

## Enter and View Visit Final Report

**Name of Service Provider:** Prime Life Limited

**Premises visited:** River Meadows, Warwick Road, Kineton CV35 0HW

**Date of Visit:** Monday 23<sup>rd</sup> May 2016 and Tuesday 6<sup>th</sup> September 2016

**Time of visit:** 9.45am

**Registered Manager:** Mrs Rachael Dawn Warner on 23<sup>rd</sup> May 2016 visit and Mr Liam Palmer on 6<sup>th</sup> September 2016 visit.

**Authorised Representatives:** 23<sup>rd</sup> May 2016 - Lianne Burton, Jennifer Gilder, Dilys Skinner and Alison Wickens.

6<sup>th</sup> September 2016 - Chris Bain, Lianne Burton, Dilys Skinner and Michelle Williamson.

### Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users, their relatives and staff, only an account of what was observed and contributed at the time of our visits.

### Summary of findings

- Throughout this report we will refer to our latest visit on 6th September 2016 in the first instance and compare this to our first visit on 23rd May 2016 where necessary.
- River Meadows is a 41-bed purpose built residential home located in Kineton, Warwickshire.
- There are approximately 28 members of staff who work at River Meadows in a range of care, domestic and administration roles.
- The current Registered Manager had been in post for five weeks at the time of our visit and outlined to us his priorities to address in the home during the coming months.
- The residents with whom we spoke were happy with the care and service they received at the home.
- We observed the interaction between staff and residents. Interactions were respectful and friendly and consent was gained from residents when needed. During our visit on 23<sup>rd</sup> May 2016 we did observe a member of staff moaning at a resident.
- We were concerned with the lack of activities and engagement with residents that we observed during our visit and have made a recommendation to this effect.

- Overall the staff at River Meadows were very positive about the home and the support they received. There were no improvements that the staff could suggest to improve the quality of the service provided to residents.
- We observed the physical environment of the home and highlighted some concerns around:
  - The condition of the communal bathroom
  - The raised lip that was present on the entrance to the communal toilets
  - The lack of pull cords in residents' ensuite bathrooms and other pull cords being inaccessible in the communal bathroom and toilets.
- We observed Service User Experience, Dignity and Respect during our visit. We did not have any concerns during our visit on 6<sup>th</sup> September 2016. However, we did experience a situation during our visit on 23<sup>rd</sup> May 2016 which impacted on a number of residents' experience and dignity. This was a concern to Healthwatch Warwickshire.

## Recommendations

- *That the Registered Manager review the home's current provision of activities for the residents to ensure that residents are stimulated and engaged with in a structured and meaningful way.*
- *That the current raised 'lips' on the entrance to the communal toilets are removed to allow a flat threshold to residents when accessing the facilities.*
- *The first floor bathroom be considered for refurbishment as a priority. In the meantime, the broken bath panel should be repaired and the rubber stopper replaced on the hoist.*
- *A risk assessment should be carried out to determine if there is a need for residents to have access to an emergency pull cord within their ensuite facilities. In the communal bathrooms and toilets all pull cords should reach the floor, have a grab handle and not be tied away out of reach.*

## Registered Manager's Response

28 staff were employed at the time of the visit.

Liam Palmer was the manager however he wasn't registered with CQC at the time.

Ruth Hack the associate director was sat talking to the residents that were sat outside of the hair salon, at the time these residents were also offered drinks.

At the time of the visit activities were being held on the first floor however the officers were at different locations of the home when these were being completed.

Furniture hasn't been replaced in the 1950's room, this is regularly cleaned.

## 1. Report Overview

We conducted two visits to River Meadows, one on 23<sup>rd</sup> May 2016 and one on 6<sup>th</sup> September 2016. The first visit to River Meadows was unannounced, which meant that no one at the home knew we were coming. During this visit a power cut took place and number of concerns were identified by the Authorised Representatives. Healthwatch Warwickshire decided to conduct a second announced visit to observe the home under normal circumstances and to see if the concerns identified during the first visit had been addressed.

Throughout this report we will refer to our latest visit on 6<sup>th</sup> September 2016 in the first instance and compare this to our first visit on 23<sup>rd</sup> May 2016 where necessary.

On arrival at the home we were met by the Registered Manager, Mr Liam Palmer, who was our main point of contact for the visit. Liam facilitated our visit and provided access to all relevant areas of the home. We met again with Liam at the end of our visit to provide initial feedback.

River Meadows is a four storey purpose-built care home with a total of 41 en-suite bedrooms across three floors providing residential care. At the time of our visit the eight bedrooms which are located on the second floor were not in use. There is also a basement which houses the laundry and is a staff only area.

At the time of our visit there were 33 residents living on the ground and first floor and there were eight vacancies available on the second floor. There are no shared rooms at River Meadows. Each bedroom has an en-suite shower room and there is a communal bathroom on the ground and first floor of the home. At the time of our visit the bathroom on the ground floor was out of use and locked to residents.

We conducted an in-depth interview with Liam, the Registered Manager on arrival at the home. Liam had only been in post for five weeks at the time of our visit.

Liam confirmed the usual staffing for the home was six/seven care staff during the day (8.00am - 8.00pm) and three/four care staff at night (8.00pm - 8.00am). There are also two domestic staff who cover seven days per week and a chef and an assistant cook. Liam informed us that he plans to recruit a third member of staff to work in the kitchen. Maintenance for the home is provided by Prime Life during a weekly visit; however additional urgent maintenance issues can be raised outside of this. There are no dedicated activity coordinators. There were approximately 28 members of staff in total at the home employed at the time of our visit. The home does not use agency staff; instead additional staff are brought in from other Prime Life homes within the local area when needed. Liam informed us that there are issues with recruiting new staff to the home due to the rural location. The home is actively recruiting for more care staff and are looking to employ between five and ten new members of staff. We observed signs outside the home advertising these vacancies.

Since Liam has been in post he has held supervision sessions with his staff. Liam also informed us of his plan to hold regular staff meetings. Staff are provided

with the opportunity to undertake '60 second learning' activities as well as gaining an NVQ/QCF qualification.

Liam informed us that there is no dedicated activity coordinator within the home and that activities are mainly provided by the care staff. Outside entertainers, such as musicians, do visit the home and pets are brought in to visit residents. Some residents do go out independently and the carers also take small groups out on trips.

Liam explained that the views of residents and their relatives were important to River Meadows. Residents meetings are held on a quarterly basis and a 'manager's surgery' is also available for relatives to drop in and raise concerns. Since Liam has been in post he has held a coffee morning to give relatives the opportunity to meet him. Liam also operates an open door policy for any residents or relatives who have comments or concerns with the home and will address individual issues when they arise.

All residents at the home are registered with one of two local GP Surgeries. A chiropodist visits the home every six to eight weeks, a dentist twice a year and an optician once a year. District Nurses visit as and when required. There is also a hairdresser who visits the home on a weekly basis. The cost of a wash and dry is covered by the home; however additional treatments do require payment by the resident. Pastoral care is supported by a vicar who visits individuals as and when requested.

## 2. Purpose of Visit

The visit to River Meadows was to ensure that residents living at the home received an appropriate amount of staff support and care.

## 3. Approach Used

The Authorised Representatives observed the activity taking place in the communal areas of the home, including the period over lunch.

The Authorised Representatives also spoke with residents, visitors and members of staff throughout the visit.

## 4. Observations/Findings

### Physical Environment

River Meadows is a purpose built residential home with its own private garden situated in the village of Kineton. The home is set down from the road with the first floor located at street level. There is a small, dedicated car park at street level which has one disabled space and a small underground car park. On-street parking is available in the local area.

Entry to the home is through double doors into a foyer area, which is bright and airy. Located in the foyer was a table with a signing in book and various leaflets and paperwork, including copies of the home's latest CQC reports. On our 23<sup>rd</sup> May visit a CQC registration certificate was on display but not their recent inspection certificate. We advised the Registered Manager at that time that it is a regulatory requirement that this is displayed and we found on our latest visit that the rating certificate was now displayed throughout the home. A notice board displaying information on the comments and complaints process as well as other relevant information was available.

Entrance to the internal reception is through a locked door. This area was clean and tidy and free of obstructions. We observed a small table with today's newspapers available for residents and board displaying today's date and weather. An activity board was also located in this area, although further to our discussion with the Registered Manager about activities being delivered by the staff, it was not clear if this was up to date.

The communal corridors throughout the home were clean and well maintained. Grab rails were available and these were in good condition. Non slip flooring, in good condition, was present throughout the communal corridors and we did not observe any slip or trip hazards. Hand sanitizers were also widely available throughout the home.

A central lift and staircase provides access between floors of the home. Access to the stairs is through secure key coded doors. Although stairwells are not usually accessible to residents we did observe that the top of the main stairwell was being used for linen storage as well as a broken headboard and a pool cue. In the event of an emergency these areas would be required as a refuge area so should be kept clear at all times.

The ground floor dining room was located off the internal reception area. The large dining room was bright and airy and decorated to a good standard. The phrase "Our residents do not live in our workplace; we work in their home" was displayed on one of the walls. We observed a carer cleaning the dining room during our visit. The tables and flooring area around the tables were clean. However, on further observation we found some housekeeping issues around the windowsills, skirting boards and the junction where the wall meets the ceiling. We observed a number of dead spiders, cobwebs, dust and other debris located in these areas and behind the curtains.

Located off the dining room was the home's enclosed garden. The garden was well maintained and provided a decked seating area for the residents. Although the weather was dry, warm and bright on the day of the visit we did not observe any residents using the garden. During our visit on 23<sup>rd</sup> May 2016 we observed staff members smoking in the garden close to the dining room door and cigarette butts left in the borders. On 6<sup>th</sup> September 2016 we observed an improvement in the disposal of smoking materials however, we did observe staff members smoking directly under the residents' rooms, some of which had the windows open.

In the ground floor corridor, we observed two residents waiting to have their hair done by the visiting hairdresser. We observed the residents waiting for 20 minutes for their appointment. There was no interaction from members of staff or any activities or stimulation for these residents whilst they were waiting.

The ground floor communal bathroom was locked and out of use for residents. There was a sign displayed on the door advising of this. There was a communal toilet located opposite the bathroom. The toilet was clean and functional but in need of redecoration. A pull cord was present in the toilet however there was no handle attached to the cord which would make it difficult for a resident to pull in case of an emergency. There was also a raised lip on the entrance to the toilet. During our visit we observed a resident struggling to push their walking aid over this lip and they required assistance from a carer to exit the toilet.

The communal lounge was clean and well-presented and there were 10 residents using the lounge during our visit. It was observed that there was a lack of stimulation available to the residents in the lounge. The Authorised Representatives observed the lounge for 20 minutes and during this time the only activity taking place was a television located within the room and one carer who was providing drinks to residents. This, in addition to the lack of an activities coordinator, was concerning to the visiting team as it was not demonstrated to us during our visit how the residents are stimulated and engaged with in a meaningful way. We would recommend that the Registered Manager review the

activities schedule as a matter of urgency and look at options for engaging residents in planned group or individual activities.

Located on the first floor were residents' bedrooms, a small dining room, communal lounge, a 1950s themed room and a communal bathroom and separate communal toilet.

The small dining room was observed to be clean, light and airy. This room was unused during our visit as all residents either ate in their own rooms, the lounge or ground floor dining room.

The communal lounge was clean and decorated to a good standard. Again it was observed that there was a lack of stimulation for the residents using this room.

The 1950s theme room is located adjacent to the dining room. It was observed to be clean, light and airy and decorated to a good standard. During our visit on 23<sup>rd</sup> May 2016 it was observed that there was a strong smell of urine within the room and the Authorised Representatives were unable to ascertain if this was coming from the carpet or chairs. During our latest visit it was apparent that the carpet and furniture within the room had been replaced and the smell of urine was no longer present.

The first floor communal bathroom was accessible to residents. The bathroom was clean however it was in need of refurbishment. We observed grime around the bath panels and the panel on the left hand side of the bath was cracked. There was no shower attachment to the bath and the hoist chair was missing a rubber stopper. We also noted that the last inspection of the hoist was recorded as 2014 and it was not clear if the hoist had been inspected since then. We also observed a broken wall tile located by the sink. During our visit on 23<sup>rd</sup> May 2016 the bathroom was being used to store a hoist, this had been addressed and during our latest visit the bathroom was no longer being used for storage.

There was also a communal toilet available on the first floor. It was observed to be clean and functional but was in need of refurbishment. Again it was noted that the emergency pull cord was stored out of reach. The issue of pull cords being inaccessible was also identified during our visit on 23<sup>rd</sup> May 2016 where we were also informed that the ensuite bathrooms did not have pull cords within them. The Registered Manager at the time informed us that it was deemed that clients with dementia would not be able to use emergency pull cords appropriately and clients would be assisted by staff to use the bathroom. We would recommend that the current Registered Manager conduct a risk assessment into this as a matter of urgency. Although residents are often assisted to use the bathroom facilities, there will be occasions where residents choose to use the facilities independently and if there was a problem they would not be able to ask for assistance.

The second floor was called 'The Penthouse' and was unoccupied at the time of our visit. There was a small communal area which was clean, modern and decorated to a good standard. The communal area contained a table and chairs and a sofa which were observed to be in good condition.



There was one communal toilet located on the second floor. The toilet was clean and functional but was in need of redecoration. It was observed that there was no emergency pull cord available in the toilet. The toilet also had a raised black lip at the doorway which could make it difficult for residents to enter and exit the toilet independently.

During our visit on 23<sup>rd</sup> May 2016 there was a power cut within the village which lasted for approximately one and a half hours.

During the power cut the locked door system became ineffective. It was observed that although staff were visible in the corridors it was not clear if they were allocated to man specific doors to prevent residents accessing the stairwells or leaving the home.

We also observed that some of the emergency lights did not come on as they should during the power cut. This meant that some of the bathrooms and toilets were unusable during this time.

During the power cut a cleaning trolley was left unattended in a dark corridor on the first floor. This was a trip hazard due to the reduced lighting available and also meant that residents could access cleaning materials and potentially dangerous chemicals.

We were informed by the Registered Manager that the issues with the emergency lighting had been recorded in the maintenance log but not yet addressed. On our latest visit, although the emergency lighting was not in use, we have since been informed that this had been addressed.

### Staff

Our Authorised Representatives observed interactions between staff, residents and relatives during the visit.

We saw friendly but respectful interactions between the staff and the people who lived there. Staff called residents by their preferred name and where necessary, they crouched down so that they were on the same level as the person they were speaking to.

We observed the staff requesting the residents consent before carrying out a range of activities. Staff were seen knocking on residents' doors before entering. We also observed the staff speaking to relatives and visitors to the home in a friendly and welcoming manner.

We did not observe any member of staff wearing a name badge during our visit. We would recommend that River Meadows either provide name badges for their staff or allocate an area in the home to displaying pictures and names of all current staff. All members of staff were wearing their uniform and were well presented.



### Service User Experience, Dignity and Respect

We observed residents in both of the communal lounges. The residents appeared to be comfortable, clean and well dressed for the current weather conditions.

During our visit on 23<sup>rd</sup> May 2016 we witnessed a resident saying that they were feeling cold. Although a carer acknowledged this, they told the resident to go and get a cardigan, rather than asking the resident if they wanted the carer to fetch warmer clothing for them. Later during the visit, the same resident tried to put on one of the Authorised Representatives' jacket.

The lunch period was observed during our visit in the ground floor dining room where the majority of residents were eating. There were six members of staff assisting in the dining room, providing residents with drinks and offering a choice of lunch options. A good practice we observed during the lunch period was the staff using sample plates to show the residents what options were available for lunch. This was provided for both standard meals and the pureed food options.

One resident required assistance to eat their meal. They were supported by a carer on a one to one basis. The resident was assisted in a dignified manner at a pace suitable for the resident. The carer providing the assisted eating described what the resident was eating and provided praise and encouragement during the meal.

The majority of residents were able to eat independently without support from the carers. We did observe carers providing assistance where necessary, for example cutting up a resident's food, and they did so in a caring and dignified manner.

The following observations relate to our visit on 23<sup>rd</sup> May 2016.

Due to the power cut during our visit on 23<sup>rd</sup> May 2016 the home was unable to provide a hot meal at lunch that day. Instead a selection of sandwiches and pizza were available to the residents.

In the ground floor dining room, we observed residents being offered a choice of sandwich fillings. It was noted that there were no drinks available on the tables for the residents and one resident was observed asking a couple of times for a drink before one was provided.

On the first floor some residents were eating in the lounge area. Residents were provided with a sandwich and a drink. Following this we observed that the residents were left unattended in the lounge. During our observation one resident started to choke on a drink and another resident dropped their plate of food. Another resident requested to go to the bathroom but was unable to get themselves to the bathroom because of mobility issues and was calling out for help to go to the toilet. Our Authorised Representatives are unable to assist residents and they attempted to find a member of staff to assist the resident.

Unfortunately, they were unable to find any staff members on the first floor and the resident soiled themselves and was extremely distressed.

As the Authorised Representatives were unable to find a member of staff on the first floor they pressed the assist button on the wall to call for help. The Registered Manager responded to the call bell and she appeared angry with the Authorised Representatives for pressing the button.

Later a carer was witnessed moaning at the resident who had soiled themselves and telling them that they should have told someone.

We spoke to the Registered Manager about this incident at the end of the visit and we did not get a satisfactory answer as to why this had happened.

#### **Staff Feedback**

We spoke to four members of staff during our visits to River Meadows. All members of staff were willing to freely engage with our Authorised Representatives.

All members of staff we engaged with were very positive about the home and the support they received. They also told us that they liked working at the home.

A member of staff told us “I love my job, the residents are lovely”.

Another member of staff told us “I enjoy working with clients and building relationships”.

Staff spoke of good training at the home, with one staff member describing it as “excellent”. Another member of staff told us that they have “done lots of training” and that they “get what we need”.

During our visit on 23<sup>rd</sup> May 2016 the staff we spoke to expressed concern about the uncertainty regarding who will be taking over when the Registered Manager left. Since our visit on 23<sup>rd</sup> May 2016 a new Registered Manager has been appointed. One member of staff told us “the new manager is great”.

One improvement suggested to us was that another vacuum cleaner could be purchased for the home as there was currently only one available.

## 5. Feedback from Patients/Residents/Relatives/Carers/Visiting Professionals

### a) Patients/Residents

We spoke with three residents during our visits to River Meadows.

One resident said that “I am happy and like it... I prefer to stay in my room. I like the staff”.

Another resident was asked if they felt safe at the home and replied; “Oh, yes.”

On leaving the dining room after lunch we asked a resident if their lunch was nice to which they replied: “Yes, what we had, you know.”

One resident told us “the food is lovely”.

### b) Relatives/Carers

We spoke to one visiting relative during our visit to River Meadows. They expressed some concern about the lack of staff and the impact it would have on the care provided.

### c) Other professionals

We did not speak to any visiting professionals during our visit to River Meadows.

## 6. Follow Up Visit: YES / NO *(delete as appropriate)*

*Authorised representatives to state whether they feel a follow up visit should take place, the purpose of visit, and an approximate timescale for this.*

A follow up visit is recommended in 6 months.