

Merevale House Residential Home







164 Coleshill Road

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 caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Outstanding	

Overall summary

This inspection took place on Monday 8 June 2015 and was unannounced.

164 Coleshill Road is a care home which provides support and accommodation to a maximum of seven younger people who have dementia. At the time of our visit, six people were living in the home.

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

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 provider promoted the philosophy of 'active co-existence' which encouraged breaking down barriers between staff and people who lived at the home, and promoted the importance of people living and working together. For example, there were no separate staff toilets, and staff ate their meals with people who lived at the home.

Summary of findings

Staff had received training in keeping people safe and understood their responsibility to report any observed or suspected abuse. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible, go out, and maintain their independence.

There were sufficient numbers of staff on duty to meet people's needs. Staff received a thorough induction when they started work at the home, and received training to meet people's health and safety needs, and to understand and work to the ethos of the home. Staff undertook specialised training in dementia care.

The provider and staff understood their obligations under the Mental Capacity Act and the Deprivation of Liberty safeguards (DoLS). The provider had made appropriate applications to the local authority in accordance with the DoLS and was following legal requirements.

People were encouraged to be as independent as possible and to use the skills they had learned and retained during their lives.

People were involved in making decisions about what they had to eat and drink and when necessary were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed.

There had been recent changes to team leaders in the home; however these had been overseen by the registered managers to ensure continuity of support and care to those who lived at the home.

The provider, who was also one of the registered managers, had significant experience and knowledge in working with people living with dementia. As well as managing the home, they supported other people in understanding dementia by offering training to families and attending and speaking at events about dementia care.

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.

Living (care) plans included risk assessments to ensure people could continue to enjoy activities both inside and outside of the home safely. The provider ensured there were sufficient numbers of staff to keep people safe and staff understood their responsibility for reporting any concerns about people's wellbeing. Medicines were managed according to good practice so people received them safely.

Good



Is the service effective?

The service was effective.

New staff received a comprehensive induction, and all staff received comprehensive training which supported them to meet people's needs effectively. Staff had received training in the Mental Capacity Act and respected the decisions people were able to make. Where restrictions on people's liberty had been identified, appropriate applications were being made to the supervisory body.

Good



Is the service caring?

The service was caring.

Staff supported people with mutual good humour and kindness. People were involved in decisions about their care and their individual needs were respected. People were treated with dignity.

Good



Is the service responsive?

The service was responsive.

Staff understood people's needs and were responsive to them. People had a good quality of life both within and outside the home, and enjoyed a range of activities that interested them. Complaints were managed well.

Good



Is the service well-led?

The service was well-led.

The provider had been acknowledged as an expert in their field in improving the quality of life for people living with dementia. People and staff were valued and their opinions listened to, and acted on.

Outstanding



164 Coleshill Road

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 8 June 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. We looked at information received from the local authority commissioner 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. The local authority commissioner had no concerns about the service.

We talked at length with two people who lived at 164 Coleshill Road. We spoke with both registered managers, the shift team leader, a care worker, the maintenance worker and the cook. We observed how people were supported during the day. We spent time with people in the dining room and lounge to help us understand the experience of people who used the service.

We reviewed two people's care plans (living plans) to see how their support was planned and delivered. We looked at staff files and medication records and reviewed management records of the checks made to assure people received a quality service.

Is the service safe?

Our findings

People were protected from discrimination and abuse by staff who had received training to help them understand the 'language of dementia'. This meant staff actively sought to understand what people were telling them, and had an understanding of situations where people might be afraid or feel vulnerable. One person who lived with dementia told us they would "definitely" feel able to talk to staff if they had any concerns, and that they felt safe.

Staff told us they had received training to help them recognise abuse and how to report it. One member of staff said, "I would report a member of staff if I thought they were frightening a person."

We had not received any notifications from the registered manager. They confirmed there had not been any safeguarding incidents to report, although they were aware of the reporting procedure.

The provider managed risks appropriately. Each person had a 'living plan', and this included potential risks to the person, associated with their care. For example if a person had been assessed as being at risk of falling. We saw one person who originally had a bedroom upstairs had moved to the ground floor. This was because it had been identified they were at risk when using the stairs. Risks were considered and actions put in place to enable people to retain their independence. For example, people who were identified as being at risk of injury if they went out of the home on their own, continued to go out but with a member of staff to support them.

The provider had an emergency contingency plan. This was for unexpected emergencies which meant people required evacuation from the home. The plan provided staff with telephone numbers of emergency services and people to contact and places to stay if the home remained unsafe for people to return.

During our visit there were enough staff to meet people's support needs whilst in the home, and to support them to pursue the activities they wanted to attend outside the home. When required, additional staff were provided to support people with their interests.

Prior to staff working at the service, the provider checked their suitability to work with people who lived in the home by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at the home until the checks had been received by the provider.

Medicines were stored safely and securely and there were checks in place to ensure medication was kept in accordance with manufacturer's instructions and remained effective. We checked two medicine administration records. These showed people received their medication as prescribed, and medicines were reviewed to check they were still effective and safe for people to use. Staff received training in administering medicines to support them in administering medicines safely.

Is the service effective?

Our findings

Staff received effective support from their team leaders and the registered managers. All new staff received a comprehensive induction which included training on health and safety issues such as safeguarding and hygiene. They received the 'dementia care matters' training programme to support them in their knowledge and understanding of working with people with dementia. Staff also received training and support to implement the active coexistence philosophy of the home. For example, we saw staff shared space with people who lived at the home as they would in a family environment in order to promote a sense of homeliness.

The provider encouraged staff's personal development by supporting them to gain qualifications in health and social care. All staff had completed or were working towards a nationally recognised diploma in health and social care.

The registered manager supported staff on an ongoing basis through regular supervision sessions based on the active coexistence ethos. This included observing staff working with people, and then discussions about practice following observations. Staff also received annual appraisals of their work performance and this also looked at areas for personal development.

The Mental Capacity Act 2005 (MCA) sets out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to make decisions for themselves. Care staff we spoke with had received training and understood the requirements of the MCA. They understood the importance of encouraging and supporting people to make their own decisions where

possible. The registered manager was aware of when it was necessary to make decisions on people's behalf in their best interest, and of the need to involve those who knew them well, and appropriate professionals.

The registered manager was aware of their responsibilities to apply for Deprivation of Liberty Safeguards (DoLS) for 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 preparing DoLS applications for people who lived at the home.

People were supported to eat and drink food and fluids which they enjoyed and met their dietary needs. The cook had a good understanding of people's likes and dislikes, and dietary requirements. For example, they knew that one person was a vegetarian so ensured the person received vegetarian food at all times. They worked to a four week menu which had choices at each meal time. The menu took into account people's preferences.

People had a range of breakfast choices and could have their breakfast at a time of their choosing. Lunchtime was a sit down meal, and on the day of our visit people told us that they enjoyed the roast dinner. One person required staff to support them to eat, and we saw staff doing this sensitively. People were offered nutritious food that met their healthcare needs.

Staff supported people to have access to the health and social care they needed. For example, we saw people had seen an optician, a chiropodist, their GP, and a dentist. Living plans showed that staff were vigilant with the changing health needs of people and were pro-active in referring people to the appropriate professional.

Is the service caring?

Our findings

We saw staff support people with kindness and respect. One person told us, “Staff are excellent”, and then jokingly said, “They’ve no dress sense, but they’re OK.” The staff present enjoyed and joined in with the good humoured banter. Another person told us, “They’re [staff] all lovely”, and then turned to the member of staff and said, “Thank you for what you do, I really appreciate it.”

Throughout our visit staff made sure that people felt they mattered. Staff had a good knowledge of the people they supported and knew how to respond to them. For example, one person appeared sad and a little upset. The member of staff brought the person a doll because they knew this would help them and started to sing, “Twinkle, twinkle little star” in a soft voice. Both these actions soothed the person. This approach had been assessed as being part of the person’s care needs.

Staff told us that they enjoyed their work and being with the people they supported. One member of staff told us, “I’m enjoying everything about it [the job] – especially the clients – I love it.” Another member of staff told us, “There seems to be some very happy people here.” We saw a person singing along to a song and staff joined in with them.

The living plans were written with the person at the centre of their care. This meant that care and support was tailored

around the person as an individual with their own needs, wants and preferences. Where possible, detailed personal histories were included in the living plan to help staff engage with people in reminiscence. The histories also helped staff understand the links between behaviours, words and actions. The emphasis in the plans was on what the person could be supported to achieve, rather than what they could not do.

Staff understood the importance of treating people with dignity and respect. For example, one person had spilled dinner down their clothes. They were going into town, but just before they left, the member of staff spotted the mark. They supported the person to change their clothing before they went out of the house to preserve the person’s dignity.

The provider believed that one way of respecting individuals was to reduce the barriers between staff and people who lived at the home. Staff did not wear uniforms, and there were no separate staff bathroom facilities. There was also no distinction at meal times between staff and people who lived at the home, so staff sat and ate their meals with people to make it a more homely and sociable occasion. Staff knocked on doors and waited for a response before entering people’s rooms.

Whilst there were no visitors on the day of our inspection, we were informed that relatives and friends could visit at any time.

Is the service responsive?

Our findings

During our visit we saw staff were responsive to people's individual needs. The ethos of the provider was people should live their lives at 164 Coleshill Road as they would in their own home. This meant for example, that people got up, and went to bed when they wanted to. When we arrived, some people had already eaten their breakfast and some were just coming into the dining room to have theirs.

During the day we saw staff supported people to do the activities they wanted. Some people who lived at the home went into town and had a coffee at one of the coffee shops, did some shopping, and another person had a visit to the garden centre. Others decided to stay at home and we saw them undertake activities such as crosswords, reading the paper and watching TV. The day before our visit, the home had a barbecue, and we were told there were parties each month. Other interests were acknowledged and supported. For example, one person had been a good swimmer. Their interest in swimming was encouraged and the person was supported to go swimming each week.

Living plans contained detailed information about people who lived in the home. Staff knew people's needs and responded to them well. The home did not operate in isolation. The registered manager encouraged communication between staff at the different care homes in the provider's group to provide greater opportunities for people to retain skills and enjoy a good social life. One person played the guitar, and they regularly went to one of the other homes to play their guitar to entertain people. Another person had worked as a beautician, and they were encouraged to retain these skills by once a week,

manicuring the nails of women who lived in a larger home. A person from one of the other homes would visit a person at 164 Coleshill Road, and bring their dog with them. This was because it had been identified the person liked dogs.

People were involved in the day to day running of the home. Where possible, people were encouraged to take part in activities such as washing up, cooking and cleaning, in order to retain their independence.

Staff were responsive to each individual's perception of their reality. They listened and respectfully acknowledged what the person was saying or feeling. They understood the importance of people having freedom of expression, and how dementia could alter the way a person remembered their life history. For example, one person was sad. The member of staff acknowledged their sadness and then helped them to become less sad. Another person told us about their past. Once we had finished our conversation, we were discreetly informed of the person's life history and what links there were with the information we had been given.

People we spoke with felt they could share their experiences or raise concerns to staff. There were no relatives visiting on the day of our inspection, however the relatives of one person who lived at the home had raised concerns that their relation was not doing enough activities. The staff told us they felt this had been addressed and they were meeting with the relatives a few days after the inspection to check they were satisfied with the activities provided. We followed this up after our visit and were told the relatives were now happy with the range of activities provided.



Is the service well-led?

Our findings

There were two registered managers who shared the responsibility of managing 164 Coleshill Road, and the other three homes registered by the provider. One of the registered managers had recently been registered with the CQC and the other manager 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. One was the longer serving registered manager. We had not received any statutory notifications, and the provider confirmed this was because there had been no reason to send them to us. We were aware that the provider knew their responsibilities in relation to this because we had received notifications from their other locations.

The provider worked in collaboration with David Sheard, 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. The provider was filmed in 2009 by BBC2 as part of the Gerry Robinson 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 for being the best dementia care home in the UK.

The provider and registered managers worked to a model developed and copyrighted by the quality assurance manager called 'active co-existence'. Part of this 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. It also meant the environment was more homely because information was not put on notice boards, instead, people were either given written information, or informed through discussion, and relatives were sent the information they needed. 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 told us that they had also worked with other groups to improve people's understanding of dementia. For example, they had worked with trainee GPs, provided training to the local dementia café, spoken at the 'Young Dementia UK' event, and were due to speak at the Dementia Care Matters 9th Annual Conference at the University of Surrey.

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 and their ideas for improving the service were considered. For example, recently, one member of staff had suggested compiling photo diaries to help people remember the activities they had undertaken. These were now being introduced. 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.

People who lived at 164 Coleshill Road were involved in the interview process for staff and had a say about whether prospective staff had the right attitude and suited the ethos of the home. The provider was responsible for three other homes. When recruiting staff, they looked at the skills and experience of successful candidates and matched them to the home and people they thought individuals would be more suited to work with.

Two team leaders had recently left the organisation. We saw there had been a smooth transition between them leaving and new team leaders being appointed. The registered managers were supporting the new team leaders with their responsibilities, and to improve the provision of support at the home. Staff we spoke with understood their roles and responsibilities; they were happy with their work and motivated to support people in active coexistence.

We saw the home was well maintained, and provided a safe environment for the people who lived there. The provider was taking available opportunities to improve facilities at the home. At the time of our visit one of the bedrooms was vacant and an en-suite facility was being



Is the service well-led?

installed. The maintenance worker said they were supported by management in their work and if there were any problems they were sorted out quickly. A person who lived at the home told us, “The guy doing the maintenance is a thorough guy.”

The provider had quality assurance systems to ensure people who lived at 164 Coleshill Road were provided with safe and effective care. The deployment of staff within the home had recently changed; this was partly in response to the complaint received from a relative about a person not

having sufficient activities. Care staff had been removed from cooking and cleaning duties to free up more time to support people to pursue external interests and activities. The provider ensured staffing levels were flexible to meet people’s needs. A quality assurance questionnaire was sent to relatives every six months to find out relatives’ views of the care provided. The provider was in the process of developing a questionnaire for people living with dementia, so they could contribute to the process as well.