Merevale House Residential Home

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Inspection report

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Date of inspection visit: 20 August 2015
Date of publication: 26/10/2015

Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Overall summary

We inspected this service on 20 August 2015. The inspection was unannounced. At our previous inspection in November 2013 the service was meeting the legal requirements.

The service provides care and accommodation for up to 31 people. On the day of our visit there were 28 people in the home. There are three buildings at the location which provide specialist care for people living with different types of dementia. Merevale House provides care primarily for 14 older people living with dementia, Merevale Lodge provides care primarily for 12 younger people living with dementia, and 5th Lock Cottage provides care to four people living with alcohol related dementia.

The service has two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The two registered managers shared a passion for working with people living with dementia. The provider, who was also one of the registered managers, had received awards for their work in the dementia care field. The passion they both demonstrated for providing high quality care for people living with dementia was shared by the staff group.

People living at the home were safe. Staff and the management team understood their responsibilities in safeguarding people. The service had a positive approach to risk. They assessed how people could be supported to continue to live the life they wanted. Staffing levels were determined so staff were able to support people well with their physical, social and emotional needs. Checks were made to determine whether staff were suitable to work with people, had been undertaken before staff started working at the home.

People were actively encouraged to be part of the local Atherstone community, and likewise, people from the local community, and professionals wishing to learn more about dementia care, were welcomed into the home and encouraged to learn more about good dementia care and share understanding.

People received care and support from a highly trained, motivated group of staff. Staff were responsive to people's individual needs and people's preferences and wishes were at the heart of the care and support they provided. Caring relationships had been built between staff and people, and excellent support was provided for their family members. Staff were friendly and kind to people and treated people with utmost respect. We observed a lot of laughter and friendly banter between staff and people who lived at Merrevale.

People were encouraged and supported to pursue their individual hobbies and interests. . People made excellent use of local community facilities; as well as the resources in the home which engaged people with activities such as arts and crafts, reading, sensory activities, and reminiscence.

The cooks provided good quality food and catered for people's individual preferences. This included people's specific health and cultural dietary requirements. Food and drink was available to people throughout a 24 hour period. Staff gave excellent support to those who required extra help in eating and drinking.

The registered managers understood their obligations under the Mental Capacity Act 2005. When decisions had been made about a person's care where they lacked capacity, these had been made in the person's best interests.

Where people were moving towards the end of their life, the service followed the Gold Standards Framework to ensure their dignity was maintained and they received better care to meet their needs. The manager and staff had a strong commitment to providing support to people and their family to ensure a person's end of life was as peaceful and pain free as possible.

People and relatives were encouraged to inform the registered managers if they were not happy with any aspect of their care or service received. They told us the management team responded well to any identified concerns and rectified them quickly. No formal complaints had been made about the service.

Everyone we spoke with, including people who lived at the home, staff, relatives and healthcare professionals involved with people told us Merevale House provided very good or excellent care to people who lived there.

The management culture of the home was open, dedicated to providing excellent care to people, and equipping staff to provide excellent care. Standards were high, and staff responded to this well.

Summary of findings

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.

Good

There was a high number of suitably skilled staff to meet people's individual needs and keep them safe. Staff took a positive approach to risk management so people could continue to do activities they enjoyed safely.

Staff understood their responsibility for reporting any concerns about people's wellbeing to the management team. Medicines were managed according to good practice so people received them safely, at the correct times.

Is the service effective?
The service was effective.

Good

New staff had a thorough induction to provide them with an understanding of their role in supporting people who lived with dementia. All staff received extensive training in dementia care and to ensure people's health and wellbeing was maintained. Where people lacked capacity, the Mental Capacity Act 2005 had been followed so people's legal rights were protected.

People enjoyed the choices of food and drink available and food provided met their specific dietary needs. Staff provided good support to those who needed help with eating and drinking. People received ongoing healthcare support from a range of external healthcare professionals.

Is the service caring?
The service was caring.

Outstanding

The provider's philosophy was to create a 'family environment' within the home. Staff, people and relatives all contributed to achieving this and were involved in decisions about the care people received. People were very well cared for, and were valued as individuals. There was a lot of laughter and good humour.

People living at Merevale were treated with dignity and the utmost respect. The provider had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate and dignified way.

Is the service responsive?
The service was responsive.

Outstanding

Staff knew people's individual needs, likes and dislikes and supported them in pursuing activities they enjoyed. People at Merevale had an excellent quality of life full of activities which were meaningful to them.

People and relatives felt able to speak with staff or the management team about any concerns they had in the knowledge these would be addressed.

Summary of findings

Is the service well-led?

The service was well-led

The provider was passionate about providing excellent quality of care to people who lived with dementia. This passion was shared by their staff who understood and worked within the provider's philosophy of active coexistence.

People were encouraged to participate in the running of the home.

The provider had received numerous awards for their work in the dementia care field and this was reflected in practice at the service.

Outstanding 

Merevale House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 August 2015 and was unannounced. The inspection was undertaken by two inspectors.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with six people who lived at the home and four relatives. We spoke with the registered manager on duty, seven care staff and the cook. We observed how people were supported during the day. We spoke with three healthcare professionals.

Many people living at Merevale House were not able to share their views and opinions about how they were cared for. This was because of their diagnosis of dementia. To help us understand people's experience of the service 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 to us.

We reviewed four people's care plans to see how their support was planned and delivered. We reviewed management records of the checks made to assure people received a quality service.

Good

Is the service safe?

Our findings

People who lived at Merevale told us they felt safe. One person told us, "I would speak to the carers if I was worried about something." Another told us, "Staff are very friendly and approachable especially if I have a problem." A visitor told us they felt their relative was well cared for and kept safe without being denied freedom to move around as they chose.

We observed people were safe. Staffing levels had been determined so that staff were available at the times people needed them, in order to provide person centred care. We saw that staff were always present in communal areas talking and engaging with people, as well as staff being available to support people to meet their individual needs. There had been some changes in the staff group in the last few months, and work shifts had been arranged to ensure newer staff were working with staff who were much more experienced and who could give them good support to ensure people's needs were being met.

The provider followed a thorough recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. Staff we spoke with confirmed they were not able to start work until all the required documentation had been received.

Staff understood the needs of the people they provided support to. They knew the triggers for behaviour changes and the risks related to a person's care. The emphasis in the home was to create a caring and loving environment where people felt safe. Staff responded quickly if a person's behaviour was changing to reduce the possibility of either the person, or people near them getting upset or anxious. This meant people were protected from psychological harm.

Staff we spoke with had a good understanding of how to protect people from other types of harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. The management team were aware of their responsibilities to report any safeguarding concerns to the local authority; however some staff were not aware of this stage in the process. We informed the registered manager of this, and they assured us staff would be reminded of the process.

Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. For example, one person needed to have their legs elevated after exercise to reduce the risk of swelling. The person had been out for a walk to the local shop. We saw that as soon as they returned home a member of staff helped the person relax into their chair and raised their legs on a footstool. The district nurse we spoke with told us when people were at risk of skin breakdown (pressure sores); staff were quick to contact the team to seek professional advice and get the equipment necessary to reduce the risks.

The provider worked to their own model called 'active co-existence'. The model included 'positive risk assessment'. This meant the emphasis was on maximising people's choice and control over their lives to live as independently as possible. Positive risk assessments supported people who lived at the home to undertake activities of their choice, such as fishing, dog walking, and running. A relative told us, "I don't want [person] to be wrapped up in cotton wool, Merevale gives her a sense of freedom."

We saw staff responded to incidents quickly, and records of these were made. On the day of our visit, a member of staff went to support a person who lost their footing getting out of a taxi, to break their fall. We saw this incident was written in the incident book, and staff at the handover meeting during the shift change, were informed of this, to ensure that everyone was aware of the incident. This also reminded staff to check the person was not experiencing pain. Staff also quickly identified potential fall risks, for example one member of staff immediately cleaned up food that had been dropped on the floor in order to prevent someone slipping.

The registered manager told us they reviewed incidents and accidents. They told us that if a person had two incidents, such as falls in a short period of time they would take further action, for example, refer the person to the 'falls clinic.'

Good

Is the service safe?

At the time of our visit the home was being re-decorated. The registered manager had ensured the redecoration took place in the evening when less people were around to make sure people were safe.

We had not received many notifications of incidents and accidents at the home. We checked with the registered manager and they confirmed the small number of notifications, was because there had been few incidents and accidents that required formal notification to the CQC.

The premises were clean and tidy and communal toilet areas immaculate. Fire extinguishers and blankets were in kitchen areas and staff told us they were aware of emergency evacuation procedures and equipment to be used in the event of a fire or emergency. One person required the use of a hoist to be moved from chair to bed and staff told us they had all had training in using this correctly. The manager informed us the hoists were regularly serviced. During our visit, a wheelchair user was regularly checked to ensure they were positioned correctly, and footrests were in place along with leg splint supports to ensure safety and comfort.

We checked how medicines were managed in the home. Each person's medicine was stored safely and complied with the regulations for safe storage of medicines. Care plans included a list of medicines people had been prescribed and the reason for the prescription. This meant staff understood why people took their medicines. A medicine administration record (MAR) was correctly completed by staff when they gave people their medicines.

We observed staff administering medicines to people. We saw medicines were administered safely and at the time of day required by the prescription.

Good

Is the service effective?

Our findings

People, their relatives and healthcare professionals were very complimentary of staff's skills and knowledge. One relative when talking about staff told us, "They are truly exemplary in their practice." Another told us, "All the staff are brilliant here."

Merevale House is an accredited 'Butterfly Service Home' which means they have achieved excellence in dementia care and received a nationally recognised award. The provider and registered manager worked in collaboration with the organisation which runs the Butterfly Accreditation Scheme, to be the first care home in the country to achieve this. All the staff who worked in the home, including housekeeping, catering, and maintenance staff, received training to understand what it was like to live with dementia, and to understand and implement the provider's philosophy of active co-existence. This was because the provider told us they considered it essential that all people who lived and worked at the home saw the home as a community where there were no 'us and them' barriers.

We observed staff put their training into practice. Staff approached people with respect, dignity and friendliness which encouraged people to have meaningful interaction with them. They quickly identified when people were getting agitated or sad, and took positive steps to engage people with activities or discussion which moved them into a more positive frame of mind. One member of staff told us, "If I hadn't had the training I would have found some of the circumstances more challenging, the training was helpful."

Staff told us that part of the co-existence training focused on engaging with people. The training emphasised, when undertaking activities, staff should not focus on 'the end product'. People taking part in activities might not be concerned to complete the activity; it was the engagement with people whilst undertaking the activity which was vitally important. They also told us the training made them think about the words they used. For example, phrases that conjured images of institutions such as 'work the floor' were not considered acceptable because this was somebody's home.

As well as dementia training, new staff told us they had received training considered essential to support people's health and safety as part of their induction. This included moving people, and infection control. The registered manager confirmed the induction training was modelled on the new Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff told us they were supported to do additional training. Once staff had worked for the service for six months they were supported to undertake nationally recognised diplomas in health and social care. Some had undertaken higher qualifications, and if identified as having management potential, had been supported to undertake leadership and management qualifications. A member of staff told us they had undertaken distance learning in equality and diversity training and in palliative care. The district nurse we spoke with told us, "The palliative (end of life) care is excellent; the care is second to none."

Staff told us they had regular supervision on a three monthly basis with their manager to discuss their role. They felt supported through formal systems such as appraisal and supervision, and informal discussions with the management team and senior staff. One member of staff said, "I've learned from my colleagues, they've really helped me." We saw staff were appraised on their person centred approach to care. This included staff perceptions of themselves, how they nurtured people, were positive, spontaneous, and accepting of where people were at in their own lives.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff we spoke with had received training and understood the requirements of the MCA and respected the decisions people were able to make. Care records informed of the decisions people had the capacity to make, and where people were no longer able to make their own decisions. During the day we saw people being supported to make decisions such as whether they wanted to go to the shop; or to the café or garden centre, what food and drink they wanted and whether they wanted to be involved in activities in the home. Where people could not make decisions, the appropriate people had been involved in decisions made in the best interest of the person.

The registered manager was aware of their responsibilities to apply for Deprivation of Liberty Safeguards (DoLS) for

Good

Is the service effective?

people whose freedom had been restricted. At the time of our visit, the registered manager had sought the advice of the local authority and was in the process of submitting DoLS applications for people who lived at the home.

Nobody who lived at Merevale had their movements restricted within their home. They were able to go into the garden at their own leisure. Safety measures were present, but unobtrusive. During the day, we saw people leave the building on their own to make use of the outdoor facilities in the garden. We saw staff always checked with people whether they gave consent before undertaking any form of activity with them.

People received support to eat and drink and received a nutritious diet. There were two cooks who worked at the home. They knew the specific needs of each person and made sure meals were prepared in accordance with their need. The cooks knew people's likes and dislikes as these had been clearly documented in the person's living plans. A relative told us the provider had gone out of their way to ensure their relation, who was of an ethnic minority at the home, had a culturally suitable diet when they first came to stay.

There was no specific time for people to eat their breakfast. We saw people having a variety of breakfasts at different times throughout the morning. We saw one person go to the service hatch and ask for wheat free bread for their toast. The cook acknowledged this request and provided the person with it.

During the morning, people were asked what they would like for their lunch. Their memories were aided by large photographs of the different choices of meals. Prior to lunch being served, people helped to set the tables. Those who required staff support to eat were given their meals first. Staff gave people time and gentle encouragement to eat and drink at a pace that suited the person. The remaining people and staff sat down and ate their lunch together. This was part of the co-existence philosophy where the provider aimed to break down barriers between staff and people to promote a more 'homely' and family environment. People were seen enjoying their meal. One person told us, "They feed me well." The two people we sat next to at lunchtime ate all their food and one remarked how much they enjoyed it.

Some people had been referred to the speech and language therapy team (SALT). This was because there had been concerns identified with their eating and drinking. SALT provided staff with information and advice about how to support people, and we saw staff carrying out their advice.

Throughout the day people were frequently offered drinks and snacks. Food and drink was also available in the evening and night. This was important because people living with dementia may lose their appetite or not respond to hunger. Set meal times on their own, are not always effective in ensuring people receive the food and fluids they need to stay healthy.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. One person told us, "I don't very often need to see my GP but if I do, the staff sort that out for me." Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as dentist, chiropodist and optician.

Health care professionals we spoke with confirmed there were good relationships with staff. One health care professional told us staff were, "Co-operative and helpful" in liaising with them. Another told us, "They [staff] don't sit on a problem before seeking help, far from it." A consultant psychiatrist we spoke with who had been involved in the care of people who used the service and worked with the provider's staff team for many years told us, "In my opinion they have always given a good standard of care across a range of age groups and will continue to do so."

Outstanding ☆

Is the service caring?

Our findings

People, relatives and professionals spoke very highly of the care provided at Merevale House. For example, one person told us, "I wouldn't want to live anywhere else." They went on to tell us they were happy living at Merevale because they were supported so well. A professional told us, "This is the best care home I have ever visited."

People's individual needs were understood by staff and met in a very caring way. The registered manager told us, "We try our best to meet everyone's individual needs and how they want to live their lives. We want people to live to their full potential." For example, one person who lived at Merevale House was of an ethnic minority in the home. The registered manager and staff had spent time consulting with the person's family about how they could provide care and support to help the person feel included and valued. The person, as their dementia had progressed, was increasingly reverting back to the language of their country of origin. Staff had learned key phrases to help them speak with the person, and understand what the person was communicating. Staff and other relatives who visited the home, had learned and used the term 'Aunty' which was a term of respect for the person within their culture. We spoke with the person's relative. They told us, "Mum is not only really well cared for but she is loved, and I couldn't ask for any more than that."

Staff knew the people they cared for. They were able to tell us about people's past lives, likes and dislikes and how they used this information to support and care for people in the home. This meant staff could reminisce with people, understand what might make people feel happy or sad, and ensure hobbies or interests were pursued. For example, one person started to recall to us some of their history. Staff knew if the person continued to tell their story there were parts they would get very upset about. So, instead staff encouraged the person to focus on the parts of their story that made them feel happy. The person went from looking troubled, to laughing and joking with staff. Records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

Where people expressed concern we saw staff allay their fears. For example, we saw one of the staff administering medicines gave re-assurance to a person who was worried that they hadn't had theirs. They gently informed the person, "Your next tablet is at 1pm, you've had your morning ones so don't worry." The person asked again, and the member of staff again re-assured the person their medicines had been given.

In order to promote an inclusive living environment, people were involved in the running of the home. The younger people, who lived in one of the houses, were helping to paint the sheds in the garden and were working on the creation of a games room. People were encouraged to undertake daily household tasks. For example two people, helped to lay the table for meals. People had been asked what they would like in the garden. They said they would like a beach. We saw a waterfall and water area had been created with a sandy beach, buckets and spades and deck chairs. One of the houses had recently been redecorated. People had chosen the décor for the home, and were in the process of choosing wall decorations. This gave people a sense of self- worth and reinforced that their opinions were valued.

We spent a lot of time observing the caring relationships between people and the staff supporting them. We also spent 45 minutes undertaking a SOFI (Short Observational Framework for Inspection). SOFI is a specific way of observing care to help us understand the experience of people who may not be able to talk with us. Our observations supported what people told us about staff. They said, "They [staff] are very nice to me, lovely to me." Another said, "Staff are brilliant."

The provider's 'active coexistence' philosophy encouraged people to exist together in a 'safe, warm and loving environment.' Staff we spoke with told us that they considered the people they cared for as part of their family, and told us the home should feel like the person's own home. The atmosphere in all three houses was like a family environment. For example, in one house, we saw a person lying on the sofa, relaxing with their feet up on their partner's legs. One member of staff told us, "This place is so far from being institutional; it is just a home from home. Somewhere people can be themselves and stay themselves." We saw lots of positive interaction, humour and laughter. A member of staff told us, "I like to see people happy, I love to make them laugh…we are a big family." Another said, "I want to make them feel wanted and loved."

As part of the provider's philosophy, staff understood the importance of physical contact to reassure and

Is the service caring?

communicate care and affection to people living with dementia. During our visit we saw several people received hand massages from staff which soothed them. We saw staff giving people hugs and kisses which we saw made people feel happy and they told us made them feel valued. We also saw people giving other people hugs. One person said to another who was a little sad, "Come on my darling, we have to have a little hug." A member of staff told us, "To me caring is about comforting someone; sometimes that might be a touch or reassuring words." The number of staff provided meant that they had time during the day to socialise with people. This was seen as an important aspect of the coexistence philosophy. We saw people and staff enjoyed the company of each other. For example, when one person saw a member of staff come up to them to talk with them they said, "You're still as lovely as ever," and blew a kiss at them.

We saw people being treated by all staff with kindness. For example, a member of staff helped a person settle into their chair after going out for a walk. Another person who lived at Merevale was watching this interaction and turned and commented to us, "He's a nice lad." (referring to the member of staff).

Two people who lived at Merevale were cared for in bed, due to their physical health care needs. Staff regularly visited their rooms to check they were well and to see if their needs were being met. A relative of one of the people told us, "I've got nothing but praise for the staff, they've been excellent." They explained that staff had been responsive to their relation's deteriorating condition, and had been, "Very thoughtful and caring."

Staff understood how to support people with dignity and they respected them. Staff clearly valued the contributions people had made in their own lives and told us they respected them as individuals. This was further supported from our observations of the way they engaged with people and in the discussions they had. They respected people's privacy and their right to make their own decisions about how they wanted to spend their day. Where people requested personal care, staff responded discreetly and sensitively.

We asked staff how they ensured they respected people when they undertook personal care. They told us when bathing a person, they ensured everything was ready for them so they didn't have to wait, they ensured the person was clothed until they got into the bath, and they closed the curtains so nobody could see from the outside.

Relatives told us they were able to visit at any time. They told us they were made to feel very welcome and cared for; and they saw Merevale as an extension to their home. A visitor told us they had found it very difficult to accept they were no longer able to care for their relative at home. They said they, as well as the person, had been given a lot of support from the provider and staff to cope with the changing circumstances. They told us the person was now very settled, and they visited every day. They said the registered manager was, "Lovely, and she's always got time for you." Another relative told us, "I look forward to going to Merevale, not just to see [person], there is a genuine sense of family – I have a second family at Merevale."

Pets and animals were welcomed at the home. One person brought their dog to live with them. They and the people in their house enjoyed taking the dog for walks and looking after it. The provider also had dogs which were brought into the home, and people enjoyed stroking and petting them.

The service had a strong commitment to supporting people and their relatives before and after death and was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives. The district nurse we spoke with during our visit told us, "The palliative care here is excellent, the care is second to none."

We were told as part of end of life care, staff were trained to support people with "Namaste" palliative care. Namaste is an Indian greeting which means 'honour the spirit within'. The care is based around using the five senses and as such music, massage, colour tastes and scents are used to connect with people in the later stages of dementia. The ultimate goal is for people to have a peaceful and dignified death in a familiar home.

Outstanding ☆

Is the service responsive?

Our findings

People spoke positively about the responsiveness of staff and the provider. People and their relatives told us they felt involved in how their care was provided. Care plans contained extensive information about each person, their own personal needs, how best to support them, and any changes to people's needs. A section in the care plans was entitled, 'Tell us about your life'. This detailed a person's life history, family information and important dates such as wedding anniversaries and birthdays. A relative told us, "They celebrate everything here, there are all sorts of cakes, it's lovely, we share everything." Another relative told us the provider had integrated Indian festivals to meet their family member's cultural needs, and there had been a big Diwali celebration at the home.

The provider encouraged people to visit the service prior to living at Merevale. The registered manager told us people would usually spend one or two days at the home, have lunch with other people and the staff, and speak with staff about what their interests and needs were. This meant if the person chose to live at Merevale, the staff would be ready to meet their needs on the day of their arrival. At the time of our visit, one person had been alternating between spending a few nights at Merevale and going back to their own home for a few nights, to help them and their family experience residential care before making a final decision to stay permanently. We were told after our visit, this had happened for one month before the person and their family decided they wanted the person to live at the home.

The premises were undergoing refurbishment during our visit but the impact of this had been minimised to prevent people's anxiety and disruption. We were told we had not seen Merevale at its best because of this, but what we saw demonstrated the provider was very responsive to people. The provider was creating a better environment for people to live in, and people were involved in the changes. They were creating a small shop within the premises. This was because some people were no longer well enough to go outside the grounds, but they wanted people to still have the opportunity to go shopping for their own items such as toiletries and snacks. A games room was being created and some of the people who lived at the home were involved in creating a sensory wall in the garden. An area within Merevale House had been adapted for sensory stimulation. People could go to this part of the home at any time. It was quiet and had low lighting levels so people could enjoy the colours projected onto the wall. We saw people making use of this, and saw they relaxed whilst using the room. We also saw a wedding dress display in the corner of one of the rooms. The registered manager told us the dresses had been donated from a local wedding dress shop, and these were used for reminiscence and as talking points. The display was temporary, and would be replaced with other items such as a hair dressing corner, or a nursery.

The provider is an advocate of doll therapy. Dolls were used in the home to provide people with comfort, stimulation and purposeful activity. They also helped staff to engage with people. We saw some people cuddling dolls, and talking about them. People who got comfort out of using dolls, were supported to undertake activities with the dolls similar to those they would with a baby. The consultant psychiatrist we spoke with told us the doll therapy helped reduce agitation. The provider had written instructions regarding doll therapy. Staff were reminded that the dolls were like living beings to people, and they should therefore be treated as such. When people had finished using them, they were put in a pram as if asleep.

People told us they were able to have choice about what activities they liked to do. One person said "I like to go fishing," and another told us they didn't actually fish but enjoyed going with the others so they could sit and spend time talking. They told us, "Sometimes we talk so much the fish stay away!" Another person went running every day and planned to enter a race. This meant that people were encouraged to pursue their hobbies and interests and could choose what they wanted to do.. Another said; "If I want to do something the staff always do their best to accommodate that."

People were encouraged to make and maintain relationships with people important to them. One person slept in one of the buildings at night but preferred to spend time with other people in a different building during the day; this enabled them to form relationships and friendships with others. A visiting relative told us, "We sometimes go out for dinner or go for a walk to the shops; we have freedom to do what we want together as a couple."

During our visit many people went outside of the home. In the morning we saw some people went to the local shop and others visited a garden centre. People also went to a local café where their staff dressed up in 1940s style

Is the service responsive?

clothes, and provided food from this era. Photographs showed that people who lived at Merevale were involved with the local community. For example, they had made cakes and helped at the stall in a local church table top sale, and had gone to tea dances. People who had been in the armed forces and in the police, had visited the transport museum to see transport linked to their earlier professions. Earlier this year, the mayor came to the home to judge a scarecrow competition which people in all of the buildings had taken part in.

Those who did not want to, or were not able to go out, were supported with activities in the home. Staff read to people who liked them to do this, others read their own newspapers and some people undertook arts and crafts activities. Background music was playing in the home and this was people's choice of music. We saw people enjoyed the music and some got up and danced with staff.

We observed staff promoting people's individuality, for example we observed one member of staff applying make up to a person and another styling a person's hair, in accordance with their preferences. In return this person then wanted to brush the care worker's hair and started to sing whilst they were doing this. One person was reading a book which contained pictures of lorries. Staff told us the person had an interest in lorries because of their previous employment.

Staff wore work belts with many pockets. We asked what was in the pockets. One member of staff took out a range of items. These included a duster, small musical instrument, balloons, moisturisers, gardening gloves, and bubble solution. We were told these were used when people started to show signs of distress. They would for example, take out the bubble solution and blow bubbles if they knew the person was soothed by the sight of bubbles, or would distract the person by suggesting they used the duster to do some light dusting in the home.

We saw on the wall in Merevale House was a piece of copper art. Everyone had contributed to the art. Included in the piece were people's thoughts about living at Merevale. These included comments such as, 'home from home', 'a lot of good people', 'ours', 'you'd like it', and 'excellent'.

We observed a staff handover between shifts. The handovers were clear and detailed and all the staff showed a good knowledge of people and their needs. Every person was discussed in a personalised and sensitive way.

We looked at how complaints were managed at Merevale. People told us they would know who to raise any concerns with if they had a complaint and a relative told us "I think the management is excellent here, they are very responsive if I have concerns." Another relative told us, "If something goes wrong, they listen."

There had been no formal complaints, although there had been a few informal concerns raised. We saw all concerns were documented and addressed by the registered manager. One relative who had raised concerns said, "What they do is really from the heart. Whatever suggestions I make, I am listened to and my opinions are fed back to the home." Another relative told us, "There have been minor issues, but they deal with them." They explained to us what the issue was and that it had got better. We saw by looking at records, the issue they referred to had been discussed with the staff team in order to improve the service and reduce the risk of a similar concern being raised again.

Outstanding ☆

Is the service well-led?

Our findings

People, relatives and professionals all told us that they were highly satisfied with the service provided at the home and the way it was managed. A person told us, "There's nothing I'm unhappy about. I couldn't have done any better than here. They accommodate so many people and we are all different." One relative told us the registered manager was "Lovely" and "Always had time for you." Another told us the registered manager was, "Always in the home, she guides staff really gently. There is a constant sense of evaluation and improvement."

Staff told us they felt supported by the management team. A relatively new member of staff told us, "I can definitely go to management. Even if I go for something that seems silly, they're really friendly and more than helpful." Staff who had been with the organisation longer told us, "It's a very supportive management here." Another said, "[Registered manager] gets things sorted, I can always go to her with a problem, the management listen to us and our views and we have regular meetings."

As well as informal discussions with people and their relatives about the quality of care, surveys were undertaken twice a year to find out what people felt about the care provided at Merevale House. We looked at the 13 returned quality assurance surveys completed in May 2015. All were positive about the care provided within the home. For example, comments included, "The care and support you have given to my mum is excellent," and, "You do a fantastic job – thanks."

There were two registered managers who shared the responsibility of managing Merevale House. One of the registered managers had worked for Merevale House for many years, and was the operations manager before being recently promoted and registered as manager with the CQC. The other manager was also the provider and had been registered for many years. The provider, Merevale Care Homes, was a family run business. Three members of the family had active roles within the organisation.

We had received a small number of notifications. The provider confirmed this was because they had not needed to send them because there were few accidents or incidents that happened in the home, and there had been no safeguarding concerns.

People who lived at the home were provided with excellent resources to support their care needs. Staffing levels were high and this meant staff could spend quality time with people to meet all their support needs, and keep people safe. Staff training was of a very high standard, and provided staff with the skills to engage effectively with people living with dementia. The premises were very well maintained. A visiting professional told us, "The bedrooms are beautiful, it is the little detail – each person has something that belongs to them." Activity provision in the home was excellent.

The provider was focused on building a community within the home of which every person, visitor and staff member played their part. They had developed a service where people were enabled to carry on living their lives, pursing their interests and maintaining their relationships as they chose. A relative told us, "You walk in, it doesn't matter who you are you are always offered a drink and meal."

People who lived at Merevale were included in the recruitment process, being involved where possible, in interviewing prospective staff for their roles. This promoted an inclusive environment where people were involved in deciding who would be working in their home. A relative told us," [Person] is very articulate, she interviews the staff when they apply to work in the home."

The provider was also passionate about promoting the understanding of dementia within the wider community. We were told trainee doctors and social workers visited the home to gain experience of working with people with dementia. The provider and registered managers' also tried, as much as possible, to open dialogue with people outside of the home. For example, when cakes were baked for an external event, stickers were put on the cakes informing that people with dementia made them. We were told this offered an opportunity for people who had loved ones living with dementia, to talk with them about how to how to support their family member. The provider was happy to invite people into the home so they had a better understanding of how they supported people to maintain a fulfilling and interesting life. They had provided training to the local dementia café, spoken at the 'Young Dementia UK' event, and spoke at the Dementia Care Matters 9th Annual Conference at the University of Surrey.

The provider and registered managers worked to a model developed and copyrighted by the provider's quality assurance manager called 'active co-existence'. Part of this

Outstanding ☆

Is the service well-led?

philosophy was to foster a collaborative and empowering sense of community, and recognise people's strengths and ability to contribute to the community. The values for 'active co-existence' included involving people, dignity, respect, independence, and equality and safety. A key aspect of this philosophy was to break down barriers between staff and people who lived at the home. This meant staff did not wear uniforms, there were no separate staff facilities, and staff ate with people who lived at the home. A relative told us, "It is about breaking down barriers and everyone living in a community. I myself have felt fully supported."

Staff identified with the co-existence ethos and adhered to it. One care worker told us, "If I stopped working here I would still come back to see the residents and staff. They are all friends, I don't come to work, I come to be with my friends." The provider won a national award for this approach at the Dementia Care Awards in 2013. The provider and registered manager was nominated for a life time achievement award in November 2015, and was placed in the final three.

The provider worked in collaboration with a specialist in the provision of dementia care, and was the first to be awarded a 'Butterfly home' status. This meant the provider had met the benchmarks set by 'Dementia Care Matters' to provide a service to people which focused on their quality of life. We saw the values from both the Butterfly scheme and the provider's own philosophy being applied with people who lived at the home during our visit.

We also found, through looking at team meetings and discussions with staff, that staff were valued by the management team. For example, in one team meeting notes, we saw staff had been given wine and chocolates as a thank you for managing a challenging period of time well. Minutes of the regular team meetings showed the management team were respectful of staff's opinions and ensured staff's views were recorded so that they could be acted upon. They also clearly demonstrated the provider and registered manager's commitment to upholding high standards of dementia care.

The provider was filmed in 2009 by BBC2 as part of a series of programmes about dementia care, and was shown as a beacon in the dementia care field. This is now used by the Open University as a training module, and is on the Dementia Care Matters, 'You Tube' training site. In 2012 the provider won an award at the National Dementia Congress for "active co-existence" for innovation in dementia care and Best Dementia Care Home 2012. We saw a book of tributes that had recently been given to the registered manager. These were from relatives, staff, and senior professionals working in the care industry, and paid tribute to the innovative work undertaken by them within the home and the wider healthcare community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.