Bupa Care Homes (CFHCare) Limited

Chilton Meadows Residential and Nursing Home

Inspection report

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Ratings

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

Overall summary

We inspected this service on the 8 April 2015. Chilton Meadows Residential and Nursing Home provides care for up to 120 older people who may be elderly and or have a physical disability. Some people are living with dementia. There were 104 people living in the service when we inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to protecting people by maintaining the service to a clean

Summary of findings

and hygienic standard and assessing, monitoring and mitigating risks to people. You can see what action we told the provider to take at the back of the full version of this report.

Infection prevention and control measures were not robust because cleanliness and hygiene standards in the service had not been maintained. Systems for assessing and managing people's safety of people did not effectively mitigate risk.

Delegation and organisation of staff did not ensure people received the care and support they needed consistently and in a timely way. Moving and handling practices were inconsistent and did not assure us that staff received effective training based on best practice to meet people's needs.

People were provided with their medicines when they needed them and in an appropriate manner. However improvements were needed to ensure consistency in the recording of people's medicines.

Procedures and processes were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

People were positive about the care they received. The atmosphere in the service was friendly and welcoming. People were supported and encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

Staff had developed good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. People knew how to make a complaint and said that any concerns were acted on promptly and appropriately.

Staff were knowledgeable about people's choices, views and preferences and acted on what they said. However this information was not always reflected in people's care records to ensure best practice was followed. People were encouraged and supported with their hobbies and interests and participated in a variety of personalised meaningful activities.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring and respectful manner.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was acted on. Systems in place to monitor the quality and safety of the service provided were not robust. Improvements were needed to drive the service forward.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Infection prevention and control measures were not robust because cleanliness and hygiene standards in the service had not been maintained.

Systems for assessing and managing people's safety did not effectively mitigate risk. Delegation and organisation of staff did not ensure people received the care and support they needed consistently and in a timely way.

People were provided with their medicines when they needed them and in an appropriate manner. However improvements were needed to ensure consistency in the recording of people's medicines.

Staff understood their responsibilities to protect people from harm and report any concerns about people's welfare.

Is the service effective?

Requires improvement

The service was not consistently effective.

Moving and handling practices were inconsistent and did not assure us that staff received effective training based on best practice to meet people's needs.

The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected and maintained. Staff were compassionate, attentive and respectful in their interactions with people.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

Summary of findings

People were encouraged and supported with their hobbies and interests and participated in a range of personalised, meaningful activities to meet their social needs.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

There was an open and transparent culture at the service. Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. However improvements were needed to monitor the quality and safety of the service provided and to drive on-going improvements.

Chilton Meadows Residential and Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place 8 April 2015.The inspection team consisted of two inspectors, a specialist advisor who had knowledge and experience in nursing and dementia care 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 service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 19 people who used the service, 13 relatives and visitors and one visiting healthcare professional. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We spoke with the registered manager (referred to as 'Matron' by people who used the service, staff and relatives), the deputy manager, 17 members of staff including care, catering, domestic, administration and activities staff. We reviewed feedback received about the service from four health and social care professionals. We also looked at care records for nine people, four staff recruitment and training files and the systems in place for assessing and monitoring the quality of the service.

Requires improvement

Is the service safe?

Our findings

We found significant issues with the cleanliness of the service. For example several communal bathrooms and toilets, which were regularly used by people, were not clean, hygienic or well maintained. In two toilets and in one bathroom clinical waste products were left on the floor. In three other bathroom/toilets we saw that the clinical waste posed a risk of cross infection because bins where placed close to or touching clean aprons and gloves. In another toilet/bathroom we found the continence pad bin was left open with soiled pads in it. A strong odour of urine was present.

We found that several toilets/bathrooms required maintenance to help ensure they could be cleaned effectively and safely used by people. This included cracked or chipped wall tiles and a broken toilet roll holder. The flooring in the staff toilet and the sink were stained with lime scale and the towel rail was rusty. Wall cabinets in three of the bathrooms had sliding glass doors fitted with parts missing that resulted in the raw edges of the glass being displayed. This placed anyone who was attempting to open the doors at risk of physical injury such as a cut finger.

It was difficult to flush one toilet on the Munnings unit. Relatives we spoke with told us they had reported this and were waiting for it to be fixed. One person's relative said, "I have mentioned to two members of staff about the toilet not flushing properly they told me this had been reported and would be fixed. I haven't mentioned it to the manager yet but will mention it to them if it is not resolved."

A relative told us they were not happy with the cleanliness of equipment. They described how they had to, "Keep cleaning and scraping old food," from their relative's walking frame. We saw similar soiled equipment in people's bedrooms, including a bed rail bumper which had finger marks of faeces on the outside. There was also crusted milkshake on the head board of one person's bed where staff had rested the cup. There were dried blood stains on a net curtain outside a room on Beech unit. Clinical waste and disused furniture was not stored safely to ensure that it did not pose a risk to people, staff or visitors before it was disposed of.

We reported our findings to the manager who advised us they would take immediate action to address the shortfalls we had identified.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had individual risk assessments which covered areas such as pressure ulcer care, nutrition and moving and handling with instructions for staff on how to keep people safe. There were inconsistencies in how risk assessments were used to inform care planning. Two people identified as at risk of pressure area breakdown did not have a corresponding care plan to address this risk and to inform staff how to meet their specific needs. There were also inconsistencies with moving and handling practices which compromised people's safety. The majority of staff transferred people appropriately but we saw instances where correct moving and handling procedures were not followed. This was fed back to the manager who said they would ensure our concerns were attended to.

Staff were not effective in ensuring people who were nursed in bed were monitored frequently enough. In Beech unit one person was seen to be calling out for staff attention but no one heard them. We asked staff about this and they told us that the person was unable to use a call bell so staff listened out for them. Systems for monitoring people who were in their bedrooms were not robust. There were no staff specifically allocated to check on people. There was an hourly checklist for staff to complete for people who remained in bed but this had not been completed on the morning of our inspection.

Improvements were needed with the staffing arrangements in the service. Some male members of staff all wore a dark top as their uniform. It was difficult at times to determine who was a carer, a domestic or maintenance person. For people living with dementia this could make it difficult to identify carers and this could increase their anxiety.

In two of the units (Beech and Munnings) we saw that there was enough staff to meet people's needs at a pace that suited them. However we found that the delegation and organisation of staff did not always mean people received the support they needed consistently and in a timely way. People living with dementia in the lounge were left alone

Requires improvement

Is the service safe?

for long periods of time with no interaction, staring ahead showing signs of being withdrawn and disengaged. Whilst care staff were answering call bells or writing up care records.

The manager advised us they would review and monitor the systems in place to assess and manage risk and to provide sufficient numbers of staff with the right skills and competencies to meet people's needs. However these improvements will need to be sustained to ensure people are consistently supported.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to reduce the risk of potential abuse to people. Staff had received safeguarding training and were aware of the provider's safeguarding adults and whistle blowing procedures and their responsibilities to ensure that people were protected. Staff knew how to recognise and report any suspicions of abuse. Concerns were reported appropriately and the manager completed investigations when required to do so.

People told us that they felt safe and secure. One person said, "I trust the staff here they make me feel safe." Relatives we spoke with told us they felt people were safe. Several praised the attention staff gave to people and felt they were alert to signs of accidents. One relative said they had, "No worries about [person] being safe."

Equipment, such as hoists had been serviced so they were fit for purpose and safe. The environment was free from obstacles which could cause a risk to people as they moved around. Records showed that fire safety checks and fire drills were regularly undertaken to reduce the risks to people if there was fire. There were contingency plans for unexpected events such as fire or power cuts. Staff were aware of these plans and told us about how they would ensure everyone was kept safe in case of emergency.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People received their medicines as prescribed and intended. One person said, "I get my tablets on time and with a little drink to help me swallow them down. The nurse waits with me whilst I taken them." Medicines were stored safely for the protection of people who used the service. We observed a member of staff appropriately administering medicines to people. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food. However improvements were needed to ensure consistency in the recording of people's medicines on Medicine Administration Records (MAR). Some entries were not clear or legible due to the staff member's hand writing. This made it difficult to determine what medicines had been given presenting a risk to people being given an incorrect dosage.

Requires improvement

Is the service effective?

Our findings

Staff told us they were provided with core training and received refresher updates in health and safety, moving and handling and fire safety. Several care staff told us they would like further training in dementia care, diabetes and in Parkinson's Disease to develop their understanding of how to further meet people's specific needs. One member of staff said, "The training I have had covered the basics, yes the nurses are there to support you but I would feel more confident if I knew more." The manager explained that specific training was not provided to all care staff to meet people's individual needs such as supporting people with their diabetes as the registered nurses were trained and competent and therefore did not need further training. The manager was unable to verify the number of people who had diabetes living on the residential unit which was not staffed by nurses. We were not assured these people would have their needs effectively met, because the care staff had not been provided with diabetes training to enable them to recognise symptoms in a person such as high or low blood pressure and what actions they would need to take.

We found inconsistences with moving and handling practices which did not assure us that people received effective care based on best practice that met their needs. Staff asked for permission and gave clear instructions when supporting people to move however we saw occasions where equipment was not used safely. For example two carers forgot to apply wheelchair brakes causing it to move during a transfer. This meant the person was at risk of slipping or falling. Another person was raised so high during a hoist transfer they too were at risk of falling. Improvements were needed to ensure staff received effective moving and handling training with regular competency checks including observations carried out to ensure best practice was followed.

Staff told us that they felt supported in their role and had supervision and staff meetings. These provided staff with opportunities to discuss the ways that they worked and to receive feedback on their work practice and identify areas for improvements to provide people with quality care. Records confirmed what we had been told.

People were asked for their consent and staff acted in accordance with their wishes. One person told us, "They [staff] always explain things to me and make sure I agree."

Staff responded appropriately to both verbal and non-verbal communication. For example we saw one of the activity coordinators ask a person if they could manicure their nails. When it was not clear if the person had understood they showed the person their nail care kit and asked again. The person nodded in agreement. People's wishes were respected; when one person declined to be assisted the member of staff moved on to support someone else and returned later.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. The Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to ensure that any restrictions on people, for their safety, were lawful. Staff recognised potential restrictions in practice and that these were appropriately managed. For example, staff understood that they needed to respect people's decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out to ensure that decisions were only made in their best interests. People's relatives, health and social care professionals and staff had been involved and this was recorded in their care plans.

People told us they had plenty to eat and drink, their personal preferences were taken into account and there was a choice of food at meal times. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitivity and respectfully.

Staff were aware of how to meet people's individual dietary needs. Portions of food served were all the same size and did not take into account people who had smaller appetites. We saw one person ask a member of staff if they could have a smaller portion and were told to leave what they could not manage but this did not take into account the personal preference of this person.

Records showed routine observations such as weight monitoring were effectively used to identify the need for specialist input. Appropriate referrals were made to dieticians when significant weight loss or gains were noted. Documentation showed that staff worked closely with Speech and Language Therapists and dieticians in relation

Requires improvement

Is the service effective?

to swallowing needs and people identified underweight on admission to the service. Discussions and supported assessments with staff and visiting professionals were recorded with the outcomes used to inform care planning.

People said that their health needs were met and they had access to healthcare services and on-going support where required. One person said that they regularly saw their dentist, doctor and chiropodist and that staff, "Will arrange an appointment if you need one." Another person told us, "I recently went to the local clinic in town to have my ears looked at and syringed."

During our inspection we spoke to a visiting social care professional who said that the manager and staff worked closely with relevant agencies to provide care to meet people's individual needs.

Good

Is the service caring?

Our findings

People told us that the staff were caring, kind and treated them with respect. One person said. “The staff are delightful and very unassuming.” Another person talking about the staff said, “No issues at all. I find the carers and nurses here are exceptional. Very kind people.”

We observed staff and people together. The atmosphere within the service was welcoming, relaxed and calm. In one unit one person showed us around and said about the staff, “They are lovely, really work hard and can’t do enough for you.” People were at ease with each other and the staff showed genuine interest in people’s lives and knew them well, their preferred routines, likes and dislikes.

We saw that staff adapted their communication for the needs of people living with dementia. Staff were skilled at using a variety of techniques to engage with people through appropriate use of language and also through non-verbal communication such as using reassuring touch to encourage or show understanding and compassion. All staff referred to people by their preferred names including nick names where appropriate. One person was seen to particularly enjoy the company and conversation with one of the volunteers at the service. They were seen laughing and joking together.

We received mixed feedback when we asked people if they felt they were involved in their care planning. The majority of people told us that staff included them in decisions about their care arrangements and they felt involved in the process. However some people did not feel that staff fully engaged with them. One person told us, “I just go along with what people [staff] say.”

Relatives told us they felt welcome in the service and how the staff met people’s individual needs. Two relatives described how difficult they found it that the person had been admitted to the service for care they could no longer manage. They said that the staff had been supportive and helped the person to settle in which had helped to reassure them. One of the relatives said, “The staff have been very kind and accommodating and included us where they can so we still feel involved.”

People had developed friendships and were supportive and caring of each other. We saw in one unit the activities were well attended throughout the day with people enjoying a quiz and a game of carpet bowls. People from other units were brought over to join in. Seating was arranged sensitively to give people personal space and encourage social groups and interactions. One person told us, “I like it when people come over from the other units. It is more fun and breaks it up a bit, someone different to talk to.”

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff took time to explain different options to people around daily living such as what they wanted to eat and drink, where they wanted to spend their time and who they wanted to be with. Staff listened and acted on what they said.

People’s privacy, dignity and choices were respected. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received and were supported to participate in activities which were important to them. One person's relative said, "I would recommend this home as the staff are quick to respond and really understand how to look after people and to get the best out of them."

Staff talked with us about people's specific needs such as their individual likes and dislikes and demonstrated an understanding about meeting people's diverse needs, such as those living with dementia. For example, how people communicated, mobilised and their spiritual needs. They knew what was important to the individual people they cared for. This was reflected in their care records. We found inconsistences in how people had contributed towards their care planning arrangements. Not all records seen clearly documented the decisions people made although records showed positive and effective communication with people's relatives.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. They contained information about people's likes, needs and preferences. For example, what they liked to wear, how they liked to be approached and addressed. Information about people's life history and previous skills and abilities were used to inform the care planning process. This included planning activities which interested and stimulated them. We observed staff delivering care and support to people in line with their care plans which was responsive to their needs. The majority of daily records were task focused and generic. The manager explained how the provider was introducing a new format to enable staff to record their observations and comments about people's personalised care and wellbeing. Additional support for staff including training and internal communications were planned and would address the discrepancies we found.

Relatives told us they were kept up to date about changes in their relative's wellbeing. This was reflected in the communication logs in people's care plans. This included being advised of upcoming appointments with professionals such as the doctor and optician and in the adverse event of a fall what actions had been taken. One relative said, "I have no worries, if anything goes wrong they [staff] will ring me." Another person's relative described how the staff knew the person well and were able to manage and respond to their behavioural difficulties in a supportive manner.

People were supported to maintain relationships with the people who were important to them and to minimise isolation. People told us that they could have visitors when they wanted them; this was confirmed by people's relatives and our observations. One person's relative said, "I am often popping by and have never come across any problems. The staff are very kind and accommodating. Residents here seem happy and content."

Meeting minutes showed that people and their relatives were encouraged to give their views and suggestions for improvement about the service and these were acted on. For example, the quality and choice of food was an area commented on. An agreed action was for the chef to seek regular feedback from people. We saw a chef in one of the units walk around getting direct feedback about the meal people had just eaten.

People and their relatives told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were asked if they had any concerns and were reminded about the complaints procedure in meetings which were attended by the people who used the service. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. Compliments, comments, concerns and complaints were documented, acted upon and were used to improve the service. For example positive feedback from a relative about the care provided was fed back to staff to support embedding this as best practice.

Requires improvement

Is the service well-led?

Our findings

Throughout the inspection we noted there were some areas where changes could have been made to improve the quality of the service provided and experience for people using the service. The management team had not picked these up through their internal monitoring systems. Whilst the manager assured us these would be addressed immediately, improvements are needed to ensure that shortfalls are identified independently; swift action is taken with outcomes supporting on-going learning and sustained improvements. For example ensuring robust infection and prevention control practices are in place, individual risks to people are mitigated through effective assessing and monitoring and all staff follow safe moving and handling practices.

People told us they felt valued, respected and included because the manager and staff were approachable and listened to and valued their opinions. Relatives said the manager and deputy were a visible presence, accessible to them and they had confidence in their running of the service. They said that they were provided with the opportunity to attend meetings and considered it relevant because their feedback was acted on which improved things, such as the quality of food, laundry management and choice of activities. Meeting minutes showed that people were encouraged to share their views at group meetings or could meet separately outside of the meeting if they preferred. One relative said, "I met with the matron [manager] to talk about individual concerns I had. The nurses are very good and listen to you but the manager is more decisive."

People, their relatives and staff were comfortable and at ease with the manager and senior team. It was clear from our observations and discussions that there was an open and supportive culture in the service.

Staff were clear on their roles and responsibilities. They told us they felt supported by the management team and could go and talk to them if they had concerns. Staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what actions had been taken. They said that the meetings promoted shared learning and accountability within the staff team.

People, relatives and visitors told us they had expressed their views about the service through regular meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. Action plans to address issues raised were in place and either completed or in progress. Meeting minutes showed people were encouraged to feedback about the quality of the service and to share ideas and suggestions for improvements. For example, people contributed towards decisions that affected their daily life such as menu choices and variety of activities offered. This showed us that people's views and experiences were taken into account and acted on.

Staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. When accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or environmental obstacles when falls had occurred) which might be a factor.

Records and discussions with the manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. Whilst records showed the immediate actions taken to minimise the risk there were inconsistencies in how lessons learnt were documented and used to improve the service, reduce the risks of incidents re-occurring and ensure that people were safe and protected as far as possible form the risk of harm. Improvements were needed to reflect how things could be done differently and improved, including what the impact would be to people. The manager advised us they look into this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There were not effective systems in place to protect people from the risks of acquiring health care associated infection as appropriate standards of cleanliness and hygiene had not been maintained. Regulation 12 (2) (d) (h).

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 Robust systems were not in place for assessing, monitoring and mitigating the risk to people. Staff did not follow good practice guidance and control measures to minimise the risk and protect people. Regulation 12 (2) (a) (b) (c) (e)