to people's safety and wellbeing were assessed, recorded or followed by staff. Improvements were still required to ensure people received their medication as they should. People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Enough numbers of staff were available to support people living at Chaplin Lodge and to meet their needs. Recruitment practices were robust to make sure the right staff were recruited. People were protected by the prevention and control of infection. Findings from this inspection showed some lessons were being learned and improvements made when things went wrong.

Suitable arrangements were now in place to ensure staff were appropriately trained and newly appointed staff received a robust induction. The dining experience for people using the service was good. People received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. People were in general supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. At the time of inspection, the service was undergoing redecoration and refurbishment.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us. However, on Parkview, interactions were more task orientated and not always person-centred.

Improvements were still required to ensure information recorded clearly detailed people's care and support needs and was followed by staff. People were supported to participate in social activities, both 'in house' and within the local community. The service is not fully compliant with the Accessible Information Standard to ensure it meets people's communication needs. People and those acting on their behalf were confident to raise issues and concerns and felt listened to, though not all complaints had been responded to in a timely manner. People's Preferred Priorities of Care [PPC] had been discussed with them and their relatives. Referrals had been made to the end of life register to ensure people's wishes were adhered to.

Governance arrangements were much improved, but progress was still required to make sure improvements made were sustained in the longer term.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The rating at last inspection was requires improvement (published March 2019). There were three breaches of regulation. These related to breaches of Regulation 12 [Safe care and treatment], 17 [Good governance] and 18 [Staffing].

Conditions were imposed on the registered provider's registration. The registered provider was requested to complete and submit a monthly report to show what they would do and by when to improve the service and to demonstrate they had oversight of the service.

At this inspection we found improvements had been made and the provider was no longer in breach of two out of three regulations. The service still remains in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an assistant inspector on both days of inspection. An Expert by Experience accompanied the inspectors 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 this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The service was being managed by a regional manager. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people who used the service and six family members about their experience of the care provided. We spoke with seven members of staff, including care staff, the person responsible for facilitating social activities, the deputy manager and regional manager.

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 reviewed a range of records. This included six people's care records and multiple medication administration records. We looked at four staff files in relation to recruitment and staff supervision records. A variety of records relating to the management of the service and their quality assurance arrangements, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant 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.

At our last inspection to the service in December 2018, the registered provider had not always provided care and support for people in a safe way. Risks to people were not always recorded and mitigated and medication practices at the service required improvement. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and this was a continued breach of regulation.

Assessing risk, safety monitoring and management; Using medicines safely

- Where risk assessments were in place, these identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. However, not all risks to people's safety and wellbeing were assessed and recorded or followed by staff.
- A safeguarding concern in July 2019 informed the Care Quality Commission of one person having left the service without staff's knowledge. The statutory notification confirmed a risk assessment would be completed by the service, specifying how any future risk to the person's safety and wellbeing would be reduced and mitigated. At this inspection, we found no risk assessment had been completed. We discussed this with the regional manager and they confirmed this as accurate but could not provide a rationale for this omission. They told us a risk assessment would be completed retrospectively.
- Not all risks for people were mitigated and followed by staff in line with people's care and support needs. The care plan for one person stated their food and fluids should be given by staff using a teaspoon. However, staff were observed on two separate occasions to do this using a dessert spoon. Though the person did not choke, they were observed to cough whilst being assisted to eat by staff.
- Advice recorded by the Speech and Language Therapy [SALT] team for one person detailed they should not have any bread as this presented a potential choking risk. Records confirmed three days after this advice had been given, the person was given a bread sandwich. Although records suggested the person did not suffer any adverse effects, staff's practice placed the person at potential risk of harm.
- Medication Administration Records [MAR] showed not all people using the service had received their prescribed medication. The MAR form for one person showed between 5 and 21 August 2019, eight occasions, [including three consecutive days], where they did not receive their medication which was used to treat the symptoms of mild to moderate dementia. The rationale for this omission recorded the person as 'sleeping.' Consideration had not been given to make sure the person received this medication prior to going to bed or a discussion held with their GP to look at how this could be managed better.
- Another person did not receive their prescribed topical cream which had 'active' ingredients. Staff were applying the topical cream as if it was a PRN [as required] medication rather than a medication to be given

at regular times throughout the day.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Staffing and recruitment

At our last inspection to the service in December 2018, the registered provider had failed to ensure there were enough staff available to meet people's care and support needs. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found improvements had been made and they were no longer in breach of this regulation.

- People's comments about staffing levels were positive. Relatives told us, "There always seems to be plenty of staff around when we come to visit" and, "I have noticed there are always a lot of staff available."
- The deployment of staff during both days of inspection was appropriate and there were enough staff to meet people's needs. Staff were seen providing care and support to people promptly, with call alarm facilities answered in a timely manner.
- The service used a formal tool to assess people's dependency needs and this was used to inform the service's staffing levels. Though there was no significant impact for people using the service, the dependency tool could not be relied upon as some people's dependency need assessments were wrong and provided an inaccurate representation of the person's dependency needs. This was discussed with the regional manager and they concurred with our findings. They told us any amendments to the dependency tool would have to be discussed with the provider.
- Staff recruitment records for three members of staff were viewed. Relevant checks were completed before a new member of staff started working at the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I do feel very safe because there are people to care for me and ask how I am", "Safety, well yes. I do feel safe because I cannot look after myself and staff do a good job here" and, "I feel safe, don't know why, I just do." All relatives spoken with told us they had no concerns about their family member's safety.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the regional manager and external agencies, such as the Local Authority or Care Quality Commission.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staff followed the service's procedures to maintain a reasonable standard of cleanliness and hygiene within the service.
- The service was clean and odour free. People told us the service was kept clean and that they valued the domestic staff who were friendly towards them. Staff had access to enough personal protective equipment to help prevent the spread of infection.
- Staff had received appropriate infection control training.

Learning lessons when things go wrong

- The inspection highlighted some lessons had been learned and improvements made since our last inspection in December 2018. For example, enough numbers of staff were now available to meet people's care and support needs. Appropriate arrangements were now in place to ensure staff received training opportunities and a robust induction. Care practices had improved though further improvements were still required on Parkview to enable people to receive person-centred care.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good.

This meant people's outcomes were consistently good and people's feedback confirmed this.

At our last inspection to the service in December 2018, the registered provider had failed to ensure staff employed at the service had received suitable training, a robust induction and regular supervision. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and they were no longer in breach of regulation.

Staff support: induction, training, skills and experience

- Staff training records showed staff employed at the service had received mandatory training in line with the organisation's expectations.
- Where staff had attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework [QCF]; and had limited experience in a care setting, staff had completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. Additionally, staff completed an 'in-house' orientation induction when first employed.
- Staff told us they felt supported and valued by the then registered manager and regional manager.
- The supervision planner for 2019 showed not all staff had received regular formal supervision. For example, two members of night staff had only received one supervision in February and March 2019, respectively. Another member of staff had only received one supervision in January 2019.
- Not all staff employed longer than 12 months had received an appraisal of their overall performance. Where these had been completed, aims and objectives were not always set for the next 12 months.

We recommend the registered provider seek independent advice and guidance to ensure robust systems are in place for supervising and appraising staff.

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

- People's needs were assessed prior to their admission to the service. However, the information was not as robust as it should be. Assessments provided limited information about the person's needs. It was unclear how the person completing the assessment was able to determine if the person's needs could be met by the service based on the information recorded. The rationale provided by staff meant it was not always possible to gather information from the person's family or healthcare professionals. This is important as the information provided was used to inform the person's care plan and enable staff to provide appropriate care.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and

ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- People's comments about the quality of the meals provided were variable. One person told us, "I enjoy the food here and never feel hungry." One relative told us, "The food is definitely good, [relative] has put on weight, but I also bring food in. [Relative] likes curry and they had one last night." Where comments were less favourable, comments included, "The food is okay, the regular cook left but the new one is not so good, I could do better", "They [staff] do their best with the food, it is piled on the plate" and, "The food is not that good. I get hungry at times, if I don't eat what I am given."
- People had access to enough food and drink throughout the day and meals were nicely presented. However, people were not routinely reminded by staff of the meals provided and the dining environment was not as nice for people living on Parkview as it was for those residing on Beeches. The tables were not laid on Parkview, only one person was given a serviette and people were not offered condiments. This contrasted with people on Beeches. The tables were attractively laid with placemats, cutlery, serviettes, glasses and condiments.
- People were able to choose where they had their meal, such as in the communal lounge, in the dining room or in the comfort of their bedroom and at a time of their choosing. For example, one person on Parkview did not want to eat their meal at lunchtime and had this provided to them later in the afternoon. People received appropriate support from staff where they required assistance to eat and drink.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for support and advice. Nevertheless, improvements were required to ensure information provided by healthcare professionals were updated to the person's care plan.

Staff working with other agencies to provide consistent, effective, timely care; 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 and confirmed their healthcare needs were met. One person told us, "If I have to go to hospital, a member of staff will always go with you. I get to see a doctor if I need one." One relative told us, "I find communication to be good at Chaplin Lodge, they [staff] always contact us if they have any concerns about [relative] or if they are unwell."
- The service was part of the 'Red Bag Care Home Scheme'. This is a new national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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

- People had personalised rooms which supported their individual needs and preferences.
- People had access to communal lounge's and dining areas. People also had access to a courtyard garden.
- The service was undergoing redecoration and refurbishment throughout Chaplin Lodge. New furniture, fixtures and fittings had been bought. Currently, the environment lacked appropriate signage and did not comply with the Accessible Information Standard. The regional manager confirmed signage had been ordered and would be placed within the service once decorated.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- 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.
- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

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

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

- People's comments about the quality of care were positive. Comments included, "The staff are always kind and caring to me, they just are", "I am well looked after, the staff are kind and caring" and, "The staff are more like friends." One relative told us, "[Relative] is always nicely dressed when I visit, never seems unhappy and you always get a warm welcome." Another relative told us, "I think the staff know how to care for [Name of person using the service]. Staff appear to be kind and caring and are very helpful."
- The care provided by staff was variable, but nonetheless, much improved since our last inspection in December 2018. Staff interventions on Beeches was very good, and we observed many examples whereby people were treated with care, kindness and compassion. Staff noticed one person on Beeches was cold and got them a cardigan and blanket. Staff demonstrated a good rapport with the people they supported and there was much good-humoured banter. People were observed to have a laugh and joke with staff.
- Although staff were able to tell us about people's care and support needs, staff did not always understand the importance of making sure they had the time to give people support in line with their care needs, particularly for people living with dementia. On Parkview, interactions were more task orientated and not as person-centred as they should be.

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

- Staff explained things clearly or in a way that could be easily understood by people using the service. For example, one person became distressed and agitated as they wished to have pain relief medication for a bad back. The member of staff explained this was not possible as it would result in them receiving too much medication over a short period of time. The person was placated, and the situation deescalated.
- People and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of questionnaires.

Respecting and promoting people's privacy, dignity and independence

- Improvements were required to ensure people living at Chaplin Lodge were treated respectfully. For example, the dining experience on Parkview did not always show people were treated with respect. This referred to the dining tables not being laid, people where appropriate not being given serviettes or condiments.
- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of

self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery.

- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, except at mealtimes, 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since our last inspection of the service in December 2018, people's care plans had been rewritten to make sure information recorded was person-centred and accurately reflective of individual's care and support needs.
- However, improvements were still required to ensure information recorded was followed by staff, information clearly detailed people's care and support needs and evidence of staff interventions recorded to show the care and support provided.
- The care plan for one person provided contradictory information relating to one person's nutritional needs and how this should be monitored to make sure they maintained a healthy weight. No specific information was recorded relating to the correct size sling or hoist to be used for people who required staff support with their moving and handling needs. Information from healthcare professionals was not always transferred to people's care plan.
- Where people could be anxious and distressed and exhibit inappropriate behaviours towards others, information relating to known triggers and specific guidance for staff on how best to support individual's, required improvement. Where information was recorded relating to specific incidents, evidence of staff interventions to demonstrate the support provided and outcomes was not always recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We did not see enough evidence of how the Accessible Information Standard has been applied. For example, the activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One member of staff was responsible for facilitating social activities. They were employed for 30 hours each week, Monday to Friday. This member of staff demonstrated enthusiasm for their role and showed an understanding and awareness of people's different social care needs.
- People's comments about social activities were generally positive. One person told us although they had a

sensory impairment, they were supported to sit in the garden when the weather was nice and to listen to the radio in their bedroom in the evening. They were supported by their family and friends to attend community events three days a week. Comments from others included, "I love to sit and read, I don't want to do anything else", "There are activities provided and we now have the opportunity to occasionally go out as we have a minibus. Last week we went to the garden centre" and, "The activities lady is very good, she does her best to keep us occupied. I don't always join in but that's my choice."

- The staff member responsible for facilitating social activities divided their time between Beeches and Parkview. However, where people accessed the community on trips out, no-one was available to enable others to take part in 'in-house' activities as staff employed at the service rarely took the initiative.
- Activities provided to people during our inspection included, reminiscence on Beeches, which generated a lot of conversation. A member of staff spent time looking at and discussing with one person, their family photographs. People were asked if they wished to watch the television or listen to music. On Parkview, people were supported to listen to music, to have a 'sing-a-long,' to dance and some people had a manicure. People also watched the musical DVD 'Calamity Jane'.
- Events took place throughout the year which included people's friends and family members. In 2019, a special event had been put on to celebrate 'Mother's Day', a bar-b-que was planned at the weekend, and other external entertainment was planned, including a bird of prey show.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues with the service. Relatives told us they would not hesitate to discuss any concerns or worries with staff. One relative told us they had only ever had one complaint, and this was dealt with appropriately. Another relative told us, "If I had any concerns I would speak to staff. I'm sure the issues would be addressed, if not I would go higher until I was satisfied with the outcome."
- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Since our last inspection in December 2018, nine complaints were logged and investigated. However, not all complaints had been responded to in a timely manner in line with the provider's complaint policy and procedure. It was not always possible to determine if complainants were happy with the outcome and actions taken by the provider.
- Compliments to capture the service's achievements were recorded both at the service and on a well-known external website. The latter recorded five reviews had been completed since December 2018, of which four were very positive. Two relatives wrote, 'Staff are very helpful, kind and considerate of residents' and, 'I have peace of mind knowing that my relative is being looked after and cared for by a team of professional people who often go above and beyond the call of duty. I visit most days and find all staff helpful and pleasant. I would not hesitate to recommend Chaplin Lodge.'

End of life care and support

- Staff told us there were people using the service that were assessed as requiring end of life and palliative care.
- People's Preferred Priorities of Care [PPC] had been discussed with them and their relatives. Referrals had been made to the end of life care register to ensure people's wishes were honoured by; the service and other healthcare professionals involved in their care.
- Preparations were made to ensure people had appropriate equipment and services in place to keep them as comfortable as possible, for example, anticipatory medicines.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection to the service in December 2018, the registered provider did not have effective governance arrangements in place to assess and monitor the quality of the service provided. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found significant improvements had been made, and though improvements were still required in some areas, the service was no longer in breach of regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Since our last inspection in December 2018, evidence demonstrated improvements had been made and lessons learned to achieve a better level of compliance with regulatory requirements.
- Care practices were much improved to make sure care and support was provided in a safe way. Though improvements were still required in relation to risk and medicines management, progress had been made. Enough numbers of staff were now available to meet people's needs and the deployment of staff ensured people's needs were met in a timely manner.
- Staff now received appropriate training opportunities and a robust induction. The atmosphere within the service was better, with staff confirming they now felt valued and supported. Morale amongst the staff team was much improved. One member of staff told us, "We have had so many changes of manager at Chaplin Lodge, but the regional manager who is here, is very good and we work well as a team work." Another member of staff stated, "It is now so much better than when you [inspector] were last here. Team work is better, more cohesive, we're getting the support we need to make this [Chaplin Lodge] a better place. The residents are so much happier."
- Audits were now routinely completed in key areas in line with the registered provider's timescales, for example, monthly, quarterly, six monthly and annually. The completed audits demonstrated a good level of compliance was attained throughout the service.
- Areas for improvement still related to risk and medicines management and care planning. Whilst care practices were much improved on Beech, improvement was still required on Parkview to ensure care provided was less task focussed and more person-centred.

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

regulatory requirements

- Following our last inspection to the service in December 2018, a new manager commenced in post in January 2019 and was registered with the Care Quality Commission in June 2019. However, the registered manager resigned in July 2019 and at the time of our inspection the service was being managed by the regional manager. Whilst staff were accepting of this, they stated they would like to have a permanent manager for continuity and support in the longer term.
- The regional manager was aware of their role and responsibilities. Statutory notifications which the service is required to send us, were forwarded to the Care Quality Commission.
- People and those acting on their behalf confirmed they knew who the regional and deputy manager were.

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

- Arrangements were in place for gathering people's views of the service.
- Meetings were held for people living at Chaplin Lodge, their relatives or representatives. This was to enable them to have a voice, to feel involved and to provide on-going support and information.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they now had a 'voice' and felt empowered and able to discuss any topics. Where staff were unable to attend, a copy of the meeting minutes was displayed on the staff noticeboard.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support care provision.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not completed for all areas of risk or mitigated to ensure people's safety and wellbeing. Medicines management required improvement.