

Prime Life Limited

Meadow View

Inspection report

Meadow View Close
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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Meadow View is registered to provide accommodation and personal care for up to 42 people, including people living with dementia. At the time of our inspection visit there were 32 people living at the home. The home is split into a large main building which provides care to people on a permanent basis. There is a separate building known as 'The Poppies' which provides respite care. Respite care is planned or emergency temporary care. Some people living at the home were living with dementia. People have use of a communal lounge and dining area, as well as occasional seating throughout corridors. People's bedrooms are ensuite and there are further communal bathroom facilities located around the home. People can access outside spaces.

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

At our last inspection, we found significant improvements were required around managing people's risks and risks within the environment, medicines management, quality of record keeping and quality assurance processes. At this inspection, some improvements in medicines management and understanding people's risks had improved. We found some improvements to the provider's quality assurance systems.

However, we found the provider's systems and processes to monitor the quality of the whole service people received, continued to require improvements to embed those systems into everyday practice. We found some actions identified as improved, had not been improved consistently. We found the provider remained in breach of a regulation.

People received their medicines from trained staff. Medicines were stored safely and securely. People were assessed and protocols were in place for medication prescribed to be taken on an 'as required basis.' Time critical medicines were administered in line with their prescribed instructions. However, some medicines such as topical creams and pain patch medicines required better recording to ensure staff administered these medicines safely.

Infection, prevention and control practices had improved. People's bedrooms, communal hallways and lounge areas were clean and uncluttered.

The provider had sufficiently trained and suitable staff on shift to meet people's needs. The registered manager was not required to cover kitchen duties as this had been recruited to. Vacancies were still advertised however regular staff picked up shifts were required. Agency staff were utilised but this had reduced since our last visit. Staff told us they worked well as a team.

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.

Relatives were pleased with the support and care their family member received. Relatives were complementary of the staff, how they met their family members needs and wishes and they were also complementary of 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 and update

The last rating for this service was inadequate (published 19 May 2023).

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 some improvements had been made but these had not become embedded into everyday practice. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. The providers action plan told us what they would do and by when to improve. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 has changed from inadequate to requires improvement. 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 Meadow View on our website at www.cqc.org.uk.

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.

Enforcement

We have identified a repeated breach in relation to regulation 17 (good governance) at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

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.

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 visit was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is someone who has experience of this type of service.

Service and service type

Meadow View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Meadow View is a care home without nursing care. Care Quality Commission (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 there was a registered manager in post.

Notice of inspection

This inspection visit was unannounced.

Inspection activity started on 28 June 2023 and ended on 29 June 2023. Two inspectors visited the location

on 28 June 2023. On 29 June 2023, an Expert by Experience made telephone calls to relatives to get their feedback about the quality of care provided.

What we did before inspection

We reviewed the information we held about the service, such as feedback from people and their relatives, statutory notifications, as well as any information shared with us by the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who received a service to get their experiences about the quality of care received and 5 relatives. We spoke with 5 members of care staff and a maintenance person. We spoke with the registered manager, a regional manager and a director of elder services.

We reviewed a range of records. This included examples of 4 people's care records, samples of medicine records and associated records of people's care. We looked at records that related to the management and quality assurance of the service and risk management. We reviewed 2 staff recruitment files.

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 inadequate. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Using medicines safely

At our last inspection the provider had failed to robustly assess all necessary risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

Assessing risk, safety monitoring and management

- Improvements had been made to the way risks to people's safety were managed, however better documentation would support a consistent delivery of care. For example, we saw a person who had recently suffered seizures new to them, yet reviews of their care and risks had not changed following these events.
- When incidents of distressed behaviour or escalations in people's anxieties were known, recording systems monitored those incidents. However, those systems will require more development and time to embed so senior staff always have a clear overview of people's support needs. Better recording would help support this.
- Despite some records not supporting current needs, staff had a good understanding of people's risks and gave us examples showing how they had worked with other health and social care professionals to help to reduce people's risks. This included where people required support to manage their anxieties. In one example, this had led to a decrease in the use of medicines and improved well-being for a person.
- Risks to people's change in weight were monitored by staff. Where advice had been provided by the GP or dietician, this had been clearly recorded. This helped to guide staff to provide the care people wanted to remain to maintain or increase their weight, so they remained well. One staff member told us, "[People] at nutritional risk get staff to sit with them at mealtimes."
- Staff practice to manage environmental risks needed tighter control. We found a room which contained substances which may be hazardous to health was not consistently locked. In addition, some fire doors we checked required further maintenance, to ensure they always worked efficiently, to promote people's safety. We discussed this with the director of elder services who took immediate action to address this.

Using medicines safely

- Improvements to systems showed people who received 'as required basis' (PRN) medicines received them when required. Staff had clear information on the times people required these medicines. This helped to

ensure people were administered their medicines safely, at the intervals prescribed.

- We found no harm to people, but further development of systems for administering people's medicines was required to promote people's safety further. For example, some people were prescribed transdermal patches, which need to be regularly rotated to promote good skin health. The system for recording where on people's bodies these had previously been administered did not always work effectively.
- Some people were prescribed medicinal creams. We found people's creams were not always clearly dated when they were opened, or when they were due to be disposed of. It is important to date these creams when they are opened to ensure they remained safe and effective and people's skin health was not compromised.
- Some people were prescribed variable amounts of regular medicines to meet their changing health needs. However, staff were not provided with the detailed level of guidance required to ensure these were always administered safely. The registered manager and senior staff gave us immediate assurances these areas would be addressed.
- People were administered their medicines by staff who were competent to do so. Staff had received training and had their medicine competency assessed to ensure they followed correct procedures.
- People's medicines were stored safely and securely and disposed of appropriately.

Learning lessons when things go wrong

- The registered manager and provider monitored safety-related information, but this required further development to ensure opportunities for identifying trends were consistently identified and lessons always learnt. Changes made to how those records were stored and completed needed better monitoring.

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 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.
- We were assured that the provider was using PPE effectively and safely. Some staff elected to use face masks in communal areas of the building. We discussed the positioning of their mask with one staff member, as they were not wearing this in line with good infection control practice. They took immediate action to address this.

There were no restrictions on visiting and people were supported to receive visitors when they wished in line with current 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 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. Where people had restrictions, appropriate referrals and measures were taken.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed with staff and people were comfortable to ask for assistance when they needed this. Relatives were confident their family members were safe. One relative told us, "[Person] needs a homely atmosphere and this is a home where people are settled, I'm very happy and so is [Person]."
- Staff understood what to look out for and how to safeguard people. One staff member said, "I would report it myself to managers or to head office."
- We found incidents had been responded to in the home and referred to the local authority and to CQC when required. The registered manager understood their role to keep people safe and protected.

Staffing and recruitment

- The provider ensured staff were recruited safely and were suitable for their roles by conducting relevant pre-employment checks. We reviewed two staff recruitment files and saw appropriate references and the provider had completed Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us there were enough staff to meet people's needs.
- People did not have to wait long if they required support from staff. Staff told us there had been improvements in staffing levels. One staff member said, "I feel staffing levels are really good. If anything goes wrong there is always enough staff to help, including at [busy] times."
- We found the deployment of staff had improved, and breaks were now coordinated, so sufficient staff were available to assist people if required. One relative said, "They [staff] all very attentive."

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 inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to have and operate effective systems and processes to maintain an effective quality assurance oversight. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of regulation 17.

- At this visit we found the provider had addressed some of the issues and whilst regular checks were being made, further improvements were needed.
- For example, checks on some risks needed more scrutiny. We found 3 fire doors did not close as required and 1 hinge identified as broken last time, still failed to close properly. A door marked as 'keep locked' was open, this contained chemical products that could put people at unnecessary harm.
- We reviewed examples of completed audits and checks that the regional manager had completed. These audits had identified improvements and work was underway to review those audits again to make sure actions were completed.
- Daily walk around checks and a handover book was completed to improve oversight. These checks recorded information to drive improvements. However, on 19 June 2023, the handover book recorded a person had asked for a call bell alarm cable (so they could call for help), yet this had not been followed up. Some additional checks by senior staff were to check the quality of recording. Some of these checks were incomplete, went undated, unsigned and they were not signed by management as required to ensure they were actioned.
- Care evaluations had been completed but examples we saw had not always reflected changes in people's needs or important events that could impact on a person's health. For example, one person had significant health events (potential seizure) in April and May 2023. Staff sought advice from health professionals, but these events were not referenced when care evaluations were completed. In another example, the evaluation had not identified a significant change to one person. We were told care plans were changed when needs changed, but this was not the case for one person we checked whose care information did not support their current health needs.

- Medicines checks were completed but they had not identified when staff had not recorded where some medicines had been applied to the body. In another example, a person's medicines to manage their anxieties had been stopped, yet this was not recorded on the provider's medicines system.
- We discussed these issues with the registered manager, regional manager and director of elder services. They told us they had spent time at the home improving systems and processes following our last visit. The regional manager said of those systems, "They need time to become embedded."

Systems and checks had improved since our last visit, but we found some practices continued to need improving and time to show their operational effectiveness. This demonstrates a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were complimentary of the home and management. One staff member said, "I think [senior and registered manager] want smiles on people's faces and for them to be well and as independent as possible."
- Relatives felt informed and updated. One relative said, "Any changes to [Relative's] care or condition, they will ring straightaway."
- Relatives told us they were able to share feedback direct or through questionnaires. Relatives were sent a copy of a newsletter which helped keep them informed and involved about Meadow View.

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

- Relatives said they could approach the registered manager if they had any concerns. Some relatives said they were confident in the management of the home. All relatives felt involved, included and listened to and staff knew them well.
- People received support from other health professionals. Referrals were made to dieticians, district nurses, community nurses and a GP. When needed, people were supported by mental health teams and reviews of their care to ensure they received the right care to manage their health and welfare.

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

- Relatives were complimentary of the registered manager and staff and they felt involved in how the service was delivered. One relative told us, "The manager has made family members aware of the results of the last inspection." Another relative said, "[Registered manager] keeps us well informed, I don't think things are kept from us."
- The registered manager and regional manager responded positively to the concerns we raised on the day. Actions were taken during our visit to address the fire doors and to speak with health professionals about people's support, such as speaking with the pharmacy about a person's medicines.
- The provider had met the legal requirements to display the service's latest CQC ratings on their website and in the home. The registered manager notified CQC about specific incidents which was their legal duty to do so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety through good governance.</p>