

## Merevale House Residential Home

# Merevale House Residential Home

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Merevale House Residential Home is a residential care home providing accommodation and personal care to up to 31 people. The service provides support to adults of all ages with their mental health needs, including people who are living with dementia. At the time of our inspection there were 29 people using the service.

Merevale House comprises three buildings named the house, the cottage and the lodge. All three buildings are accessible and share communal gardens.

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

Systems to identify areas of improvement could have been more effective, to ensure improvements were identified and made promptly. Improvement plans were in place to meet fire regulations and to improve compliance and audits at the home.

People were supported by staff who understood what action to take if they had any concerns for their safety. Staff were provided with the guidance required so they could support people to manage their risks. There were enough staff to care for people and spend time chatting with them, so people did not feel isolated. The registered manager undertook checks before new staff worked at the home, so they could be assured new staff were suitable to work there. People were supported to have the medicines they needed by staff who had been trained to do this. Systems were in place to reduce the likelihood of the spread of infections. The registered manager had worked with people and their visitors to ensure people continued to receive visits safely. Accidents and incidents were regularly reviewed so any lessons would be learnt.

People's needs were assessed and informed through work with their relatives and other health and social care professionals. Staff monitored people's health needs and advocated for them so they would enjoy the best health outcomes possible. Where staff had any concerns about people's fluid or nutritional intake plans were developed to support them. 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 registered manager and provider undertook checks on the quality and safety of the care provided. Staff told us the culture at the home was open and focused on the needs of the people living at the home. This helped to ensure people had good outcomes. The management were fully engaged with our inspection and committed to providing high 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 overall published (December 2020).

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 remained good. This is based on the findings at this inspection.

#### 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Merevale House Residential Home on our website at [www.cqc.org.uk](http://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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Merevale House Residential Home

## **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

We inspected this service with two inspectors and an Expert by Experience. 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

Merevale House Residential Home 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. Merevale House 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 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

On the first day of our inspection visit the inspection was unannounced.

### What we did before the inspection

We looked at information we had received about the service from members of the public and family members of people who were living at Merevale House. We sought feedback from partner agencies and professionals. We requested information from the provider about the running of their service called the 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. However, we were unable to review the PIR as the provider had not received our requests to submit this information to CQC. We therefore asked the provider questions about their service at our inspection visit, that would have been contained in the PIR. We used all this information to plan and conduct our inspection visit.

### During the inspection

We spoke with six people who lived at the service and two people's relatives. We also spoke with nine members of staff including the chef, a team leader, the registered manager and the provider. We received feedback from two health professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records in detail. We checked multiple medicines records, three staff files in relation to recruitment and a variety of records related to the management of the service such as quality assurance checks.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Merevale House. One person said, "I'm happy here, all the staff are very helpful to me. I do feel safe, the staff make me feel safe."
- Staff were trained in safeguarding and were confident with their procedures for reporting safeguarding incidents.
- Potential safeguarding incidents were recognised and reported to the local authority and The Care Quality Commission.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed at service level to identify trends or patterns.
- The provider maintained an up to date list of everyone who lived in the home which outlined the level of assistance and the type of equipment they would need to reach a place of safety in the event of an emergency.
- Overall, people had risk assessments and risk mitigation plans in place regarding the support they required. However, some risk assessment and risk management plans could have been more detailed to ensure staff always had the information they needed to protect people from avoidable harm. The stable staff team knew people well, and staff understood how to safely support people with behaviours that may harm themselves or others.

Staffing and recruitment

- People, their relatives and staff told us there were enough staff and they had time to support people with their interests in a person-centred way. One person told us, "There's always a member of staff with us."
- One staff member said, "Being able to spend time with people is one of the nicest things here. People can get up and go to bed when they want, and we have enough staff to take people out. Another staff member commented, "The good thing about having good staff levels is that we can spend time with people such as sitting and holding their hands when this is needed."
- Staff were recruited safely. The provider undertook checks on staff's suitability to work at the home before employing them, including checking their character with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider operated an electronic system for the management and administration of medicines. The system supported safe practice in medicine administration and ensured people received their medicines at

the right time.

- When people were prescribed medicines to be given 'as and when required', there was information to inform staff when these should be given. The electronic system required staff to record the effectiveness of such medicines when they had been administered. One person said, "If I'm in pain they give me painkillers straight away."
- Staff who had been trained to administer medicines had their skills and competency regularly assessed by the provider to ensure they followed best practice when giving medicines. However, staff did not always follow the recommended guidance in labelling topical medicines with the date they were opened. We brought this to the attention of the registered manager during our inspection visit; additional checks were put in place to ensure the guidance was followed by staff.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- The provider was following government guidance around visiting, which meant people were able to have visitors come to the home whenever they wished.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care, and support needs were assessed before they started using the service. This helped ensure people's need could be met safely.
- Information gathered during the pre-admission assessment was used to develop people's care plans and risk assessments which took into account people's protected characteristics, their needs and preferences. People's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained. One person commented, "The staff are caring, they seem well trained."
- Records showed people were supported by staff who were suitably trained, supervised and appraised. Staff confirmed they received regular supervision meetings where they had the opportunity to discuss their work and help improve their practice.
- New staff received an induction into the service and were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards, forming part of a robust induction programme.
- Training was regularly refreshed to ensure staff continued to follow best practice. Training included dementia care, moving and handling and safeguarding adults.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals on offer at Merevale House. Comments from people included; "The food is great there's something different every day" and, "The food is nice if you don't like it you can have jacket potato. We choose in the mornings...I can have breakfast when I like. I like to make it myself. I eat in my room sometimes if I prefer to."
- During our inspection visit we saw a lunchtime meal being served. Some staff showed people the choices on offer to help people decide what they would like to eat. People told us they usually made their food choices before the meal was served. Where people were presented with food choices they did not enjoy, there were alternatives on offer. One person requested sandwiches which were made promptly by staff.
- Where staff had any concerns about people's fluid or nutritional intake plans were developed to support them. These stated the person's nutritional needs and any specific requirements and how to meet these.
- There were enough staff present at mealtimes to support people in an unhurried way.
- People were offered regular drinks and snacks between set mealtimes. The weather at the time of our

inspection was hot and we saw staff responded to this appropriately, and regular cold drinks were offered. One person said, "We get lots of drinks."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us people regularly saw health professionals, to maintain their general health and well-being. One person explained, "I've had an eye test within the last six months. I also went to the dentist about six months ago, I go in a taxi with staff." Whilst relatives told us, "The doctor comes every Tuesday like a ward round."
- People's healthcare needs were recorded, including oral health needs. Care records included details about people's medical history and ongoing health needs.
- The provider involved health and social care professionals at the home, to provide effective and timely care. One health professional said, "We do find that the staff complete referrals in a timely manner...Merevale engage in weekly ward rounds with the district nursing service and the GP and they provide appropriate referrals and follow the process accordingly."

Adapting service, design, decoration to meet people's needs

- Merevale House was not a purpose-built residential care home. Three buildings were located on the same site to accommodate the people living there. Small garden and courtyard areas joined the home together, which meant people could move from the main house to other parts of the home easily.
- The home had pictures and aids to help people reminisce and talk about their experiences and lives before living at Merevale House. However, there was limited dementia signage around the home. Signage benefits people with dementia it supports their independence, confidence and wellbeing as they navigate their surroundings.
- People's bedrooms were personalised with objects and pictures of their choice.
- There was a well-maintained garden with a variety of sitting areas. There were comfortable places for people to sit and socialise or spend time quietly.

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

- 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.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, staff asked for people's consent before commencing any personal care tasks.
- Mental capacity assessments were in place where an assessment of people's capacity was required, to help ensure decisions could be made in people's best interests, where they lacked the capacity to make all of their own decisions.

# 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

- The provider had a range of governance systems in place to audit the quality of care people received. Audits included checks on care records, how medicines were administered, checks on environmental risks such as the storage of cleaning chemicals, and checks on the maintenance of the home. However, the provider's governance checks had not always been effective in identifying where improvements were required, which we identified during the inspection visit. For example, topical medicines (creams) were not always marked with their opened date, to ensure they were disposed of when the 'use by' date expired.
- In response to our feedback the registered manager and provider were quick to respond, and made improvements to governance systems straight away. For example, where food items were not always marked when they were open in the shared kitchen areas, the registered manager increased daily checks to help ensure food was fresh and safe to use.
- A recent change to the maintenance team resulted in the provider not identifying required improvements for fire prevention. The change in maintenance team had resulted in the outcome of fire risk assessments and fire procedural checks from 2021 being misplaced; the provider consequently invested in a new one being undertaken in 2022. The provider told us they had taken learning from this event, as it had meant they had not identified areas for improvement at the home from their own checks, before a visit from the fire safety authority.
- Fire safety improvements had been identified at a recent fire authority visit, and the provider had a fire safety improvement plan in place to address all the improvements identified, with a completion date by the end of September 2022. Some actions had already been taken to improve fire safety at the service. For example, an architect had been contracted to plan and conduct structural works at the home to ensure cellar areas met current fire regulations. Combustible articles had been removed from near escape routes; or treated with fire retardant solutions.
- Following the incident with fire risk assessments and paperwork being misplaced, the provider recognised the importance of having a manager responsible for compliance and governance systems at the service, to work alongside the registered manager. The recruitment of a part time compliance manager had begun. The provider said, "We envisage employing a compliance manager part time to oversee and increase audit levels."
- Incidents were recorded and reported to us (CQC) and the local authority in accordance with the regulations.

Continuous learning and improving care

- The provider and registered manager were committed to improving the lives of people in their care. Throughout our inspection we found both to be passionate about the quality of people's lived experiences at Merevale House Residential Home. The registered manager said, "Merevale House is a homely home that looks after some very complex people living with different types of Dementia. The staff have worked through the COVID-19 pandemic and continued to give the job the passion and love they always have."
- The provider and registered manager worked together, analysed the results of complaints, accidents and incidents, audits, improvement plans and feedback, to draw up actions plans and continuously assess how the home could improve.
- The provider and registered manager focussed on improving the home and quality of care provided. They supported staff to embed changes to their service within their every-day practice and engagement with people.

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

- Most of the relatives and people we spoke with were positive in their feedback about the quality of care they and their family members received.
- Staff spoke of open and transparent management by the senior team and the provider. One staff member told us, "There are monthly staff meetings for day and night staff where operational issues are discussed as well individual care needs." Another staff member commented, "It's a lovely place. The management are approachable."

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

- The provider engaged and involved people using the service. People told us they and their relatives were involved in planning their care.
- During the inspection visit people and their relatives told us they would approach the registered manager or staff if they were concerned about anything, and that they felt confident staff would listen to their concerns. One relative told us, "I have no complaints at all. I would go to the office if necessary."
- Despite any restrictions imposed by the COVID-19 pandemic, the provider supported people to stay in touch with their relatives, even when 'in person' visiting inside the home had been restricted. People communicated with their relatives using a range of communication techniques.
- Where people had raised issues or concerns, the registered manager responded to their concerns and conducted investigations, to learn from feedback. The registered manager acknowledged times when things could have been handled differently, and how this learning was being embedded into the development of future practice.

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 provider and registered manager recognised their legal responsibility to be open and honest in the event of something going wrong with people's care. Relatives had been kept up to date with updates on their relative's health, during the COVID-19 pandemic if there was an outbreak at the home.
- The rating from the provider's last inspection was displayed, as required, in the entrance area of the home.

Working in partnership with others

- Care plans were kept under regular review. Where changes were needed the provider worked closely with other professionals and thought creatively to improve people's care.
- The provider and registered manager recognised the value of working alongside others. They attended external meetings to share good practice ideas and to keep up to date with latest guidance and regulations.

- The registered manager worked collaboratively with other healthcare professionals to improve outcomes for people. A health professional commented, "We have observed some very positive team leader support who show a very good example to other staff members."