Prime Life Limited

River Meadows

Inspection report

River Meadows
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Ratings

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

Overall summary

This inspection took place on 19 & 20 May 2015 and was unannounced.

River Meadows is a three storey purpose built residential home which provides care to older people including people who are living with dementia. River Meadows is registered to provide care for 41 people. At the time of our inspection there were 22 people living at River Meadows.

This service had a registered manager in post at the time of our inspection. 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 associated Regulations about how the service is run.

People told us they felt safe living at River Meadows and staff knew how to keep people safe from the risk of abuse. There were policies and procedures to minimise the risks to people's safety. Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise concerns. The

Summary of findings

registered manager had processes in place that regularly checked the environment, equipment and fire safety systems to ensure people were cared for in an environment that helped keep them safe.

There were enough staff to meet people's individual needs and staff received training essential to provide care to people living at River Meadows. Some staff training was not up to date which had been recognised by the registered manager who was planning training for staff to attend.

Staff were caring to people during our visit, especially when people displayed behaviours that challenged others. Staff were kind and treated people with respect. Staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent before any care was given.

Staff knew what support people required and staff provided the care in line with people's care records. Care plans contained up to date and relevant information for staff to help them provide the individual care people required. We found people received care and support from staff who had the knowledge and experience to provide the care people required.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained and experienced staff.

Staff supported people's choices and understood how the Mental Capacity Act (MCA) 2005 protected people who used the service. Staff understood they needed to respect people's choices and decisions and where people had capacity, staff followed people's individual wishes. Where people did not have capacity to make certain decisions, decisions were made on people's behalf, sometimes with the support of family members. However, we found no formal assessments of people's mental capacity had been completed and records of best interests' decisions had not been recorded or completed.

Deprivation of Liberty Safeguards (DoLS) are used to protect people where their freedom or liberties are restricted. The provider had submitted two DoLS applications to the authorising body which had been approved. These applications meant people's freedom was restricted and provided protection to those people. The provider was in the process of completing further DoLS applications for other people whose freedoms may be restricted. The registered manager also recognised when urgent applications were required.

People told us they were pleased with the service they received. People we spoke with said they felt confident to raise their concerns and found staff and management approachable. People said their concerns were listened to and responses were timely. Staff told us they had confidence in raising whistle blowing concerns to the registered manager and outside agencies. Staff told us they believed the home was managed effectively and had improved in recent months.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received. Action plans recorded what improvements had been made and outstanding actions continued to be monitored to ensure improvements and follow up actions were made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staffing levels provided safe care from staff who were suitable and trained to meet the needs of people they supported. Where people's needs had been assessed and risks had been identified, risk assessments advised staff how to manage these safely. People told us they felt safe and staff understood their responsibilities to protect people from the risks of abuse. People received their medicines from competent and trained staff at the required times.

Good

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

People received support from staff who were competent to meet their needs. Where people did not have capacity to make decisions, support was sought from family members where possible, however the provider had not assessed people's capacity and had not demonstrated decisions were made in line with the Mental Capacity Act 2005. People received a choice in meals and drinks and staff ensured people received a nutritional diet. People received timely support from other health care professionals when required.

Requires Improvement

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs and provided constant reassurance when required. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

Staff had a good knowledge of the needs of people they provided care and support for, but staff needed to encourage and support people further in pursuing their own hobbies and interests. People felt able to speak with the registered manager and staff to raise issues or concerns. Complaints received had been responded to and investigated, to people's satisfaction.

Good

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

People, relatives and staff spoke positively about the registered manager and atmosphere within the home. There were effective systems to monitor the quality of service.

Good

River Meadows

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 May 2015 and was unannounced consisting of three inspectors. We returned on 20 May 2015 which was announced and consisted of one inspector.

We reviewed the information we held about the service. We looked at information received from relatives, whistle blowers and other agencies involved in people's care. We spoke with the local authority who did not provide any information other than what we were already aware of. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Most of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework information tool (SOFI) to help us assess whether people's needs were met and to identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with seven people who lived at the home to get their experiences of what it was like living at River Meadows. We spoke with two visiting relatives, the associate director, the registered manager, seven care staff, a housekeeper and a cook.

We also spoke with a visiting GP who provided treatment and support to some people at the home. We looked at four people's care records and we reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to further improve the quality of the service.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they and their family members felt safe living at River Meadows. One person said, "I have never felt bullied or shouted at." Another person said, "I do feel safe here, the staff are very nice." A relative told us they knew their relative was safe because, "[Person] gets wonderful support and it's why I let [person] come here."

We asked staff how people at the home remained safe and protected from abuse. All the staff we spoke with had a good understanding of abuse and how their actions kept people safe. One staff member told us, "I would report it and follow our procedures. I would contact the Police as well." Staff we spoke with knew how to report concerns if they suspected abuse and staff were confident raising concerns to senior staff or the registered manager to protect people from harm. Staff completed training in safeguarding people, however the registered manager recognised some staff still required training and refresher training and were organising this.

All of the people and relatives we spoke with told us they felt there were enough staff available to meet people's needs. People and relatives told us if they needed assistance they did not wait long for help. One person we spoke with said, "I think it's very good, I'm happy and I never have to wait for anything." Another person we spoke with said when they needed staff, "Nothing was too much trouble, you ask them to do something, they will do it." Relatives we spoke with also provided positive comments about the staffing. One relative said, "There is enough. My [person] gets wonderful support, I couldn't find better."

Staff we spoke with said they felt staffing levels met people's needs, especially as the home was not at full occupancy. Staff said they had time to meet people's physical and mental health needs. Staff told us they were able to spend time with people and provide the support people needed. One staff member said, "There is enough staff on shift, we have less staff because the home is not full." Staff told us they had time to support people throughout the day, to eat, drink or to spend time with people who needed it to help keep them safe. All of the staff we spoke with during our visit said staff they worked with were supportive and helped each other to ensure people received safe care. Our observations on the day showed staff were busy, yet staff supported people and cared for people at the pace they required.

The registered manager explained how staffing levels were organised and deployed within the home. They told us they planned staffing rota's four weeks in advance so staff knew what shifts they were expected to work. The registered manager told us the home did not use people's individual dependency levels to determine how many staff were needed. They relied on their staffing ratio which we were told was one care worker to seven people and knowledge of people's current care needs, which based on current occupancy provided adequate cover. The registered manager said the current staffing requirements were able to meet people's needs and were increased if people required additional or one to one support. The registered manager told us they operated an 'out of hours' service should staff be required at short notice, so had some flexibility to cover shifts to ensure people received the care and support they needed.

Assessments and care plans identified where people were potentially at risk and actions were identified to manage or reduce potential risks. For example, risk assessments were in place for nutrition, pressure area management and behaviours that challenged. Staff spoken with understood the risks associated with people's individual care needs. Staff told us they recognised certain moods or signs that suggested when a person was becoming agitated. Staff said this helped them to be more attentive to ensure the person, staff and others were not put at risk and remained as safe as possible.

People told us they had their medicines when needed. One person said, "Staff give me my medicines and I have had no problems with that." We looked at examples of medicine administration records (MAR) and found they had been administered and signed for at the appropriate time. Staff told us a photograph of the person was on file and recorded allergies, which reduced the possibility of giving medicines to the wrong person. Staff completed training which meant their knowledge was kept up to date and had their competency assessed by the registered manager. The registered manager told us they completed observed practice on staff to ensure they administered medicines

Good

Is the service safe?

safely. There was a safe procedure for storing and disposing of medicines and MARs were checked regularly to make sure people continued to receive their medicines safely and as prescribed.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they lack capacity to do so for themselves. Some staff told us they had received training on MCA or DoLS, and the registered manager said they had organised MCA training for staff that had not yet received it. We saw staff asked people for verbal consent before supporting them with any care tasks. We also saw staff prompted people to make decisions, such as choices in food or drinks and being involved in activities. This demonstrated staff respected people's rights to make their own decisions where possible.

The registered manager had some understanding of the principles of the MCA and DoLS but they had not always been put into practice. The registered manager told us some people living at the home did not have capacity to make certain decisions for themselves. The registered manager said mental capacity assessments were important because people's capacity varied, however they told us assessments had not been completed. We checked four care plans and there were no mental capacity assessments completed that would tell staff what people could consent to. We spoke with staff and asked them if the care records they used informed them about people's capacity to make decisions. One staff member told us, "I don't think we do them." Most of the staff we spoke with said they knew people's capacity to make certain decisions varied, but they did not always know what decisions people needed support with.

The registered manager told us decisions were taken in the person's 'best interests' however mental capacity assessments had not been carried out for people to determine whether the person could make their own decisions. There were no records that supported or demonstrated how the decisions were reached and who had been present when decisions had been made. The registered manager and associate director acknowledged improvements were required and we were told the provider was in the process of putting processes in place to ensure this information was recorded in line with the MCA.

The lack of consideration with regard to the MCA meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. The registered manager understood their responsibility to comply with the requirements of the Act. The registered manager told us two people's applications had been approved to deprive them of their liberty and they were in the process of applying for DoLS for others who lived in the home, in accordance with advice from the local authority. During our visit we saw one person made numerous attempts to leave the home and staff provided constant reassurance to this person. The registered manager told us they had submitted an urgent DoLS application to the local authority to consider whether their freedoms should continue to be restricted.

People and relatives told us the service they received was good and they received care and support from staff who knew how to meet their needs. Staff told us they had received training to support them in ensuring people's health and safety needs were met. This included training such as moving and handling, health and safety and infection control. Staff told us they felt they had received the necessary training to be able to support people effectively. One staff member said, "I have always had the training I needed. I feel pretty well skilled." Staff supported people who had behaviours that challenged others. Staff remained calm, patient and supported people at their own pace. Staff told us they knew how to diffuse potential situations and behaviours to help keep others and themselves safe. During our visit, we saw staff provided support and reassurance to some people and used diverting techniques to protect people and themselves from potential risks.

The registered manager had identified some staff required training and refresher training and was in the process of planning training dates. The registered manager had prioritised first aid and mental capacity training for staff. The registered manager said they used a training schedule and were in the process of updating this to ensure staff had received essential training to support people effectively. The registered manager said they used '60 second' learning material. These were short sessions that provided staff with information about a specific topic which continued to

Is the service effective?

support and raise staff awareness in certain areas. For example, we were told staff had recently received '60 second' learning in protecting people from abuse and the appropriate use of bed rails.

People told us they enjoyed the food. One person said, "The food is very good, I have no complaints" and another person said, "Nice breakfast and meals. We never go to bed hungry." One staff member said they tried to ensure the four week menu was nutritionally balanced and received support from the dietician to achieve this. We asked how people were involved in menu planning. One staff member said it was, "trial and error" because some people found it difficult to make choices. We found food wastage was monitored which was one way staff could measure if people enjoyed the food. During lunchtime, staff provided people with a visual choice of two meals at lunchtime. Staff told us this helped people make a choice because they were able to see what they were choosing rather than rely on memory. If people wanted an alternative choice, staff told us this could be provided.

Staff supported people who required some assistance with eating and drinking. At lunchtime, one staff member helped a person to cut up their food so it was easier for them to manage. People were able to have their meals where they wished, some preferred the dining room while others preferred to eat in their own room. Some people had specialist diets and nutritional assessments were completed that showed the support they needed. Some people had low sugar foods which helped make sure people's dietary intake did not have a negative impact on their health.

Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. People and relatives confirmed health professionals' advice had been sought and advice given had been followed by staff. One relative said, "[Person] had a fall, paramedics were called and [person] was okay. Staff phoned me to let me know." Records showed people received care and treatment from other health care professionals such as their GP, dieticians, Speech and Language Therapist (SALT), occupational therapists and district nurses.

During our visit we spoke with a visiting GP. They told us they were satisfied with the quality of care and support people received and said staff followed any advice given.

Good

Is the service caring?

Our findings

Most people were unable to tell us how they were involved in agreeing their care plan, due to their complex needs. Records showed people had signed and agreed to how they wanted their care to be planned and delivered. People and relatives were complimentary about the support they and their family members received. Comments people made to us were, "It's very nice, beautiful bedroom", "I am trying to come here myself", "The staff are smashing" and "I would have an awful job finding anywhere as good as this." All of the staff we spoke with said they enjoyed working at River Meadows. One staff member told us, "I really enjoy it. There are characters here, it's like a massive family."

During our visit staff were friendly and caring in their approach to people. We saw one person was very agitated and made numerous attempts to leave the home. We were told this person had high levels of confusion. Staff spent time with this person throughout our visit ensuring they remained safe and provided constant reassurance to this person. Staff talked quietly but sympathetically to this person, telling them, "They were safe, they would be okay and staff were here to look after them." The registered manager told us the staff team were caring and worked together as a team to ensure people received the care they expected and deserved.

People told us they could personalise their rooms as they wanted. Some people allowed us into their rooms, people had furnished and decorated their rooms with personal possessions, such as photographs, pictures and furniture. Some people told us they were encouraged to be as independent as possible. Staff told us they encouraged people to do things for themselves as much as possible, such as eating, dressing or certain aspects of personal care. This was supported by people we spoke with. We saw staff supported people at their preferred pace and helped people who had limited mobility to move around the home safely.

We heard staff address people by their preferred names and staff had a good understanding of people's individual communication needs. All the staff interacted positively with people and they looked for non-verbal cues or signs in how people communicated their mood, feelings, or choices. They knew by observing non-verbal cues when people became agitated or wanted assistance.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke to people quietly and discreetly. When people needed personal care, staff supported people without delay. We saw staff knocked on people's doors and waited for people to respond before they entered people's rooms. Staff spoken with told us they protected people's privacy and dignity by making sure all doors, windows and curtains were closed and people were covered up as much as possible when supported with personal care. One staff member said, "It's about personal choices. I wouldn't want someone doing something you didn't want. You would feel horrible."

People's care records contained personal information about their health and relationships that were important to them, and were written in a respectful way. However, one care record contained a summary of the person which was not written in a dignified and respectful tone. This record contained information that described a person of having particular behaviours, however from speaking with staff they told us this information was not accurate. We discussed this with the registered manager so they could ensure all of the records remained accurate and reflected people's health conditions.

Good

Is the service responsive?

Our findings

People told us staff met their needs and knew their personal likes, dislikes and how they wanted their care delivered. We spoke with one person and asked them if staff knew how they wanted to be supported. This person said, "Yes, they really do." Relatives told us they were pleased and satisfied with the quality of care their family members received. Relatives told us staff responded quickly to any changes in their family member's health, and sought assistance from external healthcare professionals where required. Relatives told us they were always kept informed about their relative's health, especially when there had been a change.

Staff told us when people's care needs had changed, they were made aware of these changes, either by the registered manager or senior in charge at staff handover. They told us they received a handover at the start of each shift which helped them to respond to people's immediate needs. Staff said it was useful to know if people had any concerns or health issues since they were last on shift. Our discussions with staff demonstrated they knew people's care needs and provided the care and support people required. Staff spoken with said people received their care in line with their care plan, and if they had doubts, would refer to the senior or care record for guidance.

We looked at four people's care files. Care plans and assessments contained detailed information and staff we spoke with said they had the information to support them to meet people's needs. Staff had good knowledge about people's individual needs and how they supported them to meet their needs. Staff told us they documented everything in the care plan. Records showed staff kept food and fluid charts when people were unwell, or those who were at risk of malnutrition or dehydration. Staff said people were weighed more frequently if their weight levels or appetite decreased. Any changes were monitored and necessary action was taken, such as seeking other professional support. Care plans were reviewed on a regular basis to make sure people's needs continued to be met.

However, we found examples where care plan records did not always support people's current health needs as they changed. From speaking with staff we were told staff provided the right support for these people but the records did not support recent changes in their care needs. The registered manager had identified care plan reviews were not always accurate and had put measures in place to make sure that in the future all care plans reflected people's health needs. This would help make sure staff continued to provide the support people required

We looked at the quality and variety of activities and interests for people. On the morning of our visit, there were no planned activities. We saw some people sat in the lounge area, the television was on showing daytime programmes, but no one was watching it. The registered manager told us activities usually took place in the afternoons because staffing levels did not allow for activity time in the mornings, because staff were getting people up and assisting with breakfast.

People told us they enjoyed the 'Elvis Presley' singing and people were encouraged to take part in celebrating certain events, such as Easter and Christmas. People told us they went out on bus trips within the local area and people said their family members took them out which they enjoyed. We also spoke with one person who enjoyed arts and crafts. They showed us a number plaque they had painted with the help of staff that they were going to put on the outside of their room.

There was an activity planner displayed which showed a range of activities. One activity was described as 'relaxation'. We asked the registered manager what this was and they told us, "It's relaxing in the lounge, watching television." During our visit the hairdresser visited and people enjoyed this. Staff told us they spent time with some people on a one to one basis who did not like group activities, but there was no structure in place that told staff what people wanted to do or how they wanted to spend their time. The registered manager and associate director acknowledged the quality of activities required some improvements to ensure activities were centred around people's needs and provided the mental stimulation and involvement people required.

People and relatives had a weekly meeting where they could raise any concerns they had. Some people we spoke with were not aware meetings took place, however minutes showed people had attended and records were made of what had been discussed. We saw minutes of the last meeting but these did not record what actions had been taken as a result of people's feedback, however the registered manager agreed to include the actions taken in future minutes. People told us they felt able to raise any concerns they had. One person said, "I would definitely

Good

Is the service responsive?

speak with the manager about it, but I've got no complaints." We were told the provider sought feedback by sending out annual quality survey questionnaires to people and relatives. We were told the survey for this year was in the process of being sent out to seek people's views, and any suggestions would be considered and acted upon.

All the people we spoke with had not made any complaints about the service and were satisfied with the service they received. Information displayed within the home informed people and their visitors about the process for making a complaint. Staff told us they supported people with any concerns they had and said they were usually able to resolve them before they needed management involvement. Staff told us they would refer any concerns people raised to the registered manager if they could not rectify the issue themselves.

We looked at how written complaints were managed by the service. We saw complaints received since December 2014 that showed actions had been taken and the outcomes of those complaints were recorded. We were not shown any complaints before this date so we could be not be certain complaints were being accurately recorded. However, it was not clear what learning was taken from complaints and how this was communicated with staff to make sure further similar complaints were not received. We were told discussions were held between the deputy manager and registered manager and relevant messages were communicated to staff on a daily basis although records were not available to demonstrate this.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. They had been registered with us since February 2015. The registered manager had previously worked at this service so had the benefit of being familiar with the provider's policies and procedures. The registered manager also knew the staff team and benefitted from knowing the people and relatives of people who used the service.

The registered manager and associate director told us they recognised people, relatives and staff had gone through a period of instability and change within the home. Particularly with the management of the home and how this could negatively impact on people living at the home and staff. The registered manager and associate director were consistent in what they identified had been the main challenges faced by the service since September 2014.

The registered manager had demonstrated leadership since taking up this post. They had identified where improvements were required, and had begun to turn the culture of the home around so it encouraged honest and open communication and a desire to continually improve. The registered manager told us they set out to improve the quality of care people received and wanted to lead by example. The registered manager told us they worked day and night time shifts to check new staff received the support they needed whilst on induction, and to ensure existing staff provided a good quality of care to people. The registered manager had worked an occasional night shift in the home, administered medicines and supported staff to provide care to people. The registered manager told us it had been a difficult time, especially with staff leaving but they were confident they had the right staff team in place.

The registered manager recognised the staff team required training in certain areas and had plans in place to ensure all staff received the training they required. The registered manager completed a schedule to help them keep track of which staff required training so they could plan accordingly. The registered manager had completed some supervision with staff and was planning further staff supervisions to make sure staff had opportunities to speak with them about concerns, training, or further development opportunities so staff felt supported.

Staff told us they felt able to go to the registered manager with any concerns and these concerns would be listened to. One staff member told us, "The manager is approachable." Staff told us they felt supported to share their views at team meetings or supervision meeting and felt confident their opinions would be acted upon where possible.

We looked at the provider's system to see how incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they were aware of incidents and accidents and analysed them for trends or emerging patterns. We were told this analysis helped the registered manager seek support from other healthcare professionals when required, such as referrals to falls team or GP support. This would ensure people received support to reduce the possibility of further incidents that may affect their health and wellbeing, or assistance from other health care professionals.

There were systems in place to monitor the quality of the service which were completed by the registered manager and the provider. This was through a programme of audits, including checks for care plans and medicines audits. Quality checks were also completed and monitored by the provider to ensure any actions identified for improvements had been taken that led to an improved service.

There were systems to monitor the safety of the service. We looked at examples of audits that monitored the quality of service people received. For example health and safety, infection control and fire safety. These audits were completed on a regular basis to make sure people received their care and support in a way that continued to protect them from potential risk.

Improvements were required to manage complaints more thoroughly. The current system did not record when all complaints were received and what action had been taken, as well as any learning from those complaints. We discussed this with the registered manager who said they would improve the system to make sure all complaints were recorded and analysed, so that learning could be identified to minimise the potential of further similar complaints being received.

There were systems to hear about the views of the quality of the service from families and suggestions or ideas to improve this and benefit people who lived at the home. For

Good

Is the service well-led?

example, regular meetings were held for people and relatives of people who used the service. These meetings were held weekly which provided opportunities for family members and people to share their views, however minutes showed these meetings were not well attended.

The registered manager told us they had an open door for people and during our visit, we saw people and relatives in conversation with the registered manager without any prior appointment.

We saw people's care records and staff personal records were stored securely. This meant people could be assured that their personal information remained confidential.