Care Quality Commission

Prime Life Limited

Chamberlaine Court

Inspection report

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Ratings

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

Overall summary

We inspected Chamberlaine Court on 16 April 2015 as an unannounced inspection. At our last inspection in July 2014 we identified concerns in the care and welfare of people, staffing and the support given to staff. We asked the provider to take action to improve the service. The provider returned an action plan to demonstrate how they would improve the service in our allocated timeframe. On this inspection we found improvements had been made.

Chamberlaine Court is divided into two separate floors and provides personal care and accommodation for up to 38 older people, including people living with dementia. There were 31 people living at Chamberlaine Court when we inspected the service.

A requirement of the service's registration is that they have a registered manager. 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

Summary of findings

requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

There were enough staff available to safeguard the health, safety and welfare of people. Staff were given induction and training so they had the skills they needed to meet the needs of people living at the home.

People were protected against the risk of abuse, as the provider took appropriate steps to recruit suitable staff, and staff knew how to protect people from harm. The provider had appropriate policies and procedures so staff understood how to report abuse, or allegations of abuse.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's rights were protected where they could not make decisions for themselves; as decisions were made in people's 'best interests.'

People were provided with food and drink that met their health needs and their preference. People were supported to access healthcare professionals to maintain their health and wellbeing.

Care staff treated people with respect and dignity and supported people to maintain their privacy and independence.

People chose who visited them at the home, which helped them to maintain personal relationships with people in their community. However, people weren't always supported to take part in interests and hobbies that interested them.

People knew how to make a complaint if they needed to. Complaints were fully investigated and analysed so that the provider could learn from them. Action was taken to improve the service following complaints.

People who used the service, and their relatives, were given the opportunity to share their views on the quality of the service. Quality assurance procedures were in place to identify where the service needed to make improvements. Where issues had been identified the manager took action to improve the service.

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?
The service was safe.

People felt safe. There were enough staff available to care for people safely. People were protected from the risk of abuse, as staff knew how to safeguard people from abuse. The provider recruited suitable staff to support people. Medicines were administered safely.

Good

Is the service effective?
The service was effective.

Staff were given induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected; decisions were made in their 'best interests' in consultation with health professionals.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and kindness. Staff knew people well, and respected people's privacy and dignity. Staff helped people maintain their independence.

Good

Is the service responsive?
The service was not consistently responsive.

People were not always supported to take part in interests and hobbies that met their preference. People were able to raise complaints and provide feedback about the service. Complaints were analysed to identify any trends and patterns, so that action could be taken to make improvements.

Requires improvement

Is the service well-led?
The service was well led.

The manager was accessible to people who used the service, their relatives, and members of staff. People were asked for their feedback on how the service could be improved. Quality assurance procedures were in place, and where issues had been identified the manager had taken action to improve the service.

Good

Chamberlaine Court

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 was 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 inspection took place on 16 April and was unannounced. This inspection was conducted by two inspectors.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who lived at the home, three relatives, five members of staff, the chef, the registered manager and the operations manager at the home.

We looked at a range of records about people's care including four care files. This was to assess whether the information needed about each person, and the care offered to each person was available.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

We looked at personnel files for two members of staff to check that suitable recruitment procedures were in place, and that staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the home. One person told us, "I feel quite safe here, the managers are helpful." A relative said, "They do as much as they can here to keep people safe." Another person told us, "The home is very nice, I'm satisfied."

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding and whistleblowing. Staff were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. Staff told us they were comfortable with raising any concerns they had with the manager and were confident that they would be protected by the manager under whistleblowing procedures. One member of staff said, "I think it's generally safe here, I'd have my relative move in here." The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. They kept us informed with the outcome of the referral and actions they had taken. This meant the provider took appropriate action to protect people.

Staff told us and records confirmed suitable recruitment procedures were in place, which included checks into the character of staff before they started working at the home. This was to ensure they were safe to work with people.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. Risk assessments were detailed, up to date and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person with a Deprivation of Liberty Safeguard (DoLS) was at risk of trying to leave the home. There were plans for staff to follow to check the whereabouts of the person every 15 minutes. This ensured the risk of them leaving the home was minimised.

Risk assessments were in place to manage risks within the home. The risk assessments detailed risks such as fire and flood, which could affect the running of the service. Emergency plans were in place to manage the identified risks, for example, what action staff needed to take in the event of a fire. This meant there were clear instructions for staff to follow, so that the disruption to people's care and support was minimised.

Most of the people we spoke with and their relatives told us there were enough staff available to care for people safely. One person said, "There's an average number of staff, I don't wait." A relative told us, "There's enough staff here. I'm satisfied with everything and the carers are brilliant. My relative is ever so happy here." However, one relative told us, "There's a lot of staff shortages. They're often short-staffed here."

Staff we spoke with gave us conflicting information about whether there were enough staff available at all times to care for people safely. One member of staff told us, "Everyone would like to have more staff, but we work together to get things done, it's teamwork." Another member of staff said, "There's not enough staff here. We are short staffed, especially upstairs." A third member of staff told us, "Yes there's enough staff, when we have more people we will have more staff. We're not rushed today, and it means we can sit with people, it's lovely."

Although some staff told us they would like to have more staff, the manager showed us how the numbers of staff were determined at the home. Assessments of people's needs and abilities were used to create a dependencies score. For example, the more assistance a person needed with dressing and eating, the higher their dependency score. The manager explained the dependency scores were used to determine the numbers of care staff required at the home to care for people effectively and safely.

We observed the support offered to people in the communal areas of the home to see if there were enough care staff available to keep people safe. Staff were available to meet people's care needs. Care staff responded promptly to people if they needed assistance, for example, we saw one person calling out for a member of staff from their room. Within a minute a member of staff went in to assist the person. This meant there were enough staff to care for people safely.

People received their prescribed medicines safely. Staff who administered medication were trained to administer medicines safely. People were given their regularly prescribed medicine at the right time of day. Medicines were stored safely. There was a protocol in place for administering medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too little, or too much medicine. People told us they received their prescribed medicines. One person said, "I'd sooner they did

Good

Is the service safe?

my tablets than do this myself. They sort everything out. There's no bother with it. They watch me take the tablets." One relative told us, "There have been no problems with medication."

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to meet their needs. Staff told us they received an induction when they started work which included shadowing an experienced member of staff, and training courses tailored to meet the needs of people living at the home. One member of staff told us, "I had an induction which included basic skills and shadowing a member of experienced staff. Our competency following training is also regularly checked to keep us up to date."

Staff told us that each member of staff also received an individual training programme tailored to their specific job role. For example, senior staff received training in medicine administration. Staff's skills were checked through supervised observation after undergoing training, for example, in manual handling techniques. Staff told us the manager encouraged them to keep their training and skills up to date. The manager maintained a record of the training each member of staff had completed, and knew when training was due to be renewed. The manager organised training courses on a range of topics and techniques so that staff had the skills they required to meet people's needs. One staff member told us, "It's good training here, staff get offered a lot."

Staff told us they attended regular supervision meetings and annual appraisals with their manager. One member of staff told us, "Supervisions are informal and I have an appraisal once a year." Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements. They also enabled the manager to monitor the performance of staff and discuss any areas for improvement. In addition to regular supervision meetings, staff were provided with '60 second learning' briefings on specific topics to improve staff understanding of training and changes at the service.

We reviewed how the provider was meeting the requirements of The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). These set out principles to ensure decisions are made in people's best interests when they are unable to make decisions for themselves. The manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Records confirmed the manager completed mental capacity assessments if they had any doubts about a person's capacity to make their own decisions. For those people who were assessed as lacking capacity to make decisions themselves, best interest decisions were made in consultation with health professionals. The manager reviewed each person's care needs to ensure people were not unlawfully deprived of their liberties. Some people had a DoLS in place at the time of our inspection which had been authorised by the local authority. This meant the manager understood their responsibility to comply with the requirements of the Act.

Staff we spoke with had completed training on MCA and DoLS and were able to tell us the action they would take if a person's capacity to make decisions changed, or if they suspected this. Staff gave us examples of when they had applied the principles of the MCA to protect people's rights. For example, staff asked for people's consent, and made decisions in people's best interests in consultation with other staff, professionals and relatives. We saw staff asked for people's consent before they assisted them during the day.

We observed people having their lunchtime meal. People enjoyed the food. One person told us, "The food's nice." Another person said, "The food's good and the people are all nice." Another person said, "You can have as much as you want to eat and you get two choices. There are plenty of vegetables. The puddings are beautiful." The kitchen catered for people with specialist diets and offered a choice of gluten free, dairy free and soft food for people on a 'soft' diet. People were shown what food was available at each mealtime and were able to choose what they wanted to eat. One person said, "I get the food I ask for. You can always have crisps and biscuits too when you want."

People were offered drinks and snacks throughout the day to suit their appetites. Staff offered people a choice of drinks, such as tea, water and milk. Staff waited for a response from people before preparing their drink. One staff member said, "We encourage people to have as much fluid as they can, as this makes sure people are hydrated."

Where people needed to receive a specific amount of food or fluid to maintain their health, records showed their food and fluid intake was monitored by staff. The fluid and food charts were consistently completed by staff and were audited each day to check the person was receiving the amount of food and fluid they needed to maintain their health. This minimised the risk to people's health.

Good

Is the service effective?

Some people ate their meal in the dining room and other people were assisted to eat and drink in their room or in the lounge area. Staff in the lounge spent time with people and encouraged them to eat. People ate at their own pace. Staff waited for clear signals that people had finished their main meal before offering them dessert. In the dining room staff sat with people to eat their own meal. Staff told us this was to make the mealtime experience a shared experience, and promote a culture of inclusion and community values within the home. However, as staff were having their own meal, they were less able to assist people when they needed support. For example, one person complained that their food was cold. No-one offered to re-heat the food for the person as staff were also eating. We brought this to the attention of the manager. They told us they had a plan in place to review mealtime services at the home.

Staff told us they were confident they delivered effective care to people because they were kept up to date on changes in people's care needs daily. Staff explained how they handed over key information to staff coming on the next shift. We saw this was conducted verbally and a written daily handover sheet was prepared. Information was shared about changes in people's health or care needs, or any special arrangements for the day. We were able to view the daily handover file and saw this was kept up to date so staff who missed the meeting could review the information. One staff member told us, "We can see at a glance from the handover information what people's needs are, and what's changed. The information is always up to date."

The manager and two senior carers met every morning to discuss people's care, including the progress of referrals, health professional's visits and family information. This assisted the manager and senior carers in keeping up to date with issues, and prompted follow up action to improve people's healthcare. Information from the meetings was shared with staff in the written handover information. The manager also held weekly meetings with key members of staff to discuss changes and outcomes for people, which ensured people received effective care.

We looked at the health records of people who used the service. Each person was supported to attend regular health checks. Care records included a section to record when people were visited, or attended visits, with healthcare professionals. For example, people were able to see their GP, speech and language therapist, mental health practitioner, and dentist where a need had been identified. This meant people were supported to maintain their health and wellbeing through access to healthcare professionals.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with respect and kindness. One person told us, “The ladies are good. I just ask for something and I get it.” Another person said, “They are good to me here, they’re nice. [Name] is absolutely brilliant. They’ve got a lot of patience. If I have any problems they help me.” A third person told us, “I like everything here.” A fourth person said, “I’ve always been happy here.”

Relatives told us they were happy with the care their loved ones received. One relative said, “The staff seem jolly and kind.” Another relative said, “People seem well-cared for.” A third relative told us, “I think the staff are all very caring.”

Staff told us they enjoyed working at the home and spending time with people. One staff member told us, “I love it here, it’s a nice place to work.” Another member of staff said, “The staff are really caring. Most of us go the extra mile.”

People told us they could choose how to spend their time, and staff supported them to make everyday decisions. One person explained they could get up and go to bed when they wished. They said, “I can have a lie in if I fancy, or stay up. You can do what you want.”

Staff we spoke with knew people’s preferred name, and spoke of people in respectful and positive ways. One member of staff told us how they cared for one person who remained in bed. They said, “It’s good to do [Name’s] hair and nails, as this makes them feel good. I can tell they like this by the look on their face. As they can’t talk to us, we need to watch their facial expressions.” One person told us, “I feel quite satisfied with everything I’ve come across here.”

Staff knew how to respond to people who were anxious and distressed. For example, one person called out anxiously. A member of staff went over immediately and spoke to the person in a calm manner and used the information they knew about the person to engage them in a conversation. They stayed with the person until they were reassured. The person remained calm, and staff monitored them to make sure they were no longer anxious.

Staff told us they always explained to people the support they were offering before proceeding and ensured doors were shut for privacy when assisting people with personal care. People told us their dignity and privacy was respected by staff. We saw staff spoke to people and asked their permission before performing support tasks. Staff knocked on people’s doors before entering, and announced themselves when they entered people’s rooms. People’s bedroom doors were locked when people were not in their room, so that other people could not enter. One person told us, “It respects my privacy, if you want to go into your bedroom, you just ask and they let you in.”

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. People told us they made choices about who visited them, which helped them maintain links with family and friends.

People were involved in care planning and made decisions about how they were cared for and supported. For example, one person told us they were able to decide which members of staff supported them. Some people had a relative who was involved in their care planning and review meetings. People who did not have an appropriate relative had an advocate. Access to advocacy services supported people to maintain their independence. An advocate is a designated person who works as an independent advisor and supports people to make decisions, for example, about their health and care requirements. One staff member told us, “Advocates are used by people if they don’t have family members to support them.”

Requires improvement

Is the service responsive?

Our findings

The manager told us care staff arranged activities for people as part of their duties. We saw there were some group activities taking place at the home, for example a recent singer had attended the home to engage people in a sing-a-long, and a mini bus was used once a month to take people out on trips in the community. One member of staff told us, "People do have one-to-one support with personal interests." However, people told us they weren't always supported to take part in interests and hobbies that met their preference. For example, in one person's care record we saw that they enjoyed taking part in group activities. There was not a designated member of staff responsible for organising group activities at the home, and there was no daily plan of group activities in place. One person said, "The staff work hard but they haven't got time to do activities. They really should get an activities co-ordinator." A relative told us, "There could be more activities and entertainment. They don't do anything really." Another relative told us, "There's not a lot of group activities going on for people." This meant people did not always have the opportunity to engage in activities that met their preference.

People's personal preferences were recorded on their care records as people and their relatives were involved in planning and agreeing their care and support. One relative told us, "I was asked to fill in information about [Name's] preferences, their past history, and what they like." This demonstrated people's wishes for how they received care were respected.

Staff had an understanding of people's needs and choices. Staff knew about each person, their likes and dislikes, what each person could do independently and when they needed staff support. The information staff told us about how they cared for people matched the information in people's care records. For example, one person preferred to have only female care workers support them. We saw the person was receiving care from female staff. One staff member told us, "We all know [Name] is only supported by female staff, as this is their preference." Another person had stated they liked to have snacks between meals. Several times during our inspection staff offered the person snacks and drinks between meals.

People received the care they needed in accordance with their care plans. Information was consistently recorded about the care people received. For example, one person needed to be moved every two hours as they had limited mobility and were at risk of developing sore skin. The chart to record when the person was assisted to move was up to date. Staff told us and records showed the person had been moved by staff every two hours, as described in their care plan.

There was information about how to make a complaint in the reception area of the home. The complaints policy was also explained in the service user guide that each person received when they moved to the home. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person said, "I've never had any problems." In the complaints log we saw that previous complaints had been investigated and responded to in a timely way. Complaints were analysed to identify any trends and patterns, so that action could be taken to improve the service provided.

Good

Is the service well-led?

Our findings

People told us the home was well led. We saw the manager was accessible to staff, people and their relatives, because the manager worked at the home each day. People told us they could speak to the manager when they needed to and the manager would respond to any concerns they raised. One person said, "I tell the manager if I have any problems and they sort it out." A relative said, "All the staff are really lovely. Things are dealt with pretty quickly here."

Staff told us they enjoyed working at the service, and that they were able to speak to the manager when they needed to. One staff member told us, "I think it's a good place to work, the staff work as a team to support each other." Another staff member said, "There's a nice atmosphere. The manager's very approachable." A third staff member told us, "The manager is brilliant, they have been really supportive."

Staff told us they had an opportunity to raise any concerns they had, or provide feedback and ideas about how the service could be improved through frequent staff meetings. Where staff had made suggestions in meetings, the manager had acted to implement improvements. For example, some adjustments were being implemented around lunchtime service times to allow staff more time to assist people with eating.

The service was part of a larger organisation. The manager told us the provider was supportive of the service, and offered regular feedback and assistance to them to support them in their role. We saw the provider's operations manager frequently visited the service, and was available on the day of our inspection to speak with us. The operations manager supported the manager in audits and quality assurance procedures.

The provider ran annual quality assurance surveys for people who used the service and their relatives. A recent quality assurance survey showed people had provided feedback about how the service could be improved. The feedback was analysed and an action plan was produced to drive forward improvements at the home.

We saw the manager completed regular audits of different aspects of the service. This was to highlight any issues in the quality of the service and to drive forward improvements. For example, a recent audit has been completed on medication administration. Following the audit a new system to improve medicine administration had been introduced to reduce the risk of medication errors. A member of staff told us, "Medicines administration has been improved recently by the introduction of a new system called Biodose. Medicines are now received in sealed containers for each person. This has reduced the risk of errors, and has reduced waste."

The manager had identified care records needed to be improved during a recent audit. The action to improve care records was being implemented. Some care records were under review, and the provider had plans in place to conduct a review of all care records by June 2015. The review was planned to update the recording of people's preferences and consent. This demonstrated the provider took action to continuously improve the service.

Records showed that staff recorded every time an accident or incident occurred. The manager analysed the incidents to identify patterns or trends. The analysis enabled the manager to identify whether processes or procedures needed to be changed, or care plans needed to be updated, to reduce the risk of similar events occurring in the future. A recent incident had been investigated and procedures had been altered as a result of the investigation.