

Bupa Care Homes (CFHCare) Limited

Chilton Meadows Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Chilton Meadows Care Home is a care home providing accommodation, nursing and personal care for up to 120 older people, some of whom may be living with dementia and/or have complex nursing needs. People are accommodated across four houses named Beech House, Munnings House, Gainsborough House and Constable House. At the time of our inspection there were 97 people using the service.

People's experience of using this service: At this inspection we found a number of improvements had been made. A lot of work had taken place since our last inspection to improve the safety and quality of the service.

Staff recognised any signs of abuse or harm and they reported their concerns in line with correct safeguarding policies and procedures.

Any risks continued to be appropriately assessed and mitigated to ensure people's safety was considered.

People's medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Effective infection control measures were in place to protect people.

Staff received an induction and ongoing training and support to fulfil their role and extend their knowledge.

People enjoyed the food at Chilton Meadows and were supported to maintain a healthy and balanced diet.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. Staff encouraged people to maintain their independence.

People received support from staff who were kind and treated them with respect.

The leadership, management and governance of the service ensured the delivery of good quality care. The registered manager and management team strived to achieve high standards through continuous improvement. The quality and safety of the service was closely monitored through regular checks and audits.

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

Rating at last inspection: The rating at the last inspection was 'Requires Improvement'. The last report for Chilton Meadows was published on 26 April 2018.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Chilton Meadows Care Home

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: This inspection was carried out by four inspectors, a pharmacist and three experts by experience. The pharmacist's role was to specifically look at the safe management of people's medicines. The experts by experience have experience of caring for people who use this type of service.

Service and service type: Chilton Meadows is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Each of the four houses also had a 'house' manager working within it.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with 13 people who used the service and 15 people's relatives. We spoke

with 10 care staff as well four senior care staff, a house manager, housekeeping staff, catering staff, the clinical lead, the deputy manager and registered manager. We also spoke with the regional director for the provider. We reviewed a number of records including eight people's care records, medicines records and records related to the management of the service. Details are in the key questions below.

Is the service safe?

Our findings

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

At our last comprehensive inspection in February 2018 we rated this key question 'Requires Improvement'. This was because improvements were needed to the management of medicines and the way staff responded to any accidents or incidents occurring at the service. At this inspection we found improvements had been made and as a result, we have rated this key question 'Good'.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who lived at Chilton Meadows told us they felt safe at the home. One person said, "At night I am now sleeping 6.5 hours because I now feel safer." Another person commented, "I never feel frightened here, it feels safe, there are always staff around and they have time to chat when they come in my room."
- People were supported by staff who had completed safeguarding adults training. Staff confidently told us how they would report concerns about people's safety should they have any.

Assessing risk, safety monitoring and management

- Where there were risks to people's safety and wellbeing these had been identified and risk assessments were in place to minimise hazards. Risk assessments were comprehensive, fully completed and used nationally recognised assessment tools.
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.

Staffing and recruitment

- We received some mixed feedback about the staffing levels across the site. People and their relatives recognised that care staff worked hard and were busy, however they told us at times they felt the service was short staffed. Most people however, were positive that this did not impact on staff opportunities to spend quality time with people.
- Most people told us staff were available when they needed assistance. One person said, "I get up when I want to and go to bed when I want to. If I need any help it normally doesn't take long for them to come." Another person said, "I ring my bell. The only time you wait is in the morning, the waiting time is alright."
- Several staff told us that staffing levels were a challenge, particularly on one unit however overall staff were mostly positive and told us they were able to meet people's needs in a timely manner. One staff member said, "Yes there are enough staff and we deliver care without rushing or in a task orientated way." Another told us, "Our managers are extremely supportive and if we said we needed more staff, they would always respond positively."
- We spoke at depth with the registered manager and the regional director for the provider company about the staffing levels. The registered manager told us the staffing levels were based on people's dependency needs, however there had been an issue with the recruitment of new staff. We found that every effort was being taken to recruit staff and fill any vacancies, however there were not the applicants for the posts

needed. In the meantime, staffing needs were being covered with staff overtime and the use of agency staff.

- During our visit, we observed that there were sufficient numbers of staff on shift to spend time with people at frequent episodes during the day. We had members of the inspection team in all four units across the day and found staff were not task led, they had time to spend with people and were quick to attend a person's bedroom when a call bell or emergency bell rang.
- The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people.

We recommend that the provider continues closely monitoring and reviewing staffing levels to ensure people's needs continue to be met in a timely manner.

Using medicines safely

- People received their medicines when they should. One person told us, "I don't know what all my medicines are for, but they are always on time. If I ask they tell me what they are for."
- Systems in place ensured medicines were received, administered, stored and returned safely.
- Only staff who were trained and assessed as competent, administered medicines.
- We found some PRN (give when necessary) medicines, was also recorded on the person's medicine administration record (MAR) chart to 'take at regular intervals throughout the day' which could have meant they may have been administered twice in error. This was addressed immediately when we made the registered manager aware.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training and were provided with personal protective equipment such as gloves and aprons when assisting people with personal care and when carrying out domestic tasks within the service.
- Public Health guidance was followed in the event of any infection outbreaks such as the influenza virus.

Learning lessons when things go wrong

- Individual accident / incident records contained very good detail and a review of risk had been carried out. The care plan for the person was then updated to reduce any future risk.
- The registered manager and provider monitored and investigated these events to help promote people's safety through their electronic system.
- Staff told us that incidents were discussed with staff in handovers, team meetings and individual supervision so that detail and any learning was shared.
- When a medicine error occurred, the service investigated this and followed it up with the staff member concerned. Additional training and observation was provided to minimise the risk of a reoccurrence.

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 our last inspection in February 2018, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs. Staff received information on how best to meet these needs in line with best practice guidance and people's preferences.

Staff support: induction, training, skills and experience

- People received care from staff who had been trained and supported to meet their needs effectively. People spoke positively about how staff delivered their care and felt they had the training and knowledge to meet their needs effectively.
- When new staff started working at the service they undertook an induction so they were aware of what was expected of them. The induction included completing training and shadowing more experienced staff. A person commented, "In my opinion they have enough staff. There is one new staff who is very nice. They watched and learnt from a more experienced staff."
- Staff told us they completed mandatory training and had good access to additional training. Staff all received an induction period and completed training which included basic life support, first aid, dementia, mental health awareness, care planning, risk assessing and safeguarding.
- Staff told us how they had received specialist dementia training which had helped them in their roles. One member of staff said, "We had covers put on our eyes and could hear different noises. It enabled us to experience what it can be like living with dementia. It made me realise how much noise can disturb people. It was really very good."
- People were supported by staff who received guidance through one to one supervision and an annual appraisal of their performance.

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

- People were complimentary about the food at Chilton Meadows, telling us that they had noted a number of improvements in the past six months. One person commented, "The food used to be dreadful, but we complained to the [registered] manager about six months ago and it's better now." Another person said, "The meat is delicious, fresh vegetables are good, the desserts are out of this world." We saw choices were offered for each meal and alternatives were available if people preferred another option.
- In addition to three meals each day people were offered snacks, hot and cold food and drinks throughout the day. A member of staff told us, "We have apples, oranges and bananas and get prunes at breakfast time, we always have fruit in the bowl and always make sure it is filled up."

- Catering staff told us communication was, "Excellent" between care and catering staff and described the catering services at the service as, "Highly organised, seamless and effective." They were aware of people's dietary requirements, preferences, dislikes, allergies and any people at risk of weight loss.
- For those people identified as at risk of losing weight, fortified and high calorie/protein foods and drinks were made available, such as full fat milk, cheese, butter and cream.

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

- From information we gained from staff and from records in care plans we found people had access to a range of general and specialist care professionals such as the dietician, speech and language therapist, GP, optician, podiatrist, dentist, nurse practitioner, continence nurse specialist and the local older persons' medical team.
- Advice given by health professionals was followed, documented and communicated for staff to follow.

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

- Several improvements had been made to the accommodation since our last inspection. Redecoration of some of the lounges had taken place, with people actively involved in choosing the replacement wallpaper. On Constable House the carpets in all the hallways had been replaced along with a large patio area that had been laid outside the conservatory to enable greater access to the garden for people. Further work was planned for redeveloping internal areas such as bathrooms and externally the garden ponds.
- Greater opportunities for social interaction had been made through the installation of an onsite café. An external summer house had been installed and kitted out with tables and chairs and refreshment facilities which provided an accessible space for people and their families to spend time privately or in social groups. One person's relative told us about the café, "[Family member] enjoys going when the weather's nice. It feels like we've gone on a trip; [family member] loves it because it's different. We sit in the café or outside at the table and chairs and have a drink and some cake, we both enjoy it."
- The provider and staff team had implemented many items of interest and themed decor to the walls and communal areas within the houses for people living with dementia to make this appealing.

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.

- Staff had received training in the MCA and understood what they should do to make sure decisions were taken in people's best interests.
- Discussions with staff demonstrated they recognised when people were potentially being deprived of their liberty and appropriate applications had been made for legal authorisation.
- We observed staff offering people choices and gaining consent before providing support. Examples

included joining in with activities, deciding where they wished to spend their time and before offering care.

- Records showed that when a person lacked capacity to make certain decisions a best interest decision had been made which included input from family and professionals who knew the person.

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 our last inspection in February 2018, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the home and that they were treated well. One person said, "They [staff] are very kind, they do their best, I cannot complain." Another person commented, "Very nice here, everybody is very friendly. I was made to feel at home when I first came here."
- People's relatives continued to be complimentary about the care their family members received at Chilton Meadows. One relative told us, "They do look after my [family member] well, I actually think they do an amazing job." Another relative said, "I'm sure they do care, they look after [family member] very well, properly."
- Staff we spoke with told us how they enjoyed caring for people and spending quality time with them. One staff member told us, "I try to spend quality time with [people], listening to their stories, I am so interested." Another staff member said, "Staff know [people] well here and this means we know how to effectively engage them. This is so rewarding."
- Staff were caring and kind and understood what was important to people. We saw that people were afforded respect and were informed or reminded about important occasions. A member of staff took time to explain to one person about a telephone call saying, "Your [relative] rang and said to say that [they] missed you and will be in later." The staff took plenty of time to sit with the person and relay their message.

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

- People were treated with kindness and care by the staff. Staff spoke respectfully to people and engaged in friendly and considerate conversation.
- Staff knew people very well and when we spoke to them demonstrated that they had a detailed understanding of people's needs and preferences. People were supported to make choices about their care. One person told us, "They do ask before doing things, like helping you dress. I like that, they are respectful."
- Across all four 'houses' at Chilton Meadows and regardless of the level of dementia people were living with, we observed staff spending time talking to people in a kind and respectful way and giving people the time they required to communicate.
- People were encouraged people to share their views and opinions about how they were supported. A visiting relative told us how their family member, who had recently moved into the home, had their care plan developed in partnership with them saying, "We discussed the care plan in detail when [family member] arrived."
- Care plans we viewed included details of a person's preferred daily routines, we observed these being followed by staff during our visit.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. One person said, "You can do things for yourself, staff encourage that and only offer if you can't do it yourself." A third person added, "They ask if you want to wash yourself or have help, mostly I do myself they help a bit."
- People's privacy and dignity were respected. Staff did not enter people's bedrooms without first knocking to seek permission to enter. Care records were held securely to ensure people's privacy and confidentiality of their personal information was secure.
- Staff encouraged autonomy, for example people's care plans had positive risks included which prompted staff to encourage people's independence. For example, statements such as, 'What I can do for myself and what I need help with' were included.
- Accessible and easy read pictorial menus were available and shown to people prior to their meals, this promoted people's independence and choice and enabled them to make their meal choices at meal time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection in February 2018, we rated this key question 'Good'. At this inspection we found that the service had sustained this rating.

Good: People's needs were met through good organisation and delivery.

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

- People had their needs assessed before they moved into the service. This meant that the registered manager and staff were confident that they were able to meet people's needs before care commenced.
- The registered manager and staff involved people, relatives and external professionals when developing care plans. Care plans and reviews were person-centred and contained details of people's personal preferences, routines and choices and described how people wished to be supported in all aspects of daily living. One person told us how they were supported in the way they wanted to be and that made the decisions about what care they received and when.
- Work was ongoing to ensure people were supported and encouraged to have active lifestyles and access a range of activities both within the home and in the community. The deputy manager had recently taken on responsibility for reviewing and co-ordinating activities across the service.
- One person told us, "I try and join in everything, seems to be plenty, had a good clothing party, I like the musical sing songs, I go on the piano occasionally." Another person said, "They had an Elvis impersonator a few weeks ago, he was very good, I enjoyed that. I like the bingo; I like to go to that. We're going to have donkeys come and visit, on Thursday I think." A visiting relative told us, "Activities are good here. There are board games, knitting, colouring and bingo on a Friday. There is always something going on. They watched the horse racing on Saturday and did gardening the other day, they potted some plants."
- We were told a projector and large mobile screen had been purchased for use as a cinema across the service. The registered manager and staff had created a catalogue of all the film choices using photographs of the film so people could easily see what was on offer. The registered manager told us, "One person watched the film Black Beauty for five hours! They would not move from the chair. On 'national laugh day' we watched a comedy film. People wouldn't even stop for tea! Feedback is that people are more occupied leading to less distress."
- People were supported to undertake hobbies they had an interest in. A sewing club had been developed and people were making aprons for use in the service cooking club. Another person had expressed an interest in starting a choir. As a result, the service was now advertising for people to join their choir. Staff told us how participation in the activities and hobbies stimulated conversations with people and helped to prevent isolation.
- People received support that was individualised to their personal preferences and individual needs. A person liked to have their meal with their cat sitting next to them on the table. Staff told us how the person was happier and therefore had an improved appetite. As a result, staff had facilitated this person to have a private dining table so they could have their preferences met which may not have suited others.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. This was displayed around the home for people to see and was available in large print to make it more accessible.
- Complaints were viewed positively and as an opportunity to address any changes needed. People and their relatives that we spoke with told us they would not hesitate to make a complaint, should they need to do so.
- Complaints were recorded, investigated and responses provided in a timely manner. Action was taken to resolve issues raised.

End of life care and support

- There was no one receiving end of life care at the time of our inspection however the staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- Some people's care plans included a 'do not attempt cardiopulmonary resuscitation' (DNACPR). All the forms we viewed had been made in agreement with the person, or with the involvement of their representatives when they lacked the mental capacity to make this decision.

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 our last comprehensive inspection in February 2018 we rated this key question 'Requires Improvement'. This was because the provider was not notifying us of specific incidents as set out in the regulations. At this inspection we found the registered manager had complied with the regulations and made improvements. As a result, we have rated this key question 'Good'. The service has also been rated as Good overall.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We received lots of positive feedback about the standards of care at the service from people and their relatives. One person's relative told us, "They are first class, the care [family member] gets is first class." Another person's relative who had told us of what they described as a few 'niggles' about the service also said, "You know what, despite what I've said, fundamentally the care provided is good and I would recommend it."
- Each of the houses within the service had a manager. These roles were part of the leadership of the service and we also received complementary comments from people and their relatives about the role these managers had to play in the overall running of the service. One person's relative said, "[Manager] is fantastic. I have complete faith when [they are] on duty. If you ask for something to be done, it will be."
- The registered manager and senior staff demonstrated a commitment to provide person-centred, high-quality care. The service was large, but the management team were very visible.
- Staff spoke positively about their managers and several commented on how supported they felt. One member of staff told us, "We work excellently as a team." Another staff member commented, "This is the best and most supportive environment I have ever worked in."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found a welcoming and calm atmosphere at the service. There was a lot of laughter between people and staff and some very caring interactions.
- The provider and registered manager demonstrated a commitment to ensuring the service was high quality. The registered manager and regional director were open to our feedback and the concerns we had raised at the last inspection had been addressed and the learning used to continuously improve the service.
- The registered manager carried out monitoring and auditing of all the service and explained how they maintained an effective oversight, particularly considering the size of the service, "I am involved in the service, I go on the houses, I walk miles every day. I speak to the staff and managers. We have regular meetings and I have an 'open door policy'. I want to know everything. I want to be involved in everything so there are no surprises. Go around houses and speak to staff. We have resident and relatives' meetings to get

honest feedback."

- Across the service, care was well organised and staff were clear about their individual roles and responsibilities. Staff told us they worked together well as a team and helped each other out when needed. One member of staff said, "We have a great team."
- The provider had invested in new call bell technology. For people who chose to participate, a pendant enabled staff to see where the person was within the service. The system enabled staff working on any one of the houses to locate one another. It also enabled the registered manager and management team to run reports and monitor how many times staff had visited people in their bedrooms and the length of time it took staff to answer call bells for example.
- The registered manager understood their responsibilities to meet regulatory requirements. Statutory notifications of deaths, other events and incidents at the service had been submitted to the Care Quality Commission (CQC) and the local authority, as required.
- The registered manager also understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- The rating from the last inspection was displayed on the provider website and within the service.

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

- Meetings were held for people using the service and their relatives to involve them in decision making and allow them opportunities to raise issues or ideas for improvement. We heard how people were consulted on the re-decoration of the communal areas in some areas of the service.
- Feedback surveys were carried out and opportunities were given to provide suggestions for improvement. Recent comments included, "Would like to see a greater range of activities." We were told how as a result the service was starting an activities committee for people and their relatives to identify where improvements could be made and identify actions.

Working in partnership with others

- The registered manager told us how they were trying to foster relationships with the local community and had been trying to arrange with a local nursery for children to visit the service. The registered manager had been in touch with a local school and plans were in place to forge links and create companionship.
- The registered manager and staff worked with other professionals to ensure people received joined up care. This ensured that people received support in a timely way.