

Prime Life Limited

Chamberlaine Court

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chamberlaine Court is a residential care home providing accommodation and personal care to up to 38 people, including people with dementia. At the time of our inspection there were 30 people using the service. Care is provided across two floors. A communal lounge and dining area are located on each floor. People's bedrooms were ensuite and there were further communal bathroom facilities located on each floor.

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

At this inspection, there continued to be a lack of effective oversight to ensure standards and regulations were maintained. Some areas previously identified as a concern remained, and new areas of concern were identified.

Chamberlaine Court has not achieved an overall rating of good for the last four inspections dating back to November 2020. The home has continued to fall short of the expected minimum standards of care, people living in care settings should receive.

At our last inspection, we issued a warning notice because the provider had not adequately assessed risks and done all that was practicable to mitigate any such risks. The warning notice had been met in part, however, further action was needed to ensure people received safe care and treatment. Risks to people's health had not always been identified, assessed or monitored to ensure staff provided safe care and treatment.

Prior to our inspection we received concerns about insufficient numbers of staff. We found there were enough staff to keep people safe, but staffing numbers did not always ensure care was delivered in a timely way which promoted people's dignity and emotional well-being. Although we received some positive feedback, most people and relatives told us there were not enough staff.

Despite our findings, we found some improvements had been made. Risks related to skin breakdown had been identified, assessed and mitigated and people who required support, assistance and encouragement to maintain good hydration and nourishment, received effective support. The cleanliness of the home had improved, and we received positive feedback about the improvement in infection control processes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff culture was positive and staff were working together to make the required improvements. The manager at our last inspection was now registered with the CQC and was aware improvements were required at the home. They had completed a monthly action plan following our last inspection so we could

monitor the progress of the home in line with our regulatory functions.

We received positive feedback about the registered manager from people, relatives, staff and other healthcare professionals who agreed the home was on an improvement trajectory.

The home was being supported by the local authority and a variety of healthcare professionals to make improvements to the home. This support was ongoing and had been welcomed by the registered manager.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 01 August 2022) and there were breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 07 June 2022. During this inspection the provider demonstrated that some improvements have been made. 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 carried out an unannounced focussed inspection of this service on 31 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. In addition, we had received further concerns in relation to staffing numbers and poor-quality care. This report only covers our findings in relation to the key questions safe, effective 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. We found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chamberlaine Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to governance and safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect. 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 effective?

The service was not always effective.

Details are in our effective 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 ●

Chamberlaine Court

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

Three inspectors and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chamberlaine Court is a 'care home'. 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. Chamberlaine Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of our inspection was unannounced. We informed the provider we would return for a second

day to complete our inspection.

What we did before inspection

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 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 used all this information to plan our inspection.

During the inspection

We spoke with 10 people, 10 relatives and 6 healthcare professionals about their experience of the care provided. We also spoke with 15 members of staff including 10 care workers, a senior staff member, the cook, the registered manager, a regional manager and the provider's director of elder services. We carried out observations of staff practice and their interactions with people so we could understand people's experiences of the care they received.

We reviewed a range of records. This included information contained in 11 people's care records and samples of medicine records and daily records. We also looked at records that related to the management and quality assurance of the home.

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 requires improvement. At this inspection the rating has remained 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.

At our last two inspections, the provider had failed to robustly manage risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our last inspection, we issued a Warning Notice to outline how the provider had failed to comply with the regulation and what they must do to improve.

At this inspection, the provider had failed to fully meet the Warning Notice. Although improvements had been made in some area's of risk management, enough improvement had not been made and there was a continuing breach of regulation 12.

Assessing risk, safety monitoring and management,

- Risks had not always been identified, assessed or monitored to ensure staff provided safe care and treatment. For example, we found continued concerns related to the safe management of catheters and manual handling.
- One person's urinary drainage bag had been attached to their leg whilst they were resting in bed. Urinary drainage bags should be positioned below the level of the bladder to allow for effective drainage of fluid. Staff did not know, and records did not show, how to mitigate this risk to ensure the person remained well. By the second day of our inspection, this risk was mitigated as the person's catheter had been removed following advice from a healthcare professional.
- Some people required equipment such as a hoist sling to transfer from one place to another. There are risks associated with slings contributing to skin damage, but records did not always show these risks had been thoroughly assessed. Although we found no evidence people had been harmed, we saw 2 people sitting on their sling for a prolonged period without a thorough risk assessment to show if this was safe for these people.
- Records contained conflicting information about the size of sling a person should use which increased the potential risk of harm. It is important staff have accurate information about the correct sling size to reduce the risk of falls during the transfer process. This risk was increased because during our visit we saw one person's sling in another person's bedroom. Staff confirmed they used other people's slings to transfer a person if their sling was being laundered.
- One person was at risk of constipation. Although there was some guidance for staff on how to mitigate the risks associated with constipation, this was not monitored effectively to ensure they received prompt treatment.
- Some people living at the home had complex conditions and at times, could express distress through their behaviour. Due to a deterioration in health, one person was assessed as requiring 30 minute observations to

keep themselves and others safe. We found no evidence these observations had been completed as required by their risk management plan.

We found systems and processes were not sufficient to demonstrate risks associated with people's care were effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager took some immediate actions to mitigate these risks. For example, advice was sought from two healthcare professionals in relation to safe catheter care and the use of slings. Behavioural observations were commenced for one person where this had been an assessed need and a new monitoring form had been implemented to better manage the risk of constipation.
- During this inspection we found some improvements in the management of risk. For example, people who had been assessed at risk of skin breakdown had detailed risk management plans which were being followed by staff.

Learning lessons when things go wrong

- The provider was working through an action plan of improvement and had taken some action where things had gone wrong. However, learning from previous inspections had not always improved systems and practices in order to meet the regulations.
- Improvements were still required as some safety concerns were not always identified. For example, one person was at high risk of falls and their risk management plan had identified they should have a sensor mat in their bedroom to alert staff when they got out of their bed or chair. There was no sensor mat in place and staff told us they did not think this person needed one. This concern was also identified at our previous inspection.
- Overall, accidents and incidents were reported by staff and analysed by the management team to identify whether there were any trends or patterns.

Systems and processes to safeguard people from the risk of abuse

- Although some people told us improvements were needed at the home, people felt protected from the risk of abuse. Comments included, "I have no worries about my safety here" and, "The staff here are lovely. They are really helpful."
- Nine of the 11 relatives we spoke with told us people were safe, but 2 relatives expressed concerns about their family member's welfare. The registered manager was aware of these concerns and was investigating them at the time of our inspection.
- The registered manager and staff understood their safeguarding responsibilities. Staff told us they would escalate any concerns internally and externally if required. One staff member told us, "Safeguarding is all about ensuring each resident has the best quality of care and that they are safe. I would absolutely report any concerns and [registered manager] would deal with it."

Staffing and recruitment

- Prior to our inspection we received concerns about insufficient numbers of staff. We found there were enough staff to keep people safe, but staffing numbers did not always ensure care was delivered in a timely way which promoted people's dignity and emotional well-being. For example, some relatives raised concerns about the timeliness of staff responding to people's personal care needs and we observed one person had food on their clothing for a prolonged period after finishing their lunch.
- Although we received some positive feedback, most people and relatives told us there were not enough staff. Comments included, "No I don't think there is enough staff. The staff do their best, but they have only got two pairs of hands" and, "I don't see many staff when I go. [Person] says they are short staffed and busy."

- The provider assured us staffing numbers were based on people's dependency needs and these had usually been maintained. Overall, staff spoke positively about the current staffing levels but felt these would need to be increased as the eight vacancies in the home were filled.
- The recruitment process continued to ensure staff were suitable for their roles by conducting relevant pre-employment checks. This included Disclosure and Barring Service (DBS) checks which provided information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed and these were regularly reviewed. We received positive feedback from people and relatives about how medicines were managed. One relative commented, "Yes, they are pretty good at this to be honest."
- Processes were in place which ensured medicines were ordered, stored, administered and recorded effectively.
- Staff who administered medication were appropriately trained and their competency had been assessed.
- Some people needed medicines on an 'as required' (PRN) basis to treat short term pain or agitation. Protocols were in place to inform staff when these medicines should be considered but lacked detail. We discussed this with the registered manager who assured us they would review the protocols with the prescriber to ensure they contained all the necessary guidance.

Preventing and controlling infection

- We received positive feedback from people about the improvements to the cleanliness of the home. One person told us, "We have beautiful cleaning staff who have turned things around on the cleaning front."
- At our last inspection, people were not always protected from risks associated with poor infection prevention practices. Some improvements had been made, for example the environment was now cleaner. However, further improvements were needed.
- We were somewhat assured that the provider was using PPE effectively and safely. However, we observed some occasions where staff did not follow infection control guidance and were either not wearing a facemask or wearing this under their nose when supporting people.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- There were no restrictions on visiting. Families and friends were able to visit without formal appointments but were discouraged from visiting at mealtimes to enable staff to concentrate on assisting people to eat.

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 we rated this key question inadequate. At this inspection the rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before they moved into the home so the registered manager could be sure the service could meet people's needs, wishes and choices.
- Information contained within care records had improved but continued to lack detail to support staff in providing safe, effective care. The registered manager had been developing care records since our last inspection, but the process had not yet been completed to ensure staff had all the information need to deliver care in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the home. The induction included working alongside experienced members of staff and the completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Most staff felt supported and had regular opportunities to seek support from their line manager. One staff member told us, "We were left to own devices before, so you just did what you thought was right rather than what actually was right. There is more guidance and support now."
- Since our last inspection, the registered manager had focussed on the development of the staff team and had completed additional training sessions such as catheter care. The registered manager told us, "Staff working here now want to work here and want things to improve for everyone."
- Most staff had completed the provider's planned training programme. However, their training was not always implemented effectively into their everyday practices. For example, we found concerns in staff practice related to risk management.

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

- Some improvements had been made since our last inspection and records now showed people were supported to eat and drink enough to maintain a balanced diet. Where people were at risk of losing weight, daily charts continuously monitored how much people had eaten. Where necessary, action had been taken such as fortifying foods to increase people's calorie intake.
- Information about people's specific dietary requirements and preferences was available in the kitchen for the staff responsible for preparing people's meals. Staff were knowledgeable about the foods people enjoyed.
- However, care records did not always reflect people's current needs in relation to eating and drinking. For example, at lunch time a person struggled to eat their meal, overfilled their mouth with food which posed a

risk of choking and required staff support to cut up their food. This person's records stated they were at low risk of choking, could eat independently and did not require their food to be cut up. This incident should have led to a review of the person's nutritional support needs, but this information was not recorded in the person's daily notes or handed over to management.

- People and relatives gave mixed feedback about the quality of the food. Some people enjoyed the food whilst others said improvements were needed. One relative told us, "Some days [person] says the food is very nice and other days they say it's inedible."

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

- Some people did not always receive care in a timely way because they were unable to summon assistance when care may be needed and there was limited evidence of regular welfare checks.

- Where people could call for assistance, some people and relatives reported long waits for care. Comments included, "I pressed my bell 5 times for staff to get me up and change me. I had to wait ages" and, "I press this, and nobody comes. Things could be better." Despite this, the providers call bell audit reported a vast improvement in staff response times from our previous inspection.

- Visiting healthcare professionals commented on improvements made at the home. One healthcare professional told us, "People look better and healthier. The [manager] is super keen to work with us to improve staff understanding." Another commented, "Between my first and second visit, lots of progress was made."

- Where people required support to access healthcare services, the registered manager made referrals to services in a timely way. For example, people received regular support from GPs and the district nursing team.

- Emergency medical assistance was sought where necessary. A person who had witnessed another person fall told us, "The response from the staff was excellent."

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

- People had their own bedroom and en-suite bathrooms which they had personalised to their own individual tastes. Bedrooms were split across two floors which also had a communal lounge and dining room.

- People were involved in decisions about the home. People told us how they had enjoyed the responsibility of re-planting the garden. One person commented, "Senior members in the company said we had the best garden in the whole company. I loved that."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Overall, where a person's capacity to make decisions was questioned, a mental capacity assessment had been completed and where necessary, decisions had been made in people's best interests.
- Where needed, legal authorisations were either applied for or in place to deprive a person of their liberty.

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

At our last inspection, the provider did not demonstrate effective governance, including assurance and auditing systems or processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Chamberlaine Court has not achieved an overall rating of good for the last four inspections dating back to November 2020. The home has continued to fall short of the expected minimum standards of care people living in care settings should receive.
- Following our last inspection, we met with the provider to discuss how they would improve their systems and processes to ensure people received safe, effective care. In addition, using our enforcement powers, we requested a monthly action plan to be submitted outlining the action they were going to take to meet the regulations.
- Overall, the action plan reflected the steady progress the home had made. However, some actions to ensure people's safety had not always been taken. For example, we continued to find concerns with risks related to catheter care, safe mobility management and falls. We also identified new risks in relation to supporting people's behaviour and the safe management of constipation and the use of slings.
- In addition, some care plans which the provider had signed off as 'completed', did not always contain enough detail to identify and mitigate risks, and some contained inaccurate or conflicting information.
- These concerns had not been identified by the provider, despite their action plan confirming regular quality assurance visits from the provider's quality team and the provider's senior representatives. Systems and processes continued to be ineffective at identifying areas of improvement.

The provider had not made enough improvements to comply with regulations. Service oversight and governance systems continued to be ineffective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings, we found some improvements had been made. The staff culture at the home was positive and staff were working together to make the required improvements. Risks related to skin breakdown had been identified, assessed and mitigated and people who required support, assistance and encouragement to maintain good hydration and nourishment, received effective support.

- The manager who had just been appointed at the time of our last inspection, was now registered with us, the CQC. The registered manager was aware of the need for improvements at the home and had completed a monthly action plan following our last inspection to enable CQC to monitor the progress of the home in line with our regulatory functions.
- The registered manager told us they had focussed their time on creating a team of staff who were invested into making improvements at the home. The registered manager explained there had been a lot of changes in the staff team, but this was now stable. One staff member told us, "[Registered manager] has really tried to sort things out. It's a lot, lot better. Staff who let the place down have gone now."
- Staff recognised this positive change and told us the atmosphere in the home had improved. One staff member told us, "It is calmer now. It is a happier place. Staff aren't putting the mood down. Staff mood echoes through the shift and impacts on people."
- Staff told us the day to day management of Chamberlaine Court had improved. Comments included, "Things are now getting done when they weren't before. If you have any problems you can go to the manager with anything" and, "[Registered manager] has turned a lot of things around, I'll give her that."
- A variety of new checks had been introduced to good effect, such as a nutrition and hydration audit. The registered manager also completed daily walk around checks to identify potential concerns. However, these were not always completed to the same standard when the registered manager was not there.
- The registered manager understood their regulatory responsibilities and informed the Care Quality Commission (CQC), about significant accidents and incidents that occurred within the home

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

- Following our last inspection, the registered manager arranged a meeting with staff to ensure they knew where improvements were required. One staff member told us, "A lot of improvement has been made since our last (CQC) report. A conversation was had with us and I wasn't surprised at the report. But now it is better. A lot better."
- The manager had developed partnership working with healthcare professionals who also commented on the overall steady improvements at the home. One healthcare professional told us, "I have confidence in the manager to take forward the improvements that are needed." Another commented, "I have been generally happy with the progress. This home was a worry but not too much now as we have given a lot of guidance. I do have confidence in [registered manager]."
- Most relatives reflected on the previous instability in management of the home, but recognised improvements were now taking place. One relative commented, "It's got better over the years with improvements taking place." However, some relatives told us the management of the home still needed to be improved.
- The registered manager was keen to work in partnership with relatives to increase their confidence in the care provided at Chamberlaine Court. They had arranged a relatives meeting and had started to send out a monthly newsletter to improve communication. One relative commended, "On the whole it is getting better and moving in the right direction."

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

- The registered manager understood their responsibility to be open and honest when things had gone wrong. However, where lessons had been learnt from concerns, complaints or investigations, these were not always recorded.

Working in partnership with others

- The home had been supported by the local authority and a variety of healthcare professionals to make

improvements to the home. This support was ongoing and had been welcomed by the registered manager.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider continued not to adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider continued not to operate and ensure robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety.</p>