

Prime Life Limited

# River Meadows

## Inspection report

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Date of inspection visit:  
05 June 2023

Date of publication:  
14 July 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

River Meadows is a residential home which provides care over three floors to older people including people who have dementia. River Meadows is registered to provide care for 41 people. At the time of our inspection visit there were 34 people living at the home.

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

The provider had systems to assess risks to people before undertaking their care and support. However, we found examples where risks had not been sufficiently monitored or recorded to effectively mitigate that risk. People received their medicines as prescribed, but records to support good medicines administration practices needed to be improved.

There were enough staff to provide safe care. Healthcare professionals told us staff were always available to support their visits which ensured effective communication and sharing of information. Staff understood their safeguarding responsibilities and the registered manager understood their responsibility to follow local safeguarding protocols when required.

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. Staff supported people's communication by giving people information in a way they would understand.

Staff were responsive to people's individual needs, although care plans did not always contain detailed information to help staff support people's emotional needs. There was a lack of physical and emotional stimulation for people but plans were being made to encourage more engagement and activities people enjoyed.

The registered manager understood the needs of the people living in the home, advocated on their behalf and was committed to improving the quality of care people received. However, checks and audits had not always identified when improvements were needed and governance systems were not consistently effective in supporting the management team to improve and maintain standards of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 October 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at the key questions of Safe, Responsive and Well-led.

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 has changed from Good 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 River Meadows on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach in relation to Regulation 17 (Good governance).

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full 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 responsive?**

The service was not always responsive.

Details are in our responsive 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** ●

# River 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

Two inspectors and an Expert by Experience completed this inspection. 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

River 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. River Meadows is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before 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 sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (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 15 people and 3 relatives about their experience of the care provided. We carried out observations in communal areas to help us understand the experience of people who could not talk with us. We spoke with 8 members of staff including the registered manager, the regional manager, a senior care assistant, 4 care assistants and a member of the housekeeping team. We also spoke with 3 external healthcare professionals.

We reviewed a range of records. This included 4 people's care records in full and specific aspects of 2 other care plans. We looked at 3 people's medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

# 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 Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

### Using medicines safely

- People received their medicines as prescribed, although records to support good medicines administration practices needed to be improved.
- Two people were prescribed 'as required' medicine to control symptoms of anxiety. There was limited guidance to inform staff when they should give this medicine in line with national guidance for 'as required' medicines. The registered manager immediately addressed this as guidance is important to ensure these medicines are administered as prescribed and only when necessary.
- One person received their medicine via a patch which was applied directly to the skin. The provider had a system to ensure the patch was rotated according to the administration instructions, but this was not consistently followed by staff. A failure to rotate patches could result in skin irritation.
- The provider had recently carried out an audit of medicines records and identified further information was required when 'as required' medicines were administered and when people refused or did not receive their medicines because they were asleep. The registered manager had an action plan to address these identified areas for improvement, particularly as frequent missed doses can affect the therapeutic level of medicines.
- The registered manager arranged regular reviews of people's medicines to identify any medicines that were no longer needed or any that need the dosage changed.

### Assessing risk, safety monitoring and management

- The provider had systems to assess risks to people before undertaking their care and support. However, we found examples where risks had not been sufficiently monitored or recorded to effectively mitigate that risk.
- Some people expressed feelings of anxiety or distress that could cause themselves or others harm. There was limited guidance to help staff support people during periods of distress or to reduce their levels of anxiety.
- The daily records staff completed to demonstrate what support people had received were not always accurate. In 1 example, daily records said a person had been settled, yet other records demonstrated the person had experienced several incidents of anxiety and distress. This meant potential or increased risks could go unrecognised.
- One person's plan to mitigate the high risk of skin damage to their feet, stated they should wear pressure relieving boots. The person was not wearing their boots throughout our visit. Staff told us the person regularly declined to wear their boots, but there was no plan to mitigate this known risk. The registered manager assured us this would be addressed.
- Regular maintenance work and health and safety checks were completed to ensure the environment remained safe, for example water quality, electrical safety and fire safety checks.
- Weekly checks of window restrictors were completed; however, some windows did not have a window

restrictor fitted. The regional manager told us during our visit, they had requested maintenance to address this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Where people's capacity to make a specific decision was questioned, assessments of their capacity had been completed.
- Where there were restrictions on people which they did not have capacity to agree to, the provider had submitted DoLS applications to ensure the appropriate legal authorisations were in place.
- One person had a condition on their authorised DoLS. The registered manager explained the actions being taken to ensure the condition was met.

### Staffing and recruitment

- There were enough staff to provide safe care. Our observations throughout our visit showed staff attended in a reasonable time to people's calls for assistance.
- However, on 1 occasion, a communal lounge was left without staff oversight when 2 people needed support. We raised this with the registered manager who immediately addressed this with staff and re-affirmed their expectations that staff should always maintain a presence in communal areas.
- The registered manager acknowledged the recent challenges presented by the high use of agency staff, but a successful recruitment campaign meant new staff had been appointed. One relative told us staffing in the home had, "Massively improved."
- Healthcare professionals told us staff were always available to support their visits which ensured effective communication and sharing of information.
- Staff were recruited safely. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and proof of identity. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff kept them safe at River Meadows. One person told us, "I do feel safe with carers, they are lovely and kind, and I feel safe with them." Another person said, "The staff are kind and that makes you feel safe."
- Staff received safeguarding training to help them recognise and report potential abuse or neglect.
- Staff understood their safeguarding responsibilities. One staff member told us they would not hesitate to report any poor practice, even if it was a member of the management team. They explained, "I would do the whistleblowing. We are here for the safety of the residents no matter who is doing it."
- The provider had systems in place to safeguard people from abuse and the registered manager understood their responsibility to follow local safeguarding protocols when required.

### Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the

premises. Kitchenette areas were not always clean and hygienic, and some items of furniture and equipment required further deep cleaning.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no visiting restrictions and people could have visitors when they wished.

Learning lessons when things go wrong

- Staff followed the provider's policies and procedures for reporting any accidents and incidents.
- Staff told us incidents and accidents were discussed to identify where improvements were needed to better support people.
- Reviews of accidents and incidents regularly took place so any patterns or trends could be identified, and appropriate measures taken, to limit reoccurrence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant people's needs were not always met.

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

- At the last inspection we found a lack of physical and emotional stimulation for people who told us there was not much to keep them occupied. At this visit, we found similar issues remained as there was no member of staff dedicated to supporting engagement and activities.
- One person commented, "We have only the TV as an activity, but we can watch anything we want. We have the hairdresser once a week." A relative told us, "I think there are some organised activities, but not every day. I know they had a knitting event and some arts and crafts sessions and there was an Elvis evening about 3 months ago. They also hired a mini-bus and they went somewhere, but maybe more of those things would be good."
- One healthcare professional told us, "They have a lot of residents who are very able. If there was a bit more going on it would help with issues of lower mood."
- The registered manager told us they had made improvements following our last inspection, such as external singers and entertainers, more engagement with families and forging links with the local community. However, the COVID-19 pandemic and high use of agency staff had impacted on the progress made. The registered manager told us, "100% it's a struggle. If it's playing Yatzee [card game] or someone needing help, the care side always wins. You will find limited activities, but staff try really hard."
- Plans were being made to bring back and encourage more activities people enjoyed through engaging with others. The provider had recently authorised the recruitment of a dedicated member of staff to support activities in the home.
- Some people in the home had formed friendship groups that supported their well-being.

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

- People received care that was personalised to them. However, people's individual plans of care required more personalised information to ensure staff responded consistently when supporting people's emotional wellbeing. For example, 1 person did not have a behaviour support plan and other associated plans had not been updated. The lack of a behavioural support plan had been identified through the provider's auditing system and we will check the required changes have been made at our next inspection.
- Despite gaps in records, relatives told us staff were responsive to people's individual needs. One relative told us, "[Name] needs encouragement to keep walking and they know how to motivate them to do that."
- Healthcare professionals told us the new staff team were building their knowledge of people and made appropriate referrals when changes in people's health were identified. One healthcare professional told us, "They (staff) are really good at getting extra advice." A relative confirmed, "They do keep an eye on changes, and they act upon it."

- We observed staff supported people in a responsive way as well as giving the choice of where they wanted to go and what they wanted to do. Where people needed support to move around the home, staff were ready to assist without keeping people waiting.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and recorded in their care plans.
- Staff supported people's communication by giving people information in a way they would understand. For example, people were physically shown the meal options at lunch time so they could make an informed choice. One person told us, "Staff try to help everybody to make decisions, like for meals they bring two plates and show everyone. They have some names for food I don't understand that well, so when I see it, it's better for me."
- Documents were available in a range of accessible formats to support people's understanding.

#### End of life care and support

- People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.
- When people were approaching end of life, a care plan was implemented informing staff of the care the person required to keep them peaceful and comfortable. We found further information in respect of any religious, cultural or personal wishes would ensure people spent their final days as they wished to.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors to the home. The registered manager had not received any formal complaints in the 6 months prior to our inspection visit.
- Our observations on the day showed people involved in day-to-day choices. When people's actions or responses showed they were unhappy, staff supported people to prevent any concerns from escalating.
- Relatives and healthcare professionals told us the registered manager was always available and immediately responded to any issues or concerns.

# 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 Good. At this inspection the rating 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

- The registered manager had systems to review the quality and accuracy of care plans, manage accidents and incidents and ensure the good governance of the service. However, these were not always effective in driving improvements and maintaining standards.
- We reviewed a range of audits completed at regular intervals, yet those audits had not identified some of the issues we found. For example, regular window restrictor audits had failed to identify some window restrictors were not compliant with legal requirements.
- Systems to monitor people's health and wellbeing required more scrutiny. We saw important records were not always detailed enough to demonstrate people received the right levels of care and safe practices were followed. Some records contained conflicting information and care plans were not always updated in a timely way when people's needs had changed.
- Oversight of audit checks by the provider had been ineffective at identifying the issues we found.

The provider's systems and processes were not always effective to drive improvements through effective governance and quality assurance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that providing 'hands on' support due to extremely high levels of agency staff, had impacted on the time they had to complete some aspects of their managerial role. They were confident that now there was a stable staff team, quality assurance systems would be improved upon, and checks completed would be accurate.
- The provider's regional manager acknowledged the commitment of the registered manager. They explained how the provider's governance systems were being improved to support the management team and improve standards of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were happy with the care provided at River Meadows. One relative acknowledged the challenges the home had recently faced but spoke positively about improving standards. They told us, "It is always a nice atmosphere, and it is always upbeat. I have total confidence in the manager, she is very on the ball." A healthcare professional commented, "When I first started going (to the home), they were relying on agency

staff, but they have regular staff now who are very kind and compassionate. It has changed the atmosphere."

- Healthcare professionals told us the registered manager understood the needs of the people living in the home and was a strong advocate on their behalf. Comments included: "[Registered manager] definitely has the residents at the fore front and does speak up for them" and, "She knows her residents and gets things done."
- Staff gave positive feedback about working at the home, the support they received and the workplace culture. Formal staff meetings had not been happening as planned, but staff were provided with opportunities to give feedback through informal catch ups. Staff meetings and staff appraisals were being rescheduled.
- Staff understood their roles and responsibilities and how to seek advice and guidance about people's care. One staff member told us, "I am quite happy to go to [registered manager or deputy manager] with any issue and they are quite happy to sit in here with me and go through something I am not quite sure of."

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

- The registered manager understood their legal responsibilities and reported important events or incidents to the CQC and other relevant authorities.
- The registered manager was open with us during our visit, telling us what challenges they faced and areas they had identified for improvement. The registered manager was committed to improving the quality of service people received and welcomed our inspection visit and feedback.
- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.

Working with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals. One healthcare professional commented, "Communication between the home and myself is second to none."
- The provider's regional manager had signed up to improving their knowledge and practices, this included registering for alerts from CQC and other agencies to learn from best practices.
- The registered manager planned to re-establish and improve existing links with local communities to improve people's quality of life. The impact of the COVID-19 pandemic had understandably affected aspects of people's experiences.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured governance processes were operated effectively to ensure and improve the quality and safety of the service provided. Regulation 17(1)