Prime Life Limited

River Meadows

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on 21 September 2017 which was unannounced.

River Meadows is a residential home which provides care over three floors to older people including people who are living with dementia.

River Meadows is registered to provide care for 41people. At the time of our inspection visit there were 35 people living at the home.

At the last inspection, the service was rated good overall, however effective was rated as requires improvement. This was because people's mental capacity to make certain decisions, was not always assessed and known by staff. At this inspection we found improvements were made to ensure support was provided in line with people's capacity to make decisions.

At this inspection visit we found the service continued to be rated as Good overall however we found some improvements were needed to ensure people's physical and emotional needs were met. People did not always have opportunity to feed into and receive support to pursue their individual hobbies and interests. Activities were planned throughout the month, however there was limited involvement for people to be supported with the things they wanted to do. For the majority of our visit, people spent time in their chairs asleep, watching each other or television with minimal engagement from staff or each other. The regional manager and regional support manager had plans to improve social engagement, especially for those people living with dementia.

There was a registered manager at the home. 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 2008 and associated Regulations about how the service is run.

People and relatives were complimentary and satisfied with the quality of care provided. People were supported to remain as independent as possible so they could live their lives as they wanted.

People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes.

Care plans contained detailed and supportive information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing the care provided to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people were minimised. Staff understood people's individual needs and abilities which meant they provided care in a

way that helped keep people safe and protected.

Staff received training to meet people's needs, and effectively used their skills, knowledge and experience to support people. Where training had not been received, training sessions were planned to ensure staff skills and knowledge remained updated.

People's care and support was provided by a caring staff team and there were enough trained and experienced staff to meet their care needs. People told us they felt safe living at River Meadows and relatives felt involved in their relations care because they were kept informed about important changes. People were supported to maintain important relationships with family and friendships had been built between people living in the home.

Staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge ensured people received consistent support when they were involved in making some decisions. Staff always gained people's consent before they provided care and support and families were involved where required, in some decision making.

People received meals and drinks that met their individual dietary requirements. Anyone identified at risk of malnutrition or dehydration, were monitored over a short period of time so if concerns were identified, advice and treatment could be requested.

People's feedback was collected from surveys and actions were taken in response to areas identified for improvement.

People said the registered manager and staff team were accessible and people were happy to share their concerns and feedback. The registered manager had an 'open door' for people, relatives, staff and visitors to the home which provided opportunity for people to speak with them, as well as, reducing complaints from escalating.

The registered manager's systems were effective to make improvements which were identified by a programme of regular audits and checks. The registered manager had submitted a Provider Information return (PIR) to us and they understood their legal responsibility to notify of us of important and serious incidents.

Further information is in the detailed findings below.

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 was effective.

At the last inspection this home was rated as 'requires improvement' in this area, because staff's knowledge and people's records to decisions they needed help with, were not always consistent. This time, staff worked within the principles of the Mental Capacity Act 2005 and decisions were made in people's best interests. People were supported by trained staff and received support from other healthcare professionals to maintain their health. People's dietary requirements were met and they received support from other professionals if concerns were identified.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. However, there was minimal physical and mental stimulation for some people, which did not always meet their individual needs. People said if they needed to make complaints, they knew how to do this and who to approach.

Is the service well-led?

Good

The service remained well led.

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 visit took place on 21 September which was unannounced and consisted of two inspectors and an expert by experience (an expert by experience is someone who has experience of caring for people who use this type of service).

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit observing and talking with people in the communal areas of the home. This was to see how people spent their time, how staff involved them, how staff provided their care and what they personally thought about the service they received. We spoke with five people who lived at River Meadows and five visiting relatives. We spoke with the registered manager, a regional support manager, four care staff and a deputy manager who was working as a cook on the day of our visit. We also spoke with one visiting healthcare professional.

We looked at three people's care records and other records including quality assurance checks, survey results, compliments, complaint records, training records, medicines, nutritional charts and incident and

accident records.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good. A typical comment that supported this was, "There is always somebody here if you want them." Relatives were confident their family members were safe. One relative told us they felt their relative was safe now they lived at River Meadows because staff could meet their needs. They said, "Before [person] came they didn't feel safe at home and kept dialling 999." Another relative said, "In my whole time here I've never heard them [staff] raise their voice."

Staff understood their role in keeping people safe from abuse or harm. One staff member told us if they had any concerns, "I would go straight to the manager." Another explained, "We don't want people to feel scared here because this is their home. We are here to make them feel safe and secure." Records showed the registered manager immediately reported any safeguarding concerns to the local authority as required and had taken appropriate and timely action to safeguard people from harm.

Risk assessments were used to identify any risks to people's health and wellbeing. This included risks around moving and handling, falls and nutrition. Where a potential risk had been identified, detailed risk management plans informed staff how to manage and minimise the risks. The plans included information about what equipment people required to reduce the risks of skin breakdown or when staff needed to help them move around the home. Risk assessments were regularly reviewed and updated as required and staff knew how to manage people's risks. For example, where people required mobility aids to support them to move around the home safely, staff ensured these were always within people's reach. One person required gel pads to protect their feet from the risk of skin damage when they were in bed. A visiting healthcare professional confirmed staff ensured these were used appropriately to protect the person's skin.

Accidents and incidents were recorded by staff and analysed by the registered manager to identify any emerging trends or patterns. Records showed the immediate action taken to keep people safe and any further action to manage any identified risks. For example, one person had been referred for an assessment of their mobility equipment to ensure it remained suitable for their needs.

There were sufficient staff to meet people's needs. People and relatives said there were enough staff to support them. One relative explained, "We are always able to find someone….there's always someone around. I've been to other homes and noticed the difference, it's why we chose this one."

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of utilities and water safety. Records confirmed these checks were up to date. In addition, there was a 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. People who used the service had Personal Emergency Evacuation Plans (PEEPs). For those people recently moved to third floor their PEEP required updating to reflect additional risks so emergency personnel could safely support them if required.

Medicines were stored and administered safely. People told us they received their medicines as prescribed. Medicines Administration Records (MARs) recorded when people had taken their medicines and daily counts by trained staff made sure medicines were given as prescribed. MARs were completed correctly. Some creams were not stored in line with manufacturer's guidelines and the registered manager agreed to check all creams were stored correctly so remained fit for use.

Good

Is the service effective?

Our findings

At our last inspection visit, we rated Effective as Requires Improvement. This was because staff's knowledge of people who lacked capacity to make certain decisions was not consistent. People's care records did not always inform staff what decisions people needed help and encouragement with. This time, we found improvements had been made and the rating was now Good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made to the supervisory body by the registered manager and five people had an approved DoLS.

Records showed assessments had been completed to confirm whether people had the capacity to make specific decisions. The assessments detailed what actions had been taken to engage people in the decision making process. For example, staff had spoken clearly into one person's right ear as they had a hearing impairment in the other ear. Where people lacked capacity, staff made decisions in their best interests based on their knowledge of people. Records showed that for more complex decisions involving medical treatment or medication, best interest's decisions had involved healthcare professionals and those closest to the person.

During our visit people made choices and consented to their care and staff respected their decisions. For example, one member of staff asked a person if they wanted assistance to cut up their food. The staff member waited for a response before assisting them. This showed they understood the principles of the MCA and knew they could only provide care and support to people who had given their consent. Where restrictions on people's liberty had been identified, the appropriate applications had been submitted to the authorising authority. Applications to renew approved DoLS had been submitted when the original authorisations expired.

People told us staff were trained and had the right knowledge and skills to support them. A relative said, "I feel they are well trained." Staff training met the specific needs of the people who lived in the home. Staff had opportunities to discuss their roles and work practice with the registered manager and felt supported by the management team. "I do my job to the best of my ability and if I don't know anything I can go to the office and speak to [registered manager and deputy manager] at any time." A staff member told us "Supervision is like every day because [registered manager] is on the floor every day." New staff received effective support when they first started working at the home. They completed an induction which included working alongside experienced staff.

People enjoyed the meals provided and were given two choices at lunch time. At lunch time, we saw the options were offered visually on a plate to assist people to make their choices. We heard one person say, "This is absolutely delicious." Where staff supported people to eat, they sat beside them and did not rush them. Where people had been identified as losing weight staff commenced either a three or seven day

nutrition study to look at their food and fluid intake.

There were detailed records of any visits or consultations with GPs or other healthcare professionals. The records included any advice given and most had been signed by the healthcare professional to confirm their accuracy. A visiting healthcare professional told us, "We are alerted if things are getting worse. Staff are good at putting creams on and reporting any changes in wounds. The staff are able to answer any questions about the patients." A relative said other professionals were seen, "I take (family member) to the dentist. The GP comes every week, as well as the chiropodist and optician."

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection. People and relatives explained the way staff looked after them, showed they cared. The rating continues to be Good.

People were complimentary about the staff who looked after them. Comments included, "They are very respectful…it's like home here," and "Staff are approachable, friendly and informative."

Staff were patient, considerate, kind and attentive to people in their care. Staff said it was important to give people the time they needed, without having to rush and cause unnecessary anxiety to people. We saw staff provided reassurance when people were anxious or concerned. For example, two people were worried they did not have money to pay for lunch. Staff assured them the meals were already paid for and they had nothing to worry about. Another person was worried about a family member. Staff responded gently and explained, "He will be at work and could be having lunch now just like us."

We observed staff supporting people during lunchtime. The interactions were considerate, caring and respectful. Staff who were helping people to eat did not rush them so people could eat at their own pace. When people stopped eating, staff gently encouraged them to finish their meal but were not forceful and respected if people chose not to. Staff encouraged people to engage and socialise with them and others. One person said they did not want any lunch. Staff tried several times to encourage the person who happily responded when one staff member said, "I'm hoping you will join me and keep me company." The person walked off happily with the staff member to join others in the dining room.

Care plans contained good information about supporting people to maintain as much independence with their personal care as possible. All the staff we spoke with showed concern for people's wellbeing and wanted to look after the people in their care. Staff raised funds to pay for entertainers to visit the home. One staff member told us, "We will do anything for the residents to get them treats." Staff told us they willingly gave up their own time to support people when they went on trips outside the home.

A visiting healthcare professional described staff as 'very caring'. They also told us staff were 'very good' at maintaining and promoting people's privacy. People did not feel uncomfortable when staff helped them with personal care. Where people were more independent, staff encouraged people to do as much for themselves as possible. One person we spoke with could do certain things for themselves. They said, "For me, privacy is not an issue, I can look after myself." Where others needed assistance, they felt their needs and wishes were met. A relative said this was done sensitively, "I have come and they have been changing [person] in the bathroom and the door is closed. They close [person's] curtains when getting them ready for bed."

Relatives said they could visit without restriction and if they were unable to visit, the registered manager and staff kept them informed about important changes, or things staff knew they wanted to know about.

Requires Improvement

Is the service responsive?

Our findings

At this inspection, we found staff were not as responsive to people's physical, mental and social stimulation as they were during the previous inspection. The rating has been changed from Good to Requires Improvement.

Some people and relatives were not always aware of their care plan, but for them this was not an issue. People felt staff provided their care in line with their wishes and preferences. Relatives felt involved in the care their family member received and were kept informed of changes or events. For example, a relative told us about a time when their family member had fallen. They said, "[Person] had a stumble in their room around 9.00pm. They (staff) rang and told us. The staff member called the paramedics. I was impressed that when we got back (to the home) there was a high number of staff. It was obvious that comments from staff had been passed over." They went onto say, "I have no concerns about [person's] care."

Care records were personalised to people and contained information about people's preferences for how they preferred their care delivered. Care plans were evaluated on a monthly basis to ensure they continued to meet people's specific needs. Staff knew about people and their backgrounds, interests and families. However, there was little evidence this information and knowledge was used to provide activities and occupation that was meaningful and relevant to each individual person. Some people would have clearly valued the opportunity of a one to one conversation with staff, but often staff did not have the time to give the person the level of engagement they required.

We received mixed opinions about the opportunities for people to engage in pastimes they enjoyed. For people who had families visit, they went out of the home on trips to locations or events they enjoyed. For others, they felt there was not much to do. Comments were, "I don't do much here (hobbies) and we never go out really…they never ask," and "There's not a lot of atmosphere…they just rush around, don't have time for you. It would be nice if they talked to us more…they leave us to our own devices." Planners were displayed that showed what activities were on offer each day of the week, although we were told if people wanted to do something else, that could be arranged. One person came in each Wednesday to do activities for a couple of hours with people, but otherwise staff were responsible for providing activities. One staff member told us, "Because we have activities to try and do, and the laundry to put away, you don't always feel you can fit the activities in as well. There is more we could do but it is finding the time to do it." Staff felt more one to one interaction and activities would be beneficial for people. "We occasionally make pizza but we haven't done it for a while because of staffing levels." Another said, "We need more hours in the day to be able to do more one to ones, especially with the gentlemen." During our visit we saw extended periods of time when people were not engaged or stimulated. Several people spent a lot of time asleep. The registered manager and regional support manager acknowledged this and planned to involve people more in what they wanted to do, ensuring staff had the time to spend with them.

Although people and relatives were not always aware what they complaint procedure was, they all felt confident raising concerns and knew who to raise them with. No one we spoke with had raised a complaint. We looked at the complaints raised this year and found they had been responded to. Any action taken to

prevent further similar complaints from reoccurring was recorded.

Good

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

Since the last inspection there had been a change of registered manager. The registered manager had been registered with us since February 2017 and had previously worked for the provider, at another location. The registered manager understood their legal responsibilities to submit statutory notifications and had done so when important events had occurred. The provider had displayed the rating on their website and the ratings poster was displayed in the communal entrance from the last inspection visit which they have a legal duty to do. They completed a PIR which provided us with an accurate reflection of what the service did well, and where improvement was needed.

People and relatives meetings were held, however attendance was low. Emails were sent out and people were told in advance, when the meetings were planned. Some people said I was told not to use names. they did not know who the manager was, others said they had seen the manager who was very approachable. Overall, people said the home was, "9/10. I'm struggling with that one (question about improvements)." Another person said, "I would give them 10/10, I'm very happy with every aspect of the home, although I think activity needs to be more regular."

Staff told us they enjoyed working in the home. They told us there had been a period of management change which had affected morale, but they all spoke extremely positively of the current registered manager. They told us the registered manager supported them and worked alongside them so they had a good knowledge of people and their individual needs. Comments included, "This manager is wonderful. She has pulled the service up by its boots." "[Name] (registered manager) actually cares about the residents and the staff and I think she could do with a little bit of help. She is trying to make the place perfect. She does work hard and she works seven days a week. I think she wants to get it right." "It is better now we have got management in place. We can rely on [registered manager] for anything. Things have changed for the better." Another staff member said, the registered and deputy manager were, "Brilliant, coming out, putting their aprons on and helping out as much as they can." The registered manager told us because the home did not have a cook during the last 12 months, they often helped in the kitchen when needed. During our visit, the deputy manager was preparing meals for the day.

However, some staff felt their efforts were not always recognised by the provider. "We all volunteer to do an extra shift but there is nothing from head office to say you will get a bit extra for working on your day off." Staff felt the feeling of value stopped within the home, "[registered manager and [deputy] give all the praise if you volunteer. We feel a bit let down by Prime Life as a whole." The registered manager responded to staff concerns. For example, day staff had shared concerns that lounges were not always left tidy by night staff. In response the registered manager had completed a series of unannounced spot checks in the early morning to ensure all staff were completing their responsibilities as required. There was a system of checks and audits which were carried out on a monthly basis. This included infection control, medication, pressure area care, weight management and safeguarding. Where audits had identified improvements, action was taken.

The regional support manager made regular visits to the service to make quality assurance checks. They told us, "the manager has done a great job here. This service is not one of my concerns." The regional support manager showed us a monitoring tool the provider used that determined how 'risky' the service was regarding compliance. River Meadows was green, indicating no concerns. The latest audit had identified training compliance 1% below the provider's expectations and additional training was planned to ensure this was met.

The registered manager increased their visibility by doing a 'daily walk around' which provided opportunities to observe staff practice and for people, relatives and staff to speak with them if they needed to. During our discussions with the registered manager it was clear they had a good understanding of the health and medical needs of people living in the home and the demands on staff time. A visiting healthcare professional told us, "The manager is one of the best managers I have seen. She seems to be on top of everything."