

Prime Life Limited

Meadow View

Inspection report

Meadow View Close
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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

About the service

Meadow View is a single storey purpose built residential home providing personal care to 42 older people. There were 38 bedrooms, four of which could be used as shared rooms. At the time of our inspection there were 34 people living at the home. The home is split into a large main building which provided care to permanent residents, and a separate building known as 'The Poppies' which provided respite care. Respite care is planned or emergency temporary care. Some people living at the home were living with dementia.

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

People and relatives told us people were provided with safe care and treatment at Meadow View. Risks to people's health and well-being had been identified and assessed. Records contained guidance to staff on how to manage risks to keep people safe. Staff knew about people's individual risks and how to minimise these.

Most people told us there were enough staff. Difficulties in recruitment and retention had meant the service had relied on staff working extra hours to ensure the home maintained safe staffing levels. The provider had acknowledged the challenge faced with recruitment and had implemented a number of strategies to resolve this issue. There was a robust recruitment procedure which prevented unsuitable staff from working with vulnerable adults.

People told us staff were kind and caring and treated them with dignity and respect. Staff told us they took pleasure in their role and enjoyed working at the home. We saw warm and friendly interactions between people and staff, and there was a friendly atmosphere within the home. Records showed staff had received enough training and staff felt confident in supporting people well.

People had enough to eat and drink and gave positive feedback about the food. Guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet and their nutritional needs had been assessed. People could eat when and what they wanted to.

People received their medicines as prescribed. Medicines were ordered, stored, administered and disposed of safely. Good infection control processes were followed.

People's needs, and preferences had been assessed before they moved into the home. People's care and support was planned in partnership with them, those closest to them and appropriate health professionals. Records showed referrals had been made to other healthcare professionals when necessary to ensure people remained well.

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

The registered manager completed regular checks to ensure the home was meeting their legal requirements. This included checks on the environment, people's health care and the quality of care provided. Where improvements were identified, action had been taken or was planned. People knew how to complain and were confident they would be listened too. Staff provided positive feedback about the management of the home.

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

Rating at last inspection

The last rating for this service was good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Meadow View

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.

Inspection team

The inspection was carried out by an inspector, an assistant inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Meadow View 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 who was also the provider. This means that they 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 the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We also sought 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 ten people who used the service and one relative about their experience of the care provided. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with the registered manager, a regional director, three care assistants, a senior care assistant, the cook and a domestic member of staff who works at the service through an external agency. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and training records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We contacted the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with another two healthcare professionals about their experience of the care provided.

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 were protected from the risk of abuse and told us they were safe. Comments included, "It is very safe and secure. I have no fear at all as there is always someone to go to" and, "They [staff] look after us. If I wake in the night I buzz, and they are soon there."
- Staff received safeguarding training and understood their responsibilities to keep people safe. One staff member explained, "Our training is about keeping residents safe of any danger. Abuse could be emotional, physical, discrimination, sexual and we might see signs like unexplained bruising or people isolating themselves. I would raise it with the manager and if I was unhappy with the result take it higher and then report it via the whistleblowing policy and safeguarding team."
- Systems and processes were effective in managing and responding to safeguarding concerns. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Assessing risk, safety monitoring and management

- Risk's to people's health had been identified, assessed and monitored. Care plans contained guidance on how to support people safely. For example, one person was assessed as high risk of falls and we saw staff regularly encouraging this person to walk with their frame.
- People told us staff knew how to manage risks. One person told us, "They [staff] appear from nowhere when I am walking to help."
- Environmental risks had been identified, assessed and monitored. For example, personal emergency evacuation plans (PEEPs) were in place to enable people to safely exit the building during an emergency.
- Records showed regular safety checks of equipment such as hoists.
- However, some people at the home smoked cigarettes. We saw one person smoking from their bedroom external door. Although this risk had been identified, the risk assessment lacked detail and the care plan contained conflicting information about how to safely support a person whilst maintaining their independence and safety. The registered manager assured us action would be taken to address this immediately and the updated care plan was sent to us following the inspection to fully address this risk.

Staffing and recruitment

- Most people told us there were enough staff. Comments included, "There are enough staff, there is always some about" and, "I would say there are a lot [of staff] here. They [staff] come quite quickly, I don't have to wait many minutes." Where people reported staff shortages, they told us this was rare and did not affect their care.
- Staff shortages had been covered by staff within the service or by staff from the providers other locations.

This meant people continued to be supported by staff who had received the providers induction and training programme. The registered manager and administration assistant had also completed care hours in emergency situations to maintain safe staffing levels.

- Staff recognised improvements were being made. One staff member told us, "Staffing levels are getting better now. The registered manager supports us. We come together as a team and work harder so the residents have not suffered."
- During our inspection visit we saw people's needs were met in a timely way and staff were available in communal areas, so they could respond promptly to requests for support.
- There was a robust recruitment process which checked employees were suitable for working with people living at the service. Records showed staff were unable to start working at the service until the provider had received all required pre-employment checks. This included an enhanced Disclosure and Barring Service [DBS] check.

Using medicines safely

- Medicines were ordered, received, stored, administered and disposed of safely.
- Medicine administration records showed people received their medicines as per their individual prescriptions. However, it was not clear if medicines required to be given before food, had been because the time of administration had not been recorded. The registered manager took immediate action to ensure this was now logged.
- Staff who administered medicines had received training in safe medicines management and their competency to administer medicines had been assessed.

Preventing and controlling infection

- The home was clean and tidy and there were no unpleasant odours. People told us they were happy with the level of cleanliness in the home.
- Staff were able to describe the precautions they took to minimise the risks of any infections spreading through the home. At the time of our inspection, extra precautions were in place for one person due to an infection, and this was managed well. One staff member told us, "It is important to prevent cross contamination. I always wear gloves and aprons and wash my hands."

Learning lessons when things go wrong

- Staff understood their responsibilities to report accidents and incidents. These accidents and incidents were reviewed, and action was taken to reduce the risk of re-occurrence.
- The registered manager analysed accidents and incidents to identify any patterns and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences had been assessed before they moved into the home. This enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- Assessments included people's care and support needs, personal preferences and life style choices.

Staff support: induction, training, skills and experience

- Everyone we spoke to told us staff had the right training to meet their individual needs.
- The home had recently employed a number of staff who were new to care. Their induction included training to achieve the Care Certificate and plans were in place for them to complete this in line with the providers expectations. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care.
- In addition, records demonstrated most permanent staff were fully up to date with their training. Plans were in place to ensure all staff were fully compliant following our inspection visit. One staff member told us about 'virtual' dementia care training they had recently received and how this had helped to improve their practice. They explained, "It really helps you to experience what these people are going through. It puts you in their shoes and makes you think about how you ask questions and things."
- Bite size training resources had also been developed as part of the learning, development and supervision programme for staff to check their knowledge between formal training sessions.
- Staff felt supported in their roles through individual and team meetings. One staff member told us, "Meetings are useful, and it allows us to put ideas forward."

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

- People's nutritional needs had been assessed and guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet. For example, one person required a high fibre diet, and their daily records showed they received this.
- Overall, staff were aware of people's individual dietary requirements and risks of poor nutrition and hydration. However, the cook was unaware of a dietician's recommendation for one person to be encouraged to drink a high calorie milkshake every day due to a decline in their weight. The registered manager took immediate action and informed the cook. They assured us this would now be offered daily.
- There was a dedicated member of staff to record people's food and fluid intake where this was required as part of their care needs. This enabled staff to encourage more food and fluid where necessary.
- Food was well-presented, and people were shown a choice of two meals at the point of service. This enabled people to make an informed choice of what they wanted to eat. People provided positive feedback

about the food. One person told us, "The food is very pleasant. There is always a variety."

- The dining environment was relaxed and provided an opportunity for people to socialise if they wished.

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

- Records showed people had access to healthcare professionals such as doctors, dentist and opticians who visited the home regularly. Where necessary, referrals had also been made for other specialist support such as dieticians, occupational therapy and speech and language team.
- Healthcare professionals told us, "Staff do seem to be responsive to people's health needs" and, "I don't have any worries about the home. Staff will stay with the resident to give them reassurance when I come."
- The local authority 'Red Bag' initiative had been introduced at the home. The initiative is designed to ensure information is shared in a timely way with other healthcare professionals, if a hospital admission is needed. During our inspection visit, there were two emergency situations where we saw this initiative put into practice and it worked well.

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

- The shared facilities on-site included a hairdressing salon and an in-door garden room which supported people's social and wellbeing needs. There was also a secure garden so outdoor space which was accessible to everyone.
- A relative told us the bedrooms and environment had recently improved. People were encouraged to personalise their bedrooms to their individual tastes. One person took pleasure in showing us their family photos on their bedroom wall.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the Act. One staff member told us, "Mental capacity is assessing a person's ability to make decisions. If they are deemed not to have capacity, it's about finding ways to make a decision but within their best interests."
- People told us staff offered choices and sought their consent before delivering care or support. Comments included, "Staff ask what we think before doing anything" and, "They [staff] do ask permission."
- Where people lacked capacity, applications had been made through the DoLS procedure to ensure any restrictions were made lawfully. During this process mental capacity assessments had been completed by the local authority. However, internal capacity assessments and best interests' meetings lacked detail and had not always been reviewed. This had been identified by the registered manager who was working through new MCAs and organising best interest meetings with people and their families where appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a friendly atmosphere in the home and people were comfortable in the presence of staff. We saw lots of exchanges of laughter throughout our visit. One person told us, "We have a good time with the staff. We have a laugh about everything."
- People told us staff were caring and treated them with kindness. Comments included, "The staff are kind and caring. They are very patient" and, "I am being well looked after here. The girls are so pleasant which is important. They treat me well."
- A relative spoke positively about the care provided. They told us, "I am impressed with the service. The staff are warm, lovely and friendly. I could not hope for a better home for [person]."
- We saw warm and friendly interactions between people and staff. One staff member sat with a person and initiated a toast and clinked glasses which encouraged them to drink. Another staff member approached a person who was disorientated and reminded them of where they were and rubbed their hand for reassurance. This staff member then walked with the person to where they wanted to go.
- It was clear staff enjoyed working at Meadow View. One staff member told us, "I love my job because of the people who live here. We have time to spend with people. It is like a close family. It is rewarding to be able to put a smile on someone's face." Another staff member commented, "I love working here. The staff team is so caring. People aren't treated like they are on a conveyor belt. We can sit and have a natter."
- Relatives and friends were welcomed and encouraged to visit the home when they wanted. One relative told us, "I can visit anytime."
- The provider recognised people's diversity and had a policy in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals regardless of their background or beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in making decisions about their day to day care needs. One person told us, "I make choices here and they [staff] respect that."
- Care plans contained information about how to encourage people to make decisions about their care. For example, one person benefitted from visual choices and we saw staff followed this in practice by showing the person a variety of different flavoured cakes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. We saw staff asking people discreetly if they needed assistance with personal care and knocking bedroom door's before entering.

- Staff encouraged people to maintain their independence. One member of staff sat with a person who could become confused and disorientated. The staff member explained to the person where their spoon was and gently encouraged them to grip the handle to eat. This person continued to eat their pudding with minimal assistance. One staff member told us, "If a person can do it, then we encourage it. We would never take that away from them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and took in to consideration their preferences. This included protected characteristics under the Equalities Act 2010 such as culture, religion and disability.
- Care plans were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.
- People and their relatives told us they received care which was centred on their individual needs and preferences. One person told us, "I like to go to bed late. I watch television and that's fine."
- We saw staff were responsive and respected people's choice throughout our inspection visit. One person chose to eat at a small table in the corridor and another person requested the curtains were closed.
- Despite some staff being new to the home, people told us staff knew them well. We heard one person talking with staff about their favoured football team and another about their previous job as a cook.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to present information to people in a way they could understand.
- Care plans contained information about people's preferred methods of communication and described how staff should engage with people to ensure they provided responsive care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During our visit we saw people being offered a range of activities to engage in. This included activities that encouraged mental stimulation and social engagement.
- The environment had areas of interest to engage people. There was a doll therapy station, an in-door garden and a quiet area where people could sit with a book. There was also a bench and imitation fish tank which one person particularly enjoyed.
- People told us they were encouraged to take part in activities. One person told us, "If you have hobbies they encourage you to carry on with them."
- Staff told us activities had recently improved. One staff member told us, "Since the new registered manager came on board, activities have got a lot better. We assign one staff member on each shift to lead on activities in the dining room. We are also going on a lot more bus trips and have more entertainment

coming into the home."

- Throughout the home were photographs which showed people enjoyed trips out with staff and celebratory events at the home. Photos showed people had visited a garden centre, the pub, walks and a bowling centre.
- There were regular church services for people to attend if they wished and there had also been a recent summer fayre at the home which had raised money for a new projector to enable people to have film nights. One person commented, "I am looking forward to that as I like my films."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and was displayed in the home. The procedure gave people information about other organisations people could escalate their complaints to if they were not resolved to their satisfaction.
- In the 12 months prior to our inspection there had not been any recorded formal complaints. However, people knew how to complain and were confident they would be listened too.

End of life care and support

- At the time of our inspection, two people were receiving palliative care. Both were receiving appropriate care and treatment. One staff member told us, "It is all about making sure they are comfortable and have everything they need."
- The registered manager explained when a person reached the end of their life, they liaised with other healthcare professionals to ensure people received the right care and support.
- Further work was planned to improve care records to ensure enough information was provided on how people wished to live their final days.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been a period of instability of management at the home and a registered manager from another service within the provider group moved to the home in January 2019. They had become registered with us, (CQC) in March 2019. This registered manager had a good knowledge of the home as they had previously been a deputy manager there.
- People spoke positively about the registered manager. Comments included, "I know the manager. You can talk to her and I see her about in the home" and, "The manager is always about. She is approachable."
- Healthcare professionals recognised the improvements made since the new registered manager had been at the home. One healthcare professional told us, "Since [registered manager] has taken over, things have improved. They are proactive in asking for help and support."
- Staff were not always clear about the providers vision and values but told us the registered manager created an inclusive and open atmosphere within the home. One staff member told us, "[Registered manager] is really easy to talk to. Her door is always open."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.

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

- The registered manager understood their regulatory responsibilities. They had provided us (CQC) with notifications about important events and incidents that occurred in the service. The rating was also clearly displayed at the service and on their website.
- The registered manager completed regular and robust checks to ensure the service was working in line with their legal requirements. This included checks on the environment, people's health care requirements and the quality of care staff provided. Where improvements were identified, action had been taken or was planned.
- The provider had recognised staffing levels as a concern and had improved their recruitment campaign in the local area. They had attended job fayres, held open days and had other internal schemes such as 'recommend a friend' to reduce the reliance on current staff within the provider group.
- A regional manager from the provider group visited the home regularly to complete additional checks and

to talk to people and staff.

- Accidents and incidents were recorded and analysed by the registered manager to check for patterns and trends. This looked at how and where accidents and incidents took place, so action could be taken to avoid reoccurrence. On the day of our visit, we saw staff respond to an emergency situation. A root cause analysis was completed to investigate the cause and action was taken to reduce the likelihood of this situation happening again.
- The registered manager kept up to date with the latest good practice guidelines by attending local provider forums. They also attended internal registered manager meetings where best practice examples were shared within the provider group.
- The provider recognised the importance of effective leadership and had planned to develop the knowledge, skills and confidence of the registered managers within the provider group by using best practice resources such 'Skills for Care' and implementing leadership and management sessions. This was planned to continuously improve the governance of the homes within the provider group.

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

- People and their relatives were encouraged to share their views and provide feedback about the service during day to day care. Although people could not recall being asked for their views formally via a survey or questionnaire, the registered manager assured us these were issued in July 2019 and the initial feedback had been very positive. At the time of our inspection, the results had not been shared with people.
- Regular resident and relative meetings were arranged, however attendance was poor. The registered manager was keen to improve attendance and meetings were being held at different times of the day to encourage participation.
- The registered manager had started to build links with the local community and had arranged for local pre-school children to visit the home on a regular basis which they felt benefitted people's emotional well-being.
- Healthcare professionals told us staff and the management team had good relationships with them to support positive outcomes for people living at the home. One healthcare professional told us they were supporting the home to promote nutrition and healthy eating by delivering additional training to the staff team.