

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 well-led?

Good ●

Summary of findings

Overall summary

About the service:

Chamberlaine court is a care home. It is registered to provide personal care, accommodation and nursing support to up to 38 older people, including people with dementia. At the time of the inspection visit the home supported 36 people over two floors.

People's experience of using this service:

People felt safe using the service and staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People had risk assessments in place and risk mitigation plans, so that staff knew how to support people safely.

People received support from staff when needed and they were supported to have their medicines as prescribed.

The provider and the registered manager worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

Rating at last inspection and update: The last rating for this service was Good (published 9 August 2018). At this inspection we found the provider had maintained their rating of Good.

Why we inspected:

This was a focussed inspection to follow up on concerns raised with us regarding the quality of care people received. The inspection was also prompted in part by a specific incident following which a person using the service sustained an injury. This inspection examined the management of risks to people at the home. We undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: There was one inspector who inspected this service.

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

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

Notice of inspection: The inspection was unannounced.

What we did before the inspection: We looked at the information we held about the service and used this to help us plan our inspection. We checked records held by Companies House. We sought feedback from the local authority and professionals who work with the service. We gathered feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection: We spoke with one person's relative and three people who lived at the home. However, some people were unable to tell us about the home due to their complex care needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four members of staff including the regional operations manager, the registered manager

and one senior care worker. We reviewed a range of records. This included three people's care records and medication records. We looked a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection: We received feedback from three further relatives.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person said, "I feel safe here, it's my home." Another person described staff members as being, 'their angels'.
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities and had referred safeguarding concerns to the local authority for investigation.

Assessing risk, safety monitoring and management and learning lessons when things go wrong

- Events which called into question people's safety were recorded and managed by staff. For example, one person needed to have a walking stick to assist them to mobilise independently. Staff made sure the person had their stick nearby, to encourage them to use it. Another person needed to have a particular type of dressing on their legs, to improve their skin. We saw the person had these in place throughout our visit.
- Care plans guided staff on how to support people safely. They told us they would review care plans to ensure appropriate risk management plans were in place for all identified risks, to keep people safe.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Medicines were stored and administered safely. However, the provider had identified a recent issue with the pharmacy not delivering people's medicines in a timely way. They were reviewing how this could be improved, to ensure people always had enough of their prescribed medicines in stock.
- Protocols were in place to ensure people received their medicines when they were prescribed on an 'as required' basis.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

Preventing and controlling infection

- The home appeared clean and tidy on the day of our inspection visit. However, one person's relative told us they felt the home could sometimes be cleaner.
- People told us care staff wore aprons and gloves when personal care was given.

- Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

Is the service well-led?

Our findings

Well-Led – this means 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 Good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home was managed by an experienced registered manager who understood their role. An operations manager who regularly visited the home, and a provider who shared learning across their group of homes with other registered managers.
- Senior care staff worked alongside staff daily to ensure staff had the support they needed, and to monitor staff performance.
- People were positive about the leadership of the service and several told us they would recommend the service to others. One relative said, "They cared for [Name] really well. They loved being here. The staff were lovely."
- Staff understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff during daily handover meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The staff and management demonstrated values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- The registered manager operated an 'open door' policy where people, relatives and staff could speak to them when they wished. On the day of our inspection visit we saw people spoke with the registered manager throughout the day.
- The registered manager understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People told us they were encouraged to share their experiences of the service by completing surveys. People's responses were analysed so feedback could be used to make improvements. In a recent survey 100

per cent of people said they would recommend the home to others.

- Team meetings were utilised to communicate updates and required changes to staff. These included updates on individual's needs. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- In a recent staff survey, staff had requested more meetings with their manager to discuss ideas. The registered manager had responded by ensuring all staff could meet with them once a week, in an 'open door' arrangement.

Continuous learning and improving care

- The provider monitored the quality of the service. Checks were carried out by senior staff on a range of issues, including medicine records and care plans. Regular audits of premises and management compliance was carried out by the operations manager. Records showed actions were taken to make improvements to the service, following the checks.
- Improvements were being made to the quality assurance procedures at Chamberlaine Court following an error in reporting to CQC. The provider had put in place monitoring systems and a new quality assurance framework to ensure all incidents were reported to CQC in a timely way.
- The provider shared learning across its services, to continuously improve the experiences and outcomes for people at their service.
- The provider was developing an electronic system to administer medicines, due to be implemented in August 2019. This aim of the new system was to minimise the risks around medicines administration and reduce the risk of people's medicines being missed.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.