

# Bupa Care Homes (CFHCare) Limited

# Chilton Meadows Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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 nursing needs. People are accommodated across three buildings named Beech House, Munnings House and Gainsborough House. At the time of our inspection there were 66 people using the service.

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

The service had experienced challenges recruiting permanent staff. As a result, the staff team was running on a high level of agency staff who were not always familiar with people's needs. People and their relatives also reported challenges with communicating with some agency staff.

Risks to people were not always assessed and mitigated. Systems and processes had not always ensured effective managerial oversight or identified potential risks to people's safety. Improvements were needed to ensure the consistent safe management of medicines.

People were protected from the risk of abuse; staff received training and knew how to recognise and respond to safeguarding concerns. People were supported by staff who had been recruited safely and in line with recommended guidance.

Staff used personal protective equipment (PPE) appropriately and understood the importance of good hand hygiene. The home was clean and free from malodour. Visitors were screened and tested before entering the building to prevent the risk of infection from COVID-19.

Since our last inspection, the provider had implemented new care plans, risk assessments and checks on the quality of the service and the oversight of the service, overall, had improved. These improvements need to be fully embedded into day to day practice to ensure consistent safe and well-led care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Inadequate (published 23 August 2021).

This service has been in Special Measures since 23 August 2021. During this inspection the provider demonstrated that improvements have been made, despite still being in breach of the regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chilton Meadows on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach of the regulations in relation to the safe management of people's medicines. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

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, a medicines inspector who specifically looked at the safe management of people's medicines, and an Expert by Experience. Following our visit on site an additional Expert by Experience made telephone calls to people's relatives to seek their feedback. 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' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There was, however, a new manager in post at the service who had applied to register with the Care Quality Commission at the time of our inspection visit. The previous registered manager had left the service in January 2020.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and nine relatives about their experience of the care provided. We also had contact with 15 members of staff, the manager and two regional managers.

We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included people's care records and medication records. We looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. 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.

### Using medicines safely

At the last inspection there was a failure to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

We found continued concerns about the safe management of medicines at this inspection which meant the provider remained in breach of regulation 12.

- At this inspection some improvements had been made, however further work was required to ensure the consistent safe management of medicines.
- There were some inconsistencies with medication administration record charts (MAR). Some of MAR charts provided by the pharmacy contained conflicting information about the way to give some medicines. Other MAR charts had discontinued items listed which had to be crossed off by hand each time. Where People's allergies were recorded on MAR charts the information was not consistent across the different records in use. These shortfalls increased the risk of medicines administration error and potential harm.
- One person was self-administering a topical medicine and there was no risk assessment in place. We brought this to the attention of management, and this was completed during our inspection.
- Not all covert administration (where a person is unaware that medicines are being administered to them) had evidence of a best interest decision being made. A best interest decision is one that is made for a person when they are unable to do so themselves. One person had a topical analgesia applied to them that had not been considered when the decisions around covert medicines were made.
- We found that one antibiotic suspension had expired but was still included in the 'in use' medicines. We also found another person not receiving their eye drops for the treatment of their glaucoma.

The shortfalls we found in the management of risk and medicines demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our inspection, the manager took immediate action to address these medicines concerns and undertook a 'lessons learned' exercise to prevent the risk of a reoccurrence.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and

welfare of people. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of the regulations in respect of the management of risk, however, further work was needed to embed this fully.

- People's risk assessments and care plans did not always reflect their needs and identified risks to their health and wellbeing. We found some missing information to guide staff, particularly new staff and agency staff, on how to support people, monitor risk and what actions should be taken by staff when needed. We fed this back during the inspection. The management team acknowledged this and took immediate action to address the discrepancies, updating care records as needed and making sure staff were fully aware.

### Staffing and recruitment

At the last inspection there was a failure to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made and the provider was no longer in breach of the regulations, however there were improvements still required to staffing and the recruitment of permanent staff.

- We received feedback from people who used the service, relatives and some staff that there was a reliance on the use of agency staff, who were often unfamiliar with the service and people's individual needs and care preferences.
- The majority of people we spoke with told us there were not always enough staff to meet their needs. One person told us, "They struggle a lot when a member of staff goes off sick. We have agency staff every night and they are not consistent. When they are under pressure you can see it impacts on staff." Another person commented, "There is a shortage of staff, if anyone is off sick, they are on their knees. Agency staff are not always suited to the job. There are a fair amount of staff changes."
- Relatives also told us of their concerns that there were not enough staff, and the impact this had on their family member. One relative said, "There are a lot of agency staff, most of them speaking in broken English at best, others don't speak at all. So, yes it has an impact on the quality of care provided to [family member]."
- Staff were visible on the units during our inspection visit and we observed they were kind and thoughtful in their interactions with people.
- The provider and manager were making every effort to recruit permanent new staff and reduce and phase out the use of agency staff at the service. Terms and conditions for staff had been reviewed and a targeted approach to recruitment was taking place. Each week the provider and manager held a recruitment meeting to review the number of vacant hours and actions in place to fill the vacancies. This had resulted in a number of new staff being recruited and a reduction in the vacancies overall.
- Staff were recruited safely. Checks on people's suitability to work in a care setting were carried out such as checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood what to do to protect people from harm, and how to report concerns. A member of staff

told us, "Yes we have 'speak up' [system for reporting], the main points are that you are able to voice your concern without any judgement."

- The provider had systems in place to protect people from harm. The manager understood their responsibilities and any concerns were acted on appropriately.

#### Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

People were supported to receive visitors. The provider followed current visiting guidance and there were no restrictions in place.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to look for trends. This included looking at actions to reduce the risk of recurrence.
- Information was shared across the service and with the local unit manager to support learning and promote good practice.

# 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 inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires improvement. 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.

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

At our last inspection people's health, safety and wellbeing was being compromised in multiple areas and there were breaches of regulation in respect to safe care and treatment, staffing and good governance. We rated the service inadequate overall; there was ineffective governance and poor oversight at manager and provider level which put people at risk of significant harm. Following that inspection, we placed reporting conditions on the providers registration so that we were provided with regular updates on progress being made to improve standards.

At this inspection whilst there was one breach of regulation, in relation to the safe management of people's medicines, we were encouraged by the progress made by the provider and the new manager and provider to make the necessary improvements. These improvements need to be sustained and fully embedded into the culture of the home to ensure people are consistently provided with a safe quality service.

- At this inspection we found, despite the providers efforts to recruit, continued concerns about staffing, specifically the high use of agency staff. Feedback from the majority of people and relatives was that there continued to be inconsistent and sometimes poor care, due to the high use of agency staff who were not always familiar with people's care needs.
- We also found at this inspection some concerns remained with the safe management of medicines. We found one person receiving an out of date medicine, and one person not receiving their eye drops for the treatment of glaucoma. The providers auditing systems had failed to identify and fully address these however, once identified immediate action was taken to address this and a full investigation undertaken to ensure there would be no re-occurrence.
- There was a new manager in post who had commenced employment at the home in December 2021. The manager was being supported by a regional manager and both displayed a commitment to making changes and were aware of what the areas were requiring improvement.
- Staff spoke positively about the new manager and the changes and support they were making. One staff member said, "Management are always available to voice concerns to, nothing is too much for them, they listen to you and support all of your needs." Another staff member commented, "Our new manager is very approachable I feel very supported at work I can approach the home manager at any time to discuss anything."

- The service has been without a registered manager since January 2020. It is a requirement of the providers registration that they have a manager who has registered with CQC in post. The new manager had applied to register with CQC at the time of our inspection.
- The manager and provider understood their responsibility to notify the CQC and other agencies of any significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were not routinely asked for their feedback about their care. The majority of relatives we spoke with told us they had not been asked for their opinions on the care their family member received. One relative said, "I haven't had a questionnaire [to complete]. I would be happy to give feedback but haven't had the opportunity to give any."
- We received mixed feedback about communication from the service for people's relatives. Some relatives told us they were aware there was a new manager in post and others told us they were not informed. One relative said, "We used to get a letter, then it stopped. I've never been advised about management changes."
- Processes were in place to enable information from incidents to be reflected upon, learnt from and used to identify any areas for improvement. For example, following a care plan omission, a lessons learned exercise was undertaken and the outcome shared with staff to help prevent a re-occurrence.
- Staff worked in partnership with other organisations and health care professionals to improve people's opportunities and wellbeing.

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

- During our discussions with the manager and provider, they were open and responsive to any issues we raised and carried out any 'lessons learned' exercises needed. This highlighted a willingness to improve the care and support for people living at the service.
- The majority of staff told us they felt valued by the manager and that the standards of care at the home were good. One staff member said, "From our last inspection I can see massive improvement throughout the whole home as all staff have worked really hard to achieve this and many going above and beyond for [people]."

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
Treatment of disease, disorder or injury	People's medicines were not always managed in a way that promoted the health, safety and wellbeing of people.