

Prime Life Limited

# Chamberlaine Court

## Inspection report

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Date of inspection visit:  
09 February 2022

Date of publication:  
28 April 2022

### 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

Chamberlaine Court is registered to provide accommodation and personal care for up to 38 people, including people living with dementia. At the time of our inspection visit there were 37 people living at the home. Care is provided across two floors. A communal lounge and dining area are located on both floors. People's bedrooms were ensuite and there were further communal bathroom facilities located on each floor. Some of these bathroom facilities were being used as an area for staff to safely put on and remove, personal protective equipment.

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

At our last inspection, we found concerns that the management of risks, infection control and management and oversight of the service, did not meet the regulations. At this visit, we found some improvements had been made but further improvement was needed.

In response to our last inspection the provider told us a deep clean of the home and improved food hygiene had been undertaken as well as improvements to their quality assurance systems and processes. However, we found a continued lack of ownership and oversight to ensure standards were maintained. Some areas previously identified as a concern, remained.

Cleaning tasks were not consistently effective because some communal areas of the home were not regularly cleaned. Despite assurances of a deep clean throughout the home, standards of cleanliness expected were not maintained. Food trolleys and an upstairs kitchenette remained dirty, with unopened food stored in cupboards that were not clean.

In the main kitchen and the first-floor kitchenette, some food items continued to have passed their 'use by date' whilst other food items were left out uncovered. Some refrigerated items had a sticker but there was no date to show when the item was opened or when it had to be consumed or discarded.

Some improvements to risk management were seen, however, records and staff knowledge to manage and monitor risks continued to be inconsistent. The provider told us following the last inspection, people identified at high risk of falls now had a falls prevention plan. For those people we saw at high risk of falls, there was no such plan. People who needed their food and fluid monitored, incomplete recording did not provide an accurate picture that would help other health professionals and staff to help keep the person hydrated and nourished. The quality of completed records remained limited and there were no effective checks to identify where improvements were required.

Quality assurance system had been improved however some audits were not effective in driving improvements. Audits such as medicine management, infection control and the manager's daily walk around had not identified the issues we found or where they had, there was no action taken to make those improvements. The provider's response to our last inspection and action plans had not always been

implemented or followed through.

Medicine records also lacked detailed information to confirm safe management. Staff understood their responsibility to report any concerns to protect people from the risk of abuse. There were enough staff on duty to support people, and people told us they felt safe living at the home.

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 requires improvement (published 25 December 2020) and there was a breach of regulation 12 safe care and treatment and regulation 17 good governance. The provider completed a monthly action plan after the last inspection to show us how they would improve and by when. At this inspection we found the provider remained in breach of regulations.

#### 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. 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 not changed. This is based on the findings at this inspection.

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](http://www.cqc.org.uk).

The inspection was also prompted in part by reviewing statutory notifications we had recently received indicating a high number of unwitnessed incidents. We also received some information related to a death that may have arisen from a suspected fall. A decision was made for us to inspect and examine those risks.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Enforcement

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 COVID19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified a breach in relation to safe care and treatment and a breach related to good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by one inspector who visited Chamberlaine Court on 9 February 2022.

#### Service and service type

Chamberlaine Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. We used any information the provider had sent us from their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held, such as people and relatives' feedback and statutory

notifications, as well as information shared with us by the local authority. We also reviewed the action plan the provider sent us following our last inspection where the provider told us what improvements and ways they would ensure, actions were taken and continually monitored. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who received a service to get their experiences about the quality of service. We spoke with four members of care staff and a cook. We also spoke with the registered manager and the regional manager.

We reviewed a range of records. This included three 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 service, especially around infection control and risk management.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Using medicines safely

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 breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- In response to the last inspection, the provider told us everyone identified at risk of falling, would have a falls prevention plan. We checked and found those prevention plans were not in place. The regional manager and registered manager said people only had a mobility plan.
- Where people had fallen, there was inconsistency in what we were told that constituted someone being at high risk. The provider's falls policy said people would have a falls prevention plan if assessed at high risk, but there was no formula to determine what made a person high risk.
- We found one person had sustained a fall on 16 October 2021. This person was assessed as high risk. There was no falls prevention plan in place even though they were high risk. An incident form recorded this fall, however the person's daily logs failed to record the fall.
- Other risks to people's health were not always managed safely and consistently. For example, some people were identified at risk of choking and were prescribed a thickener. Staff who administered the prescribed thickener thought the person had more thickener than what they were allowed to have according to their care record. Some staff did know, however on occasions, staff failed to record how much thickener was included within each drink.
- On the first floor in the communal dining room, a high number of people lived with dementia and lacked capacity and understanding. We saw two tubs of thickener were left out. NICE guidelines states thickener should be locked away because it could be a risk to someone who unknowingly ingested it. This risk had not been understood by staff. We checked a number of manager daily walkaround checks and this had not been identified.
- Food and fluid charts were not completed, in line with the provider's expectations. The provider's action plan said all fluids would be recorded by amount, even when given with medicines or cereals. This was not happening, and staff could not provide an explanation as to why.

Using medicines safely

- We could not be confident people received their medicine safely. The provider used an electronic system to manage medicines, but some safe practices were not incorporated or had been considered to demonstrate, people's medicines were administered safely.
- Some people received pain relief patch medicines. It is good practice to use a patch record, so staff knew where to safely apply the patch and subsequent patches. We found staff were not completing a patch record. One staff member said, "We don't have one." Patch application was recorded when administered, but not where. This meant if a staff member had to reapply a patch medicine, there was no record of where the next patch was required. From speaking with staff and looking at the instructions, staff were not following manufacturers guidance to alternate the site where the patch was applied. This had potential to put the person at risk.
- We checked four people's medicines, especially those who needed medicines on an 'as and when required' basis. We found one person did not have a protocol to tell staff, when to give this medicine, why it was required and in what dose.
- Regular checks of medicine administration records were completed; however, these checks had not identified the issues we found.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We found areas hygiene and cleanliness throughout the home had improved since our last visit. However, the first-floor dining room and kitchenette continued to expose people to unnecessary risk.
- Despite assurances of a deep clean throughout the home, standards of cleanliness expected had not been maintained. Two food and drink trolleys and an upstairs kitchenette remained dirty, with unopened food stored in cupboards that were not clean. Two bottles of squash were stored on a dirty floor. We saw this last time and this practice continued.
- Some food items continued to have passed their 'use by date' whilst other food items were left out uncovered. Some food items had a sticker but there was no date to show when the item was opened or when it had to be consumed.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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's infection prevention and control policy was up to date

Care homes (Vaccinations as Condition of Deployment)



From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were happy with their care and support and that they felt safe when staff supported them.
- Staff told us they had received training in how to keep people safe. Staff were confident to raise concerns of poor care with the registered manager. One staff member said, "We have a whistle blowing line – I would call that." Staff told us they had not witnessed poor practice.

Staffing and recruitment

- We did not look at staff recruitment files during this inspection visit. No concerns were identified in planning for this visit.
- Staff we spoke with had been employed at the service for a considerable length of time. The registered manager said they had used agency staff and staff profiles were seen before those staff worked at the home.
- Staff told us staffing levels at the home allowed them to meet people's needs. One staff member said, "Now we have five staff upstairs, we have time to do what we need."
- The registered manager told us they used a dependency tool to help demonstrate to the provider what staff they needed. The registered manager said increasing staff to five upstairs had helped ease pressures.
- The registered manager said they had used agency staff and staff profiles were seen before those staff worked at the home.
- Staff continued to be part of the COVID-19 weekly testing programme and staff were vaccinated to help keep them and others protected.

Learning lessons when things go wrong

- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. We saw evidence from that analysis, increased support from other external health professionals helped support positive outcomes for people. However, some improvement was still needed. For example, following one incident, the action was to complete observations, but these were not completed in line with the time frequency stated in the incident form following the review.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained 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.

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

At our last inspection the provider had failed to operate effective systems and processes relating to the governance of the service. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- Systems and processes although improved, continued to lack effectiveness to sustain improvements and to maintain oversight of the service being provided.
- For example, the providers action plan from the last inspection said falls prevention plans would be included in the person's care plan to safely manage the risk. These fall prevention plans were not in place. Where care plans had been evaluated, the checks had not identified the falls prevention plan was not in place for people assessed at high risk.
- Systems to safely monitor people at risk of choking or malnutrition continued to be ineffective. Records were not completed in line with the provider's action plan following the last inspection. We could not be certain, people received support in line with health professional advice. The provider audits failed to identify those checks were not being completed or that improvements had not been made.
- The provider's systems and processes to maintain good infection control were not robust to minimise the risks of cross infection. The manager's actions failed to continuously monitor and improve cleaning regimes.
- Cleaning and environmental audits failed to identify the risks we found during this visit, some of which were unchanged from the last visit. Before we left the service, the regional manager told us they had arranged for staff to do a deep clean and they confirmed the first-floor kitchenette area would be replaced without delay. Following our visit, we were told the kitchenette area had been refurbished and works completed.
- The regional manager and registered manager acknowledged the shortfalls we found in the service.

Continuous learning and improving care;

- We could not be assured the provider had systems in place for continuous learning. The regional manager acknowledged that action was taken immediately following our last visit but said there was a lack of continuity in monitoring action plans. The regional manager also accepted there was a lack of evidence to show effective oversight of the service was in place.
- Following our visit, the registered manager gave us a copy of a summarised risk matrix. This did not show us specifically what was checked, the findings, any improvement actions and timescales monitored by the provider.

Systems and processes had not been established or were robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Incidents and complaints were recorded and there was evidence to understand why they had happened and to take action.
- However, we were aware of one recent complaint and the response provided did not fully explain and explore options for the complainant to follow up if they remained dissatisfied. We discussed this with the regional manager who told us about their next steps regarding the complaint and what they had planned to do.
- The provider met their legal responsibility by displaying their rating on their website and in the home .

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

- The registered manager and regional manager worked with us and were supportive to the inspection process and the feedback we provided.
- The local authority had been working with the service and the registered manager was responding and taking improvement actions and suggestions where required.
- Staff said they felt valued by the new registered manager and were treated as an individual and with respect.
- We asked for but were not presented with any feedback or surveys from people using the service. We saw some compliments had been received where staff had been praised for the service they provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were complimentary about the management of the home. Staff all said the registered manager was supportive, listened and helped on shift where needed.
- All staff we spoke with said people received a good standard of care. Staff said they worked well as a team and they all worked at the service for the right reasons, because they wanted to help and support people.
- The registered manager treated people and staff as individuals and supported them where required in a way that met the person's individual characteristics.

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 did not adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks.</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety through good governance.</p>

### **The enforcement action we took:**

Following an MRM, it was agreed a WN would be issued. Repeated RI overall and this was a repeated breach.