Bupa Care Homes (CFHCare) Limited

Chilton Meadows Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Chilton Meadows Care Home is a care home providing personal and nursing care to 120 older across four units.

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

Whilst people using the service told us they felt safe, we found that the service did not always have clear and robust measures in place to reduce the risks to people. Where risks had been identified, there was not always appropriate care planning in place to guide staff on how those risks should be reduced.

People were not always protected from the risks of malnutrition.

The environment was not consistently safe and environmental risks had not been identified and acted upon prior to our inspection. Infection, prevention and control procedures were not always implemented effectively across the service.

Medicines were not always managed and administered safely, and in line with the instructions of the prescriber.

The deployment of staff meant that people did not always receive support from staff when they required it, either to keep them safe or to ease emotional distress.

Whilst some of the shortfalls we found had been identified in provider audits in January and February 2021, action had not been taken consistently across the service to ensure that clear and documented measures were in place setting out how risks to people were reduced.

The management and oversight of the service was not effective, as the quality of the service had deteriorated since our previous inspection in 2019. Improvements made between 2015 and 2019 had not been sustained.

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

Rating at last inspection
The last rating for this service was 'Good' (Report published 22 May 2019)

Why we inspected
We received concerns in relation to the number of falls and incidents in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.
We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our safe findings below.

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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed all the information we had received about the service since our previous inspection. We

attended meetings with Suffolk County Council and gathered information about concerns they had about people's safety and welfare.

During the inspection
We spoke with 11 people who used the service and 17 relatives about their experience of the care provided. We spoke with nine members of staff including the provider, manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included 16 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We sought further information from the provider about how they were addressing the most serious concerns we identified during our visit. We had further conversations with Suffolk County Council following their subsequent visits to the service to share information.

Inadequate

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 Good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

● Where risks to people had been identified, such as the risk of choking or acquiring pressure ulcers, there were not always care plans in place to guide staff on how to reduce these risks.

● Some people had been identified as at risk of malnutrition because they were losing weight but there was not always appropriate care planning in place to guide staff on how to support them to reach and maintain a healthy weight.

● One person had lost 17.9% of their body weight in three months. A dietician had provided the service with guidance on how to reduce the risk of further weight loss, but this was not in their care plan, which reflected their risk level as lower than it was. Staff were not recording this person's food intake, so it was unclear how much they were eating. Observations of staff practice at meal times meant we were not assured this person was being supported to eat and drink sufficient amounts.

● People were placed at the potential risk of harm because the service had not identified environmental risks and taken action to mitigate these. For example, we observed there were uncovered hot radiator pipes throughout the service which could cause burns if someone were to fall against them. Hot water in the service reached scalding temperatures but the service had not identified this risk to people until we pointed this out to them. Following our visit, the service informed CQC that work was undertaken to ensure 'fail safe' mechanisms were installed to prevent temperatures reaching unsafe levels. The service told us they are now scheduling works to cover the pipes in areas where it is exposed as an additional safety mechanism.

Using medicines safely

● Record keeping in two of the four units around medicines administration and management was not effective.

● We observed there were a high number of returns of medicines being made. When we compared these to the medicines administration record (MAR) it was not clear whether these medicines had not been administered, or whether stock from a previous month had been carried over but not recorded.

● Where medicines were not administered for any reason, staff did not always record on the reverse of the MAR chart why it was not administered.

● Creams were not dated when they were opened so staff would not know when these required disposal.

● Audits of medicines carried out by the service had identified some of the shortfalls we identified, but this had not led to improvements.

The shortfalls identified in the management of risk and people's medicines demonstrated a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● The deployment of staff meant that people did not always have support when they required it.

● Our inspection was prompted by concerns about a high number of falls and serious incidents in the service. Whilst the number of these incidents had improved, we still observed occasions where people were left in communal areas with no staff present and people were attempting to mobilise independently, putting them at risk of falls. On one occasion we intervened as someone had their walking frame the wrong way around.

● Across both days of our inspection we noted that people were not engaged in any meaningful activity by staff. Many people were disengaged or displayed distressed behaviours. We observed one person across both days of our inspection who mobilised around the service independently without staff support, and on one occasion they were not appropriately dressed. We alerted staff on two occasions that they were in the bedroom of a person who was cared for in bed. It was unclear what support this person was being given to engage in activities which may have reduced the risk of them entering other people's bedrooms.

● Following our inspection visit, the manager told us that activities staff were supporting people to have visits in a specially designed COVID secure pod. Adjustments to the staffing level had not been made to account for this.

● We observed that people did not always receive the support they required with eating and drinking at meal times, because there were not enough staff available. One person using the service told us, "I think they struggle at meal times."

● Staff told us that they had little time to spend with people in a meaningful way and that they struggled to meet everyone's needs, especially those living with dementia who required emotional support to reduce distress.

● Staff from the Suffolk County Council's safeguarding team raised concerns with us and the service about the staffing level.

This was a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
● Incidents and accidents were recorded, and the manager carried out an analysis of these on a monthly basis.
● Where trends had been identified, a 'lessons learned' document was completed to address any areas where improvements were required. However, where improvements were required these were not always made in a timely way.
● The manager had taken some action in response to the Suffolk County Council safeguarding teams

concerns about the number of falls and incidents in the service. This had led to an improvement in falls care planning and there had been a reduction in falls since they began this work.

Systems and processes to safeguard people from the risk of abuse
● Staff had an understanding of safeguarding, the different types of abuse and their responsibility for protecting people.

● Action had been taken in response to sexual safety concerns for one person.

Preventing and controlling infection
● Staff were not always seen to be wearing gloves when supporting people and changing aprons when moving between tasks. However, staff were seen to be wearing other PPE appropriately. The provider told us they had taken action to address this with staff following our inspection.

● Some areas of the service were not being effectively cleaned. Some equipment, furniture and flooring were so worn they could not be effectively cleaned. For example, floor coverings were torn and the protective coating on mobility equipment was rusted.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Inadequate

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 good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care and continuous learning and improving care

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

● Records of audits show that the service had identified some shortfalls through its quality assurance process. For example, in a care plan audit on 13 January 2021 it was identified that care plans were not always in place for people with identified risks and that action had not been taken where one person had lost weight. However, action was then not taken to look at the quality of care planning across the service. This meant that they did not identify the widespread issues with care planning with regard to risk, which placed people at risk of potential harm.

● Similarly, a medicines audit had been carried out on Munnings unit on 19 February 2021. This identified similar issues to those we found, including omitted medicines, creams not being labelled and issues with recording. Despite this, improvements had not been made by the time of our inspection.

● There were a number of managers who had responsibility within the service for ensuring the care people received was safe, effective and achieved good outcomes. This included a unit manager for each of the four units, a deputy manager and a homes manager. We were also told that until December 2020, a senior staff member from the providers organisation was present and assisting the homes manager. Despite this, significant shortfalls had not been identified and robustly acted upon by this management structure.

● The service has a history of non-compliance. It has only been rated 'good' and been compliant with all regulations at one of five inspections carried out since 2015. The shortfalls identified at this inspection mirror those found at previous inspections where the service was non-compliant. This means we are not assured that there has been appropriate oversight and management of this service to ensure people consistently receive safe care which meets their needs.

This was a breach of regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At the end of both our inspection visits we shared our most serious concerns with the home's manager and the Nominated Individual so that prompt action could be taken to mitigate the risks we had identified. In addition, we formally wrote to the provider asking for detailed information on how they intended to

address the shortfalls and protect people from harm whilst improvements were made. We received a positive response from the provider detailing the support they would put in place, including senior staff from the provider organisation working with the service every week. They confirmed what oversight would be in place to monitor the progress on improvements.

Working in partnership with others

● The service had formed relationships with other organisations such as Suffolk County Council, the Clinical Commissioning Group and district nursing teams.

● Whilst the service did contact other professionals for advice where this was appropriate, they did not always put this advice into practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Shortfalls had not been identified and acted upon by managers in the service, which did not promote good outcomes for people. Some senior staff members were blasé about issues we raised with them, so we were not assured action would be taken to address these issues.

● On both dementia units there were shortfalls in the culture of some staff, who did not always respond to peoples needs appropriately.

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

● People were given opportunities to feedback their views through surveys and meetings.

● Relatives told us they felt involved in the care of their family member and that the service was responsive in letting them know of concerns.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 1.Care and treatment must be provided in a safe way for service users. 2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— a.assessing the risks to the health and safety of service users of receiving the care or treatment; b.doing all that is reasonably practicable to mitigate any such risks; c.ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; d.ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way; e.ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way; f.where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; g.the proper and safe management of medicines;

The enforcement action we took:

NOP to apply positive conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance 1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. 2.Without limiting paragraph (1), such systems or processes must enable the registered person, in

	particular, to— a.assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); b.assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; c.maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

The enforcement action we took:

NOP to apply positive conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing 1.Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

The enforcement action we took:

NOP to apply positive condition