

# Merevale House Residential Home

## 164 Coleshill Road

### Inspection report

164 Coleshill Road  
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Warwickshire  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

164 Coleshill Road is a residential care home, providing accommodation, support and personal care for up to seven people living with dementia. On the day of our inspection there were seven people living there.

### People's experience of using this service

There were enough staff to provide the support and encouragement people needed as well as respond to their social needs. People's care plans included risk assessments related to their individual needs and abilities. Staff understood their responsibilities to challenge poor practice and to raise any concerns people were at risk. There was an open culture within the home of sharing learning when things went wrong, or accidents occurred.

Improvements had been made to ensure staff had the training and support to feel confident and competent in their roles. People received the support needed to access health care services and were given their medicines as prescribed. People told us the food was very good and they enjoyed it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff enjoyed providing an environment where people could relax and enjoy all the benefits of feeling 'at home'. People told us staff were kind, considerate and helpful in their approach. Staff understood how important it was to help people be as independent as possible and used these opportunities to promote people's privacy and dignity.

People's care plans were personalised to their needs and showed an appreciation of people as individuals. People were offered opportunities to engage in activities and events they were interested in.

In the 12 months prior to our inspection there had been significant managerial changes at 164 Coleshill Road. During the period of managerial change, the provider's policies and procedures to ensure the quality of the home had not been implemented effectively. The new management team had taken steps to improve the service's quality monitoring systems. However, they recognised these systems were very new and needed to become embedded into the fabric of the home to drive improvement.

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 overall rating for this service was good (published 7 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was mostly well-led.

Details are in our well-led findings below.

Requires Improvement ●

# 164 Coleshill Road

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

164 Coleshill Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed and had submitted their application to become registered with us. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the manager, the care manager, two care assistants, the chef and a member of domestic staff. We observed the interactions between staff and those people who either could not talk with us or who demonstrated a preference not to talk with us.

We reviewed a range of records. This included two people's care records and three medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing.
- Staff understood their responsibilities to challenge poor practice and to raise any concerns they may have. One member of staff told us, "If we are concerned about anything we always report it. It is about keeping your eyes open for signs of abuse because it is not always obvious. It could be a change in moods, becoming subdued, not wanting to do activities they have usually done, becoming agitated in personal care or a change in eating habits."
- Staff felt confident any concerns would be dealt with but said they would not hesitate to escalate concerns if appropriate action had not been taken. A staff member explained, "I would either contact [name] who owns the home, the police if it was appropriate, yourselves (CQC) or the safeguarding team."
- Concerns had been appropriately recorded and reported and action had been taken by the manager to keep people safe.

Staffing and recruitment

- There were enough staff to keep people safe. Staffing levels enabled staff to provide the support and encouragement people needed, as well as respond to their social needs. One staff member told us, "Staffing wise we are able to spend one to one time with people when they require it."
- One person told us they felt safe because staff were always available. They said, "There is always someone here day and night 24/7."
- Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. This ensured, as far as possible, staff were safe to work with people.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments related to their individual needs and abilities. Assessments provided staff with information about how risks to people could be minimised whilst encouraging people to live their lives as they wished.
- One person had diabetes and needed their blood sugar levels regularly tested. We found the care plan did not contain information about what the person's normal blood sugar levels should be, or the signs that might indicate they were becoming unwell. This was addressed by the care manager who immediately put a diabetes care plan in place.
- Since our last inspection action had been taken to ensure the safety of those people who chose to smoke. The designated smoking area was away from the house and we saw people use this throughout our visit.

#### Using medicines safely

- People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance.
- Guidelines for administering 'as required' medicines were in place so staff knew when and how to administer these.
- The new manager had introduced a system of weekly and monthly audits. The audits had improved safe medicines practice in the home.

#### Preventing and controlling infection

- The home was clean and tidy. The cook ensured good food hygiene standards were met.

#### Learning lessons when things go wrong

- Staff told us there was an open culture within the home of sharing learning when things went wrong, or accidents occurred. One staff member told us, "Accidents and incidents are usually raised in the staff meetings we have had. They will discuss what happened and what could have been done to prevent it."
- An open culture of learning meant staff were confident to admit mistakes. One staff member commented, "You can't learn from your mistakes if you avoid saying you have made them."



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Since our last inspection the manager had introduced a more robust assessment process. They told us this would ensure people's needs and preferences could be safely and effectively met before they moved to 164 Coleshill Road.
- The assessment considered the needs of people already living in the home to ensure everyone had a good quality of life and received appropriate care and support. The manager explained, "I would be very careful about who was placed here because it is a home and I would be weighing up people's characters to ensure they would get on."

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service. Staff felt confident because they had time to get to know people well during their induction.
- Staff told us there had been a period when they had not received regular training updates, but this had been addressed by the new manager. One staff member told us, "The training is good now. We do some on-line training and some face to face as well." Records showed the statistics for the completion of training were improving each month.
- Staff had recently completed refresher training in supporting people living with dementia. Staff told us the training made them consider how they approached and spoke with people. One staff member commented, "The training covered different ways of approaching situations. Looking at things from people's perspective was a big part of it and how they can feel in a situation that can feel relatively normal to us."
- Staff said the management team were approachable and supportive.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had recently introduced a new tool to assess people's capacity to make decisions. The new mental capacity assessment was sufficiently detailed to evidence how decisions about a person's capacity had been made.
- Staff were confident they worked within the principles of the MCA. They sought people's consent before assisting them and had time to help people make their own choices and decisions. One staff member explained, "If people don't want to do something straight away we have enough time to go back and help them later."
- Staff considered people's past and present wishes, as well as their beliefs and values, when making a decision in their best interests.
- DoLS referrals had been raised with the local authority to ensure any restrictions on people's liberty were lawful.
- Staff understood their responsibility to work in the least restrictive way possible. One staff member told us, "We don't medicate people for the sake of medicating people. Anybody on PRN (as required medicines for agitation), we will try every other method rather than giving them the medicine."

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

- People received the support needed to access health care services.
- The management team and staff worked closely with health and social care professionals to improve outcomes for people. This included social workers, GPs and speech and language therapists.
- People had oral health care plans and were supported to visit the dentist.

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

- People told us the food was very good and they enjoyed it. One person told us, "The food is good, you can't fault it. We have different things to eat, I am having curry today."
- Staff supported people to maintain good nutrition and hydration and encouraged them to eat a healthy diet. One person had been borderline diabetic, but with support from staff, they had lost weight and their health had improved.
- Staff understood people's specific dietary needs and how to support people with these safely.

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

- The environment met the needs of people living at the home. People had access to communal areas, such as the kitchen, garden and lounge areas.
- People had their own rooms, which they could personalise to their tastes. People were supported to decorate their rooms to reflect their interests and hobbies.

# Is the service caring?

## Our findings

Caring – This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection the rating has remained the same. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff continued to be considerate, kind and supportive, and the home offered them a family-type atmosphere. Comments included: "It is nice. The staff and everything are here for us. They are good staff, all of them", "They make it comfortable in this home" and, "Staff are so friendly. If they can help you, they will."
- Staff enjoyed providing an environment where people could relax and enjoy all the benefits of feeling 'at home'. One staff member told us, "It is like what you would have at home. It is their home. It is catering for their individual needs which makes it more personal." Another commented, "It is lovely, it is just like being at home. Everyone does their own thing and you can go out with people all the time. It is very friendly and nice."
- Staff were patient and understanding of people's moods and behaviours. For example, a staff member discreetly prompted us to move from a table where a person liked to eat their lunch. The staff member understood our presence at the table could cause the person anxiety.
- Staff understood people's responses could often be because of their life experiences. They were non-judgemental and understood events in people's backgrounds could explain any anxious or frustrated behaviours.
- Staff supported people to maintain their individual religious traditions. Staff supported two people to attend religious services in the community.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff enabled them to make decisions about their lives. One person told us, "I have a routine. I get up and they (staff) get my breakfast and I have a think about what I want to do."
- Staff explained there was limited structure to the day because they adapted to what people wanted to do. One staff member told us, "We come in and fit with what they want to do, they decide what they want to do."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how important it was to help people be as independent as possible and used these opportunities to promote people's privacy and dignity. One person helped the cook prepare the vegetables for lunch and it was clear how this reinforced the person's self-esteem. A staff member explained, "A big part of our job is encouraging people to maintain their independence and not doing things for them."
- People told us how much they valued the support and encouragement they received to maintain their independence. One person commented, "You are independent in this home. I do things for myself, so I feel independent. It is something I like to do, help myself." Another said, "If I say, 'I can't do this', they say come

on then, let's do it together."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and showed an appreciation of people as individuals. They were 'strengths based' and were clear how staff could support people to maintain independence.
- Staff were knowledgeable about people, so they could support people in a way they preferred. One staff member explained, "The understanding you have of people is much better if you know about their background. If you know about their history then things click, and you can understand them."
- Staff told us they had time to respond to people's moods and sense of well-being on a day to day basis. One staff member explained, "Here we have no need to rush so if it takes 45 minutes to shower someone then we can take that time."

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

- People were offered opportunities to engage in activities and events they were interested in. During our visit two people went to a Tai Chi class at another service owned by the provider. Other people chose to stay at home either watching television, reading the newspaper or doing a crossword.
- Staff sat with people and took time to interact with them on a one to one basis about the things they were interested in. A member of staff told us, "I like the fact we have so much time with people, we have time to get to know people and time to sit and talk with them."
- People enjoyed regular trips into the local town to visit the shops or have a coffee. One person told us, "I like walking, it is a big thing for me. We go all the way round and into town."
- Special occasions like Christmas were celebrated within the home and shared with everyone living there.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed information on people's communication needs. One person who had a vision impairment was provided with information in larger, bold print.
- Staff discussed things with people to help them understand. The manager explained, "Staff sit and take time to talk things through."

End of life care and support

- None of the people living at the home required support with end of life care at the time of our inspection.
- If people chose to discuss their wishes regarding how they wanted to spend their final days, this was recorded in their care plan. The manager said they would respond to any advance wishes they were made aware of should they support anyone with end of life care.

Improving care quality in response to complaints or concerns

- A system was in place to review and respond to complaints.
- The provider had received one complaint in the last 12 months. Action had been taken to address the issues raised within the complaint.

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- In the 12 months prior to our inspection visit, there had been significant managerial changes at 164 Coleshill Road. Two registered managers had left the service and a new manager and care manager had recently been appointed.
- During the period of managerial change, the provider's policies and procedures to ensure the quality of the home had not been implemented effectively. Records and audits had not been consistently completed, staff training had lapsed and staff had not always received the support they required.
- The new management team had taken steps to improve the service's quality monitoring systems and clearly recognised the importance of continuous learning and improvement.
- A system of audits and spot checks had been introduced in respect of accidents and incidents, medication, record keeping and health and safety. The checks had already improved the management of medicines and the analysis of accidents, incidents and complaints had identified safeguarding concerns in a timely way.
- A new electronic care system had been introduced which had improved the quality of mental capacity assessments and risk management.
- However, the management team recognised these systems were very new and needed to become embedded to drive improvement. The care manager explained, "We have got all the policies in place, but we couldn't tell you the trends, because we haven't got that data yet."

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

- The management and staff team were committed to providing high quality individualised care. The manager told us, "I absolutely love it. I love changing things and making life better for the people who live here." A staff member commented, "The care, this is quite different to other care homes. It is a lot more informal and based on making people feel homely. It is a really nice atmosphere and you do make a difference every day."
- Staff spoke positively about how the service was being led by the new management team. One staff member told us, "Last year, we had a couple of changes in managers. Training went out the window and that is now coming back on line and I am beginning to feel more confident again. Training and supervisions have all come into place with the new managers."
- Staff told us they now had regular meetings and felt able to make suggestions. One said, "The

management are brilliant and they are approachable. I think we are lucky to have a group of people who will listen and are willing to make changes."

- Overall, people we spoke with were happy with the care they received because it enabled them to live as they wanted to. One person told us, "It is great for us." However, one person told us they were unhappy because they wanted to move closer to their home town. The manager was supporting the person and their social worker to find a more suitable placement.
- Feedback from people and relatives was encouraged through meetings and by talking to people on a day to day basis.

Continuous learning and improving care; 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 CQC had recently inspected the provider's other service. At that inspection we identified some areas where the provider was not meeting the regulations. The manager had used learning from that inspection to prioritise areas for improvement at 164 Coleshill Road.
- Throughout our inspection the manager and care manager were open and honest. They welcomed our inspection and feedback which they said would be used to continue their journey to improving the quality of the service.
- The provider and registered manager understood their responsibilities in relation to duty of candour, to be open and honest and accept responsibility when things went wrong.

Working in partnership with others

- The manager and staff team had developed positive working relationships with health and social care professionals, such as social workers and the GP which assisted in improving outcomes for people.