

Vivo Medical Care Limited

High Meadows

Inspection report

High Meadow Close
Pinner
HA5 2HD

Tel: 02088681618

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

High Meadows is a residential care home providing personal and nursing care to up to 45 people. The service has four units. However, one of the units, with six beds, was not in use. The service provides support to older people, people with physical disabilities and people living with the experience of dementia. At the time of our inspection there were 32 people using the service.

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

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were followed and there were enough staff to meet people's needs. Medicines were managed safely. Staff followed appropriate infection control practices to prevent cross infection.

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 provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service is good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for High Meadows on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

High Meadows

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector, a nurse specialist advisor and an Expert by Experience who rang relatives for feedback about the service. 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

High Meadows is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. High Meadows is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the registered manager had just left their post. However, the provider had employed a new manager who was due to start working in the service in October 2022.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and four relatives. We spoke with six members of staff including the deputy manager, nurses, care workers and domestic staff. We also spoke with two healthcare professionals who visited the service.

We reviewed a range of records. This included six people's care records and seven people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We spoke with 13 relatives and one social care professional emailed us with feedback of their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection we identified the provider's digital care record systems did not always have risk assessments and risk management plans on the digital system. At this inspection we found the provider had systems to help keep people safe from harm and the digital system reflected this. Risks to people's safety were assessed and recorded. We saw risk assessments for choking, pressure sores, diabetes, falls, end of life care and weight loss. Risk mitigation plans provided guidance for staff and were regularly reviewed to help to keep people safe.
- Staff had completed fire safety training and regular fire drills had taken place. Personal emergency evacuation plans (PEEPs) had been developed for people which provided information about the support they required should they need to evacuate the building in an emergency.
- Records showed that a range of maintenance and safety inspections had been undertaken to help ensure people lived in a safe environment. These included fire equipment, lifts, electrics and call bells.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines administration was undertaken safely. However, we saw some daily checks were not consistent. This included checks to ensure the suction machine was working and temperature checks for the medicines room and fridge. The deputy manager said they would address this and ensure checks were carried out every day consistently.
- At the last inspection we identified protocols were not always in place when people were prescribed

medicated cream or ointment to be given as required (PRN). During this inspection we found as required protocols were in place. PRN protocols for the management of pain, for example end of life anticipatory medicines, were regularly updated which indicated pain levels were being managed appropriately.

- The service had procedures for the administration of medicines to provide guidance for staff on how to safely administer medicines.
- Records we viewed were completed appropriately and indicated that people received their medicines as prescribed. This included medicines administration records (MARs) and records for controlled drugs. Controlled drugs are medicines that are subject to a high level of regulation.
- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely.
- Medicines audits had been completed to help ensure procedures were followed safely, and improvements were made as required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People and their relatives told us they felt safe in the service. Relatives told us, "It's safe due to staff and the environment. It's all on one level and there are plenty of staff", "They keep [person] safe especially as they have [condition] and I am involved in decisions about their care", "I am confident [person] is safe. [Person's] mobility is poor, and they get really good care with medication well managed" and "I feel [person] is safer than at home. [Person] is well looked after and I am confident they would say if there is a problem."
- The provider had policies and procedures for safeguarding people. Staff had relevant training and knew what action to take if they suspected people were being abused. One staff member confirmed, "I would report [abuse] to the nurse in charge and if the issue hadn't been resolved, report it to the deputy or manager or CQC."
- The provider had suitable systems for reporting and investigating suspected abuse. Safeguarding concerns were raised with the local authority and CQC were notified. The provider worked with other agencies to investigate any safeguarding alerts and acted when required to help protect people from further harm. For example, we saw after one person had a fall, the preventative action put in place was a referral to the falls clinic.

Staffing and recruitment

- The service had adequate staffing levels to attend to the needs of people and keep them safe. We saw people were attended to in a timely manner and the interaction between people living in the home and staff was positive.
- Most people and their relatives told us there were enough staff to meet people's needs. A relative observed, "Staff seem available, like when I accidentally stepped on pressure mat they came immediately." Others said, "There seems enough staff. They are always in and out and checking on [person] when we are there", "There are enough [staff] and the ratio is perfect" and "There are enough staff. [Person] gets a lot more attention from carers and nursing staff and they are very interested and involved with wellbeing. For example, if [person] does not want to eat [staff] persevere."
- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service.
- Staff records contained proof of staff members' identity, right to work in the UK, employment history, satisfactory references and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- After being recruited, staff undertook an induction and training, so they had the required knowledge to care safely for people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following appropriate visiting arrangements in line with government guidance. Visitors were allowed in the home to visit as per government guidelines and people had identified essential carer givers who could visit without the same level of restrictions. One relative confirmed, "I am free to visit. When it was COVID there was a screened room or the garden, so I was never turned away" and another said, "We had video calls when there was COVID."
- People had COVID-19 risk assessments and the provider also sent out newsletters to keep relatives informed of any changes.

Learning lessons when things go wrong

- The provider had systems for learning lessons when things went wrong. Incidents and accidents were recorded, investigated and the provider took appropriate action to address the identified concerns.
- Care plans had been updated to reflect when an incident occurred, and preventative measures put in place.
- A multidisciplinary meeting was held weekly with nurses from the home, the community matron and the GP where information about people's changes in clinical need was discussed. Changes in people's needs were also shared at shift handover meetings, so staff had the most up to date information to care for people.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we identified shortfalls that the provider's audits had not. This included risk assessments had not always been robust enough, some PRN protocols were missing and care plans were not always updated to reflect current needs and how they could be met. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found the provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service.
- The quality of service delivery was monitored by senior staff through a number of audits and checks. These included audits around health conditions such as pressure sores, equipment such as bedrails, incidents and accidents, safeguarding alerts, complaints, care plans and infection control. Where required, an analysis and an action plan to make improvements was completed.
- Staff had regular supervision where they had the opportunity to reflect on their practice, learn from when things went wrong and identify any training needs.

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

- The provider engaged with people using the service and other stakeholders. This included asking for people's views through surveys and holding meetings for people, their relatives and staff.
- Relatives were generally positive in terms of communication about the person living in the home and confirmed there were relatives' meetings and that newsletters were sent out. However, some felt they could have been better informed about the registered manager leaving and the interim arrangements. Comments from relatives included, "We get a monthly newsletter. They have meetings on [online]", "They email us to let us know events and I get a newsletter" and "I think it's well managed. Care is the most important thing, and they do care."
- Care plans identified people's protected characteristics such as culture and religion and provided guidance to staff about how to support people to meet these needs.
- Team meetings were held to share information and to give staff the opportunity to raise any issues.

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

- The service was person centred and focused on achieving good outcomes for people. The deputy manager told us they regularly communicated with people, their relatives and staff. Any concerns raised were investigated and feedback was given to whoever raised the concerns. People and their relatives indicated they were satisfied with the care provided. Comments included, "Staff are polite and helpful. [They] always tell me how [person] is doing" and "Staff are nice and [person] laughs and jokes with them. They are always happy when I visit."
- Relatives said they received information about people living in the home. They told us, "Everything is fine. They give [person] good care and are friendly to me. They sort out issues, like medical issues and we get an email if any changes like COVID changes", "When [person] had COVID they called me, and they make a lot of effort to understand [person's] emotional and physical needs" and "I don't worry because [person] is taken care of. If there is a problem nurse keeps us informed."
- Staff had felt supported by the registered manager who had just left as well as the deputy manager who remained in post. Comments included, "[The registered manager] and [deputy manager] are both fantastic. Any concerns I have, I can go to [deputy manager]. [Named] nurse is fantastic" and "If I have a problem, I tell management and it seems to be dealt with. [Registered manager] was approachable. Always been able to approach [the deputy manager] because she was the manager before."
- Care plans were person centred with guidance to help achieve good outcomes for people.
- The provider followed government guidance to support people's family visiting the home.

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 deputy manager understood the duty of candour. They were open about sharing information during the inspection.
- We saw complaints were investigated and a written response provided.
- The provider was aware when they needed to share information with other agencies including the local authority and CQC when things went wrong.
- People and their relatives felt they could raise concerns. One relative said, "[The registered manager] was seen around and responded when I wanted to talk to her" and another told us, "Meetings are held but I don't go. I talk to the manager or the deputy manager. They are approachable."

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

- At the time of the inspection, the registered manager had left the previous week and the experienced deputy manager supported the inspection. The nominated individual told us they had recruited a new manager who would be in post in October 2022.
- There was good communication within the staff team through handovers and team meetings. Staff told us, "They are very good here as staff. I've never had a problem here. We have monthly team meetings and if not here, we [have online meetings]" and "We have morning and afternoon handovers. The nurse will do a catch up and raise any issues."
- The provider had processes to monitor the quality of services provided and make improvements as required.

Working in partnership with others

- Staff worked in partnership with others to help ensure people received a good level of care and support.
- Records indicated the provider worked with other professionals to maintain people's wellbeing. These included the GP, community matron, speech and language therapist, dietician and tissue viability nurse.
- Managers participated in local authority provider forums to share information and best practice with other

providers in the area.