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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Chamberlaine Court on 18 July 2018. The inspection visit was unannounced. The home is divided over two floors and provides personal care for up to 38 older people, including people living with dementia. There were 37 people living at the home when we inspected the service. Chamberlaine Court is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We last inspected in May 2017, when we rated the service as 'Requires Improvement' overall. At that inspection the key areas of Responsive and Well-led were rated as 'Requires Improvement' because improvements were needed in how people were supported to maintain hobbies and interests, and audit procedures did not always identify where improvements were required at the home. At this inspection we found improvements had been made and have rated the service as 'Good' in all areas.

People received their medicines as prescribed to maintain their health and wellbeing. People were supported to access healthcare from a range of professionals, and received support with their nutritional needs. This assisted them to maintain their health.

People told us there were enough staff to keep them safe and we saw there were enough staff during our inspection visit to ensure people were cared for safely. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with people who lived there. People were supported by a staff team that knew them well.

Staff received training and had their practice observed to ensure they had the necessary skills to support people. Staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People were consulted about their wishes at the end of their life.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The registered manager had made applications to the local authority where people's freedom was restricted, in accordance with DoLS and the MCA requirements.

People were supported to take part in social activities and pursue their interests and hobbies. People made choices about who visited them at the home, which helped people maintain personal relationships with

people who were important to them.

People knew how to make a complaint if they needed to. Complaints received were investigated and analysed so the provider could learn from them. People who used the service and their relatives were given the opportunity to share their views about how the service was run; action was taken in response.

Quality monitoring procedures identified areas where the service needed to make improvements. Where issues had been identified in checks and audits, the registered manager and provider acted to address them to continuously improve the quality of care people received. The provider and registered manager worked with other organisations and external professionals to improve and develop the quality of care.

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 remained Safe.

Is the service effective?

Good

The service remained Effective.

Is the service caring?

Good

The service remained Caring.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint, and the provider monitored complaints for any patterns or emerging trends. People were encouraged to make long term decisions about their future care and support.

Is the service well-led?

Good

The service was Well-led.

The service was continuously improved by the provider and registered manager, following audits and checks of the care they provided. People described the home as being well led, and the registered manager as being approachable. The provider invested in the service and responded to people's feedback to raise the standard of care they delivered.

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 comprehensive inspection took place on 18 July 2018. The inspection visit was unannounced and was conducted by one inspector and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service.

Before our inspection visit, we looked at and reviewed the Provider's Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and information received from commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

During our inspection visit we spoke with four people who lived at the home and five people's visitors or relatives. We gathered feedback from several members of staff including the registered manager, a senior care worker, and three care staff. We also spoke with a cook and the provider's representative (regional support manager).

Some people were unable to speak with us due to their complex health 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 looked at a range of records about people's care including four care files, medicine records and fluid charts which showed what drinks people had consumed. This was to assess whether the care people

needed was being provided.

We reviewed records of the checks the registered manager and the provider made to assure themselves people received a quality service. We also looked at recruitment and supervision procedures for members of staff to check safe recruitment was followed and staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

We last inspected this service in May 2017, when we rated Safe as 'Good'. At that inspection we found systems to ensure safe medicines management were in place and risks to people's health and wellbeing were being managed. We continue to rate the service as 'Good' in Safe.

All the people and the relatives we spoke with told us they felt safe at the home. One relative told us, "[Name] has been here a while and we have no safety concerns." We saw people did not hesitate to approach staff to speak with them, or ask for their support, which showed people were relaxed and felt safe in their environment.

People were protected against the risk of abuse. Staff told us they completed regular training in safeguarding people. Staff told us they were comfortable with raising any concerns they had with the registered manager or provider, and were confident any concerns would be investigated. The provider had procedures to report safeguarding concerns to local authorities for investigation, and to CQC.

Accidents and incidents were recorded by staff and monitored to show when and where they happened in the home, and whether risks could be mitigated to reduce the number of accidents. Where staff needed training to mitigate future risks, this was arranged.

Staff told us and the PIR confirmed, the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record.

We found the communal areas of the home were generally tidy and well maintained. There were regular cleaning schedules to keep communal areas and people's rooms clean. As staff followed a cleaning schedule, some areas of the home were not cleaned until later in the day. The registered manager told us that the cleanliness of the home, and people's rooms, were checked through regular walk rounds and monthly auditing procedures.

We found one kitchen area which had a cleaning product out on the draining board; although it was not poisonous if ingested, it could make people ill. We brought this to the attention of the registered manager during our inspection visit, who assured us they would remind staff of the importance of making sure such products were kept out of reach of people living with dementia.

Risks to people's individual health and wellbeing were identified, and managed safely. For example, one person displayed behaviours that could be challenging to them and disturbing to others. Records provided staff with instructions on how to engage the person in activities and conversations if they became anxious. Information was also included on what might trigger the behaviour, so staff could reduce the risks of the behaviour occurring. This reduced risks to the person and any impact on people around them. We found staff knew people well, and responded to people according to each person's individual needs. The home

was a calm place, where most people appeared relaxed.

We saw one person was at risk of leaving the home without staff support, which placed them at risk of harm. There were detailed instructions in place on how staff should mitigate the risks, by checking on the person at regular intervals. In addition, there was an emergency response sheet with a photograph and a detailed description of the person, so that if they did leave the home, emergency services had the information they needed to assist in locating the person.

The registered manager used a staff dependency tool to calculate the number of staff needed to offer people responsive care and support at the home. The tool took into account the needs of each person. During our inspection visit we saw there were enough staff to care for people safely. Staff were always available around the communal areas of the home, and responded to people promptly when they required assistance. On the day of our inspection visit there was also a registered manager and senior care worker available to assist staff if needed, in addition to the number of staff on duty to support people.

The registered manager told us they conducted regular 'walk rounds' of the home to check that staffing levels met people's needs, and were able to increase staffing levels if they needed to.

Staff who administered medicines received specialised training in how to administer medicines safely; they had regular checks to ensure they remained competent to do so. Medicines were monitored to ensure they were stored at correct temperatures, so that medicines remained effective. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed. MARs confirmed people received their medicines in accordance with their prescriptions.

The provider was reviewing how they administered and recorded medicines. The week of our visit a pharmacist was scheduled to visit the home to introduce a number of new recording systems. They intended to introduce the recording of the actual time some medicines were given, and topical cream charts were being introduced to allow staff who administered these to record the action as they completed the task. The registered manager explained new systems would minimise the risk of errors.

We looked at how the maintenance of equipment and the premises was managed. There was a designated maintenance person who worked at the home one day per week. Information about any maintenance of equipment or the premises was written in a communications book, so that issues could be dealt with effectively by them. The registered manager dealt with any urgent maintenance issues, straight away, when these were identified. Maintenance and safety checks included the utilities and water safety. Records confirmed these checks were up to date. In addition, there was an up to date fire risk assessment and regular testing of fire safety and fire alarms so people and staff knew what to do in the event of a fire.

Good

Is the service effective?

Our findings

At this inspection, we found staff training continued to meet the needs of people who lived at the home. Staff supported people to eat and drink enough to maintain their health. We continue to rate Effective as 'Good'.

Staff used their training and knowledge effectively to support people. Staff used their skills to assist people with the correct equipment when moving them from chairs to standing positions, and also from standing positions into seated positions.

All staff received an induction when they started work which included working alongside experienced members of staff. Induction courses were tailored to meet the needs of people who lived at the home. After induction, a training programme ensured staff received regular refresher training to keep their skills up to date.

Staff told us they received regular support and advice from their immediate line manager, which enabled them to work effectively. There was an 'on call' telephone number they could call outside office hours to speak with a manager or senior if they needed to. Regular team meetings and individual meetings between staff and their managers were held at the home. These gave staff an opportunity to discuss their performance and any training requirements.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of their responsibilities under this legislation. They reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. Several people at the home had an approved DoLS in place, and other applications had been made to the local authority and were awaiting a decision. Staff asked people for their consent and respected people's decisions.

There were two dining areas where people could have their meals, or people could choose to eat in their rooms, the lounge or gardens. Dining rooms were attended by sufficient staff to assist people to eat their meal. Where people required assistance from staff, staff supported people to eat at their own pace. Staff showed people the food on offer, and asked them to make a choice from freshly prepared food. Where people refused the food on offer, they were offered snacks and fortified drinks in between meals, or an alternative food option. Fruit and drinks were available in the communal areas at the home. We saw people also had drinks in their reach in their bedrooms.

Kitchen staff knew people's dietary needs and ensured they were given meals which met those needs. For example, some people were on a soft food diet or were diabetic. One person was a vegetarian, and had different food options prepared for them to meet their cultural needs. Another person had softened food to prevent them from choking. This person's relative told us, "[Name] is spoon fed with thickened purée, but not just one big pile of food, they purée each item separately for them."

Everyone's healthcare needs were assessed when they moved to the home to see what support they required. For example, any specialist equipment to enable people to move safely and independently. Staff and people told us the provider worked in partnership with other health and social care professionals. Care records included a section to record when people were seen or attended visits with healthcare professionals. The registered manager told us, "The doctor and district nursing team regularly visit the home to see people here."

Advice from health professionals was transferred to care documents, and care plans were updated to incorporate the advice provided. For example, one person required support with their nutrition. Advice had been sought by the speech and language team (SALT) to ensure the person was supported appropriately. Some people who were on special diets had charts in place to record whether they ate and drank enough each day to maintain their health.

The environment at the home was designed to meet people's mobility needs. For example, the corridors were wide and flat, with smooth floors, and were accessible for people with wheelchairs to move around easily. Where people were living with dementia, the surrounding environment gave them visual clues and prompts to locate their room and facilities at the home. For example, everyone had their own front door with their room number, a picture they recognised and their name.

Good

Is the service caring?

Our findings

At this inspection, we found staff continued to be caring and engage with people at the home. People were encouraged to maintain and develop their independence. We continue to rate Caring as 'Good'.

People spoke positively about the caring attitude of the staff. One person told us, "They [staff] are lovely." Another person said, "We are well looked after here." A relative said, "The staff are brilliant."

Relatives spoke positively about the care and consideration their family members received. One relative told us, "When it became obvious [Name] needed full time care we were very concerned but the registered manager was marvellous and we have had excellent support here." Another relative said, "[Name] is on timed observations (to check on their welfare) but staff are always dropping in to see them, and the door is mainly open anyway," adding, "I would say she is treated with respect and dignity."

People's relatives told us they felt comfortable at the home, and that they did not worry when they had their relative at Chamberlaine Court. One person told us they had a family member who worked at the home, showing staff had confidence in the care provided to people.

We observed good relationships between people and staff, such as staff sharing jokes with people, telling stories about activities or trips, and chatting about their interests. One staff member told us, "I really enjoy my work," and, "This is the best care environment I have ever worked in, everybody works as a team, we have great communication and staff really do care."

People's care and support was planned in partnership with them and people who were important to them, which enabled staff to deliver person centred care. Records gave staff information about people's personal preferences for how they wanted their care and support to be delivered. For example, care records gave brief information on people's life history so staff could get to know them better. Care reviews took place every six months, or when people's needs changed.

People's individual needs were catered for, as people's ability to communicate with staff and each other was assessed. We found some people with disabilities used specialist communication tools to assist them. For example, people with sight impairments used large print, pictures and visual information to communicate with staff.

Staff promoted people's independence and encouraged them to do things for themselves where possible. For example, people were encouraged to maintain their mobility and walked freely around the home and the gardens. Other people were encouraged to maintain social relationships. For example, one couple shared a room and explained, "We have our own dining room table as we like to eat together, and by ourselves."

People had decided how their personal space was arranged. People's rooms included photographs of family and friends, pictures on the walls, and ornaments personal to them which helped them to feel

comfortable in their surroundings.

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. This included a number of lounge areas and dining areas. People made choices about who visited them and were supported to maintain links with friends and family.

People told us their dignity and privacy was respected by staff. Staff knocked on people's doors and announced themselves before entering. Care records were kept securely and confidentially. We saw one person being asked if they needed assistance with personal care. This was done in a discreet way to respect their privacy.

People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they reflected people's current needs. We found keyworkers knew people well.

Good

Is the service responsive?

Our findings

At our previous inspection we rated Responsive as 'Requires Improvement' because people were not always offered activities and stimulation that met their social needs. At this inspection, we found care records were up to date, and people knew how to make a complaint. Activities and interests were offered to people to stimulate and engage them. We have rated Responsive as 'Good'.

People told us staff responded to their requests for support and their care needs in a timely way. We observed how staff interacted with people at the home, and saw they responded to people when they needed care without delay. For example, when one person was calling out for help as they became anxious, a member of staff went straight away to see what support they needed. However, one person told us they sometimes waited longer than they would like to have their room cleaned in the mornings. The person had access to a call bell if they required assistance from staff with their care.

People and their relatives told us they enjoyed the activities and events on offer at the home. Scheduled activities for the month were displayed in the home and in July the events included a mini bus trip, a theatre show, creative music sessions, and craft activities facilitated by external providers. These scheduled activities were supplemented by a range of external people visiting the home offering other services, such a church services, hairdressing, and beauticians.

The registered manager told us that although there was no designated Activities Co-ordinator role at the home, a member of care staff 'led' on organising and arranging activities. We spoke with this person who told us about some of the activities, and interests they supported people with. This included a regular programme of daily activities designed to help people feel stimulated. These included playing board games, craft activities, and ball games. Some activities were planned in the garden and included barbeques, gardening and planting vegetables.

We saw a 'ball game' activity on the day of our visit. Staff asked and encouraged people to join in. In addition, the garden areas were accessible and included shaded areas and seating for anyone wishing to spend time outside, with raised planting beds. In each communal lounge there were a range of items to engage people such as games and craft activities. We saw people were sometimes encouraged to do things individually with staff members, for example, one person was encouraged to go outside with a member of staff to look at the vegetables they had planted. Another person had a daily newspaper delivered to their room by staff.

One staff member explained information about people's likes and dislikes and their life history was included in their care records, which meant staff could engage with people individually around their own interests. For example, one person listened to radio programmes, which were in their own first language.

We spoke to a couple who lived at the home together about a recent event that had been organised for them which made them feel valued. They told us on a special anniversary, staff had arranged for them to visit their Church, where they were able to renew their wedding vows.

Each person was assigned a keyworker who spent time with the person, and arranged to take them out shopping and for visits into the local community. In addition, there was a room designated to hold parties and special events. This was decorated like an old style public house, with a bar area and television to watch sports. The registered manager told us the room was open every day for people to use.

The registered manager explained they were reviewing activities offered at the home to provide more opportunities for engagement for people who were unable to participate in group activities or who chose to stay in their bedrooms.

Staff told us care records were kept up to date and provided them with the information they needed to support people responsively. The registered manager told us, "Care records are reviewed monthly, or when people's needs change." The registered manager had also introduced a 'Grab sheet', which showed a range of high level information about each person, such as whether they had any restrictions placed on their care, and their mobility needs. This gave staff up to date information at a glance, which supplemented detailed care records.

Staff were able to respond to how people were feeling, and to their changing health or care needs because they were kept updated about people's needs at a handover meeting at the start of each shift. The handover meeting provided staff with information about any changes in people since they were last on shift. Staff explained the handover meeting was recorded so that staff who missed the meeting could review the records to update themselves.

People at the home had been consulted about their wishes at the end of their life when they wished to do so. We reviewed care records which documented their preferences. The registered manager told us this was to provide good quality care to people nearing the end of their life, as they wanted people to feel Chamberlaine Court was a 'home for life', and to respect their cultural or religious beliefs. Plans showed people's wishes about who they wanted with them at this time and the medical interventions they had agreed to. The registered manager confirmed people made these choices in consultation with health professionals, relatives and staff, so that their wishes could be met.

One relative told us about how their relation was being supported at the end of their life, saying, "We can't fault the care, [Name] has been treated with dignity throughout, they kept me informed, firstly when a paramedic was here and then at the hospital until I could get there." They added, "The registered manager has discussed 'end of life' care arrangement with us, including medicines."

There was information about how to make a complaint and provide feedback on the quality of the service in the reception area of the home. People and their relatives told us they knew how to raise concerns with staff members or the registered manager if they needed to. A typical response from people we spoke with was that they had never needed to make a complaint.

The provider told us they rarely had complaints, and explained they had not received any at the home in the last 12 months. Where complaints were received at any of the provider's homes, complaints were analysed, along with other checks and audits to identify any trends and patterns, so that action could be taken to continuously improve the service provided.

Good

Is the service well-led?

Our findings

At our previous inspection we found the home was rated 'Requires Improvement' in Well-led. This was because auditing systems did not always identify areas for improvement. At this inspection we found the management team were accessible and approachable, and audit procedures identified where the service could improve. The provider and registered manager acted on any improvements they identified. We have rated the service as 'Good' in Well-led.

People and their relatives told us they felt the home was well run, and that staff and the registered manager were approachable. Comments from people included; "I can't speak highly enough about them [staff]", "The registered manager is lovely" and, "I feel I can talk to the manager, she has got me through some tough times and is a good listener."

The registered manager was part of a management team which included senior care workers who worked at the home seven days per week. People and staff told us they were comfortable with speaking to the registered manager, who had an 'Open door' policy, and was always available to speak to when they were at the home. In addition, the registered manager offered people a chance to visit them at a manager's surgery they held each week. One relative said, "The manager has an 'Open Door' policy and you can come in each week and meet them if you wish."

The provider and registered manager completed regular checks on the quality of the service they provided. This was to highlight any issues and to drive forward improvements. For example, checks on care records, medicine administration and infection control procedures. The management team produced monthly reports about how the home was performing against business plans and targets. Where checks had highlighted any areas of improvement, action plans were drawn up to make changes. Action plans were monitored for their completion by the provider during regular weekly quality monitoring visits to the home. This included enhancing and improving the premises with a re-decoration programme.

As part of the checks the registered manager and provider undertook at the home, they regularly contacted people and their relatives to ask them for their feedback. They did this through a range of techniques, such as yearly quality assurance surveys, gathering comments from people at the home, and encouraging people to raise any ideas they had through the monthly newsletter, displayed and distributed around the home. We saw the most recent newsletter during our inspection visit, and saw the provider had responded to people's wish to have a pet at the home by provided two singing canaries. We saw people responded positively to the birds during our inspection visit.

The provider had a number of planned improvements at the home, to increase people's awareness of their surroundings, and where possible increase people's mood. This included consultation work with designers who advised dementia care homes about how décor and environment could affect people with the condition. The provider planned to enhance the home using a range of recommended techniques, such as changing walls colours, lighting and furniture.

The provider was enhancing the way staff were trained in a number of areas at the home. This was to meet the needs of staff, and deliver training that engaged them in the learning process. For example, the provider had recently sent staff on training to understand dementia. The training was classroom based, rather than online, and included role play. Staff on the training had their senses deprived, such as hearing and vision, which induced confusion. This helped them understand dementia as a condition, and how it might impact on people. The registered manager also told us they were working with Warwickshire local authority to update their medicines training, to make it practical and 'hands on'.

Learning and good practice was shared between the provider's group of homes. For example, changes in recording how medicines were administered were being adopted at Chamberlaine Court, but were already in use at other homes. The registered manager explored ways of ensuring staff had information about people's needs in an easily accessible form. For example, the 'grab sheet' they had recently introduced meant staff could see 'at a glance' people's health and social needs. The 'grab sheets' gave a summarised view of the needs and wishes of the person, which was readily accessible and matched more detailed information in risk assessments and care plans. The registered manager told us, "Staff have reacted positively to its introduction, and we feel it provides immediate information for staff, that can only benefit our residents."

The registered manager understood their responsibilities under the regulations and notified us of incidents as required. They also displayed the current rating in a prominent position at the home.