

Merevale House Residential Home

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The service provides accommodation, support and personal care for up to 31 people. There are three buildings at the location which provide specialist care for people living with dementia. Merevale House provides care for up to 15 older people living with dementia. Merevale Lodge provides care for up to 12 people living with early-onset dementia, and 5th Lock Cottage provides care and rehabilitation for up to four people living with alcohol related dementia or other mental healthcare needs. On the day of our inspection there were 29 people living at Merevale House Residential Home.

People's experience of using the service and what we found

Relatives gave positive feedback about the quality of care and were reassured their loved ones were kept safe during times of imposed visiting restrictions. One relative said, "We have been very happy, we have visited during the summer, and when it was safe, outside," and another relative said, "They have personalised safe visiting plans. It's really reassuring".

Staff knew people well and were able to respond quickly to support them. People were encouraged to maintain their hobbies, interests and skills and the provider encouraged staff to help people contribute to general household maintenance tasks if they were able to. One relative commented, "There is real stimulus for [person] there as well, [person] has games, entertainers and staff interacting with them." Staff had time to be with people and the provider helped staff learn how to care for people using a positive approach to risk. People felt confident to raise concerns knowing they would be listened to and the provider's system for monitoring accidents and incidents meant trends or patterns could be identified quickly and acted on to review risks to people.

The provider had improved their training and staff gave positive feedback about the support they had to look after people whose needs could challenge the service. We found improvements in how risks to people's health and safety were assessed and managed and the implementation of an electronic medication system improved the safe management of medicines. Quality assurance systems gave greater oversight of care practice so risks and quality of care could be continuously monitored and improved.

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.

Rating at last inspection and update: The last rating for this service was requires improvement (published 13th February 2020) and there were multiple breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12th September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding, good governance and notifications of other incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

Merevale House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors on site and was supported by three inspectors off site.

Service and service type

Merevale House Residential Home 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was so documents could be made available to us on arrival to minimise time spent at services during the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. The provider was not asked to complete 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke by telephone with four relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, team leaders, a new member of day care staff, a member of night care staff and experienced care staff. We reviewed a range of records. This included the electronic medication system and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance and records relating to the management of the service and four people's care plans. We spoke with one professional who was recently involved in arranging accommodation for someone at Merevale House Residential Home.

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

At our last inspection the provider failed to ensure robust procedures and processes were in place to prevent people using their service from abuse or improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safeguarding service users from abuse and improper treatment).

Enough improvement had been made and the provider was no longer in breach of regulation 13.

- Staff understood how to safely support people with behaviours that may harm themselves or others. One staff member said, "[Person] can get confused and physical with other people. They have 1:1 each afternoon to help manage their behaviour. We involve them in household activities or go out for a walk. [Person] needs a sense of purpose."
- Since our last inspection the provider had taken steps to provide a calmer environment for staff and residents by better managing people's individual needs. Staff were encouraged to be more proactive by giving people purpose and meaning in their daily lives. The provider said, "It's taught us a lot. We've learned as a team that managing the community so it's a more positive environment is better. We've taught staff to be more proactive, rather than just managing difficult behaviour."
- Staff were trained in safeguarding and were confident with their procedures for reporting safeguarding incidents.
- Potential safeguarding incidents were recognised and reported to the local authority and The Care Quality Commission.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and improvements were needed in how medicines were managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment).

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- One relative had recently complimented the provider about their approach to managing risk to ensure positive outcomes for people. They had written, "They have fought every doctor, medic, specialist and psychiatrist until we got the right balance of drugs to give [Name] a good standard of life and as the illness

changed, they changed their approach to [Name] and not the other way around."

- Risks to people's health and safety were assessed and included strategies for staff to manage those risks. For example, one person at risk of absconding was at higher risk during periods of confusion, so staff could remain vigilant and use strategies to manage the situation. Staff were encouraged to accompany this person for walks or on the train rather than preventing them from leaving which was known to increase their anxieties.
- At our last inspection we found one person's nutritional risk assessment had not been reviewed despite them having lost weight. We found this had been actioned with clear guidance for staff on how to encourage this person's nutritional intake.
- Accidents and incidents were recorded and reviewed at service level to identify trends or patterns.
- Improvements were made in the provider's evacuation procedures. The provider maintained an up to date list of everyone who lived in the home which outlined the level of assistance and the type of equipment they would need to reach a place of safety in the event of an emergency.
- At this inspection improvements were made to environmental risks. Fire doors were not obstructed, and cleaning materials were kept in a locked cupboard.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and improvements were needed in how medicines were managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment).

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- The management of medicines had improved. Since our last inspection the provider had introduced an electronic system for the management and administration of medicines. The system supported safe practice in medicine administration and ensured people received their medicines at the right time.
- When people were prescribed medicines to be given 'as and when required', there was information to inform staff when these should be given and steps staff should try first before administering the medication. The electronic system required staff to record the effectiveness of such medicines when they had been administered.
- At our last inspection one person was regularly not given their evening medicine because they were often asleep. The provider had introduced a new protocol to ensure such omissions were promptly referred to the GP for a review of the person's prescription.
- Staff who had been trained to administer medicines had their skills and competency regularly assessed by the provider to ensure they followed best practice when giving medicines.

Staffing and recruitment

- Staff spoken with told us there were enough staff and they had time to support people with their interests in a person centred way.
- The provider experienced an increase in their staff turnover as a result of the pandemic. There was a greater focus on improved training and development which helped retain new staff members. One staff member said, "The team feels positive and there's a good mix of abilities."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have robust and effective quality assurance systems. A lack of effective management and monitoring put people at risk of poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good Governance).

Enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider and registered manager focussed on improving the home and quality of care provided. They supported staff to embed these changes within their every-day practice and engagement with people.
- Improvements were made to governance and oversight systems to ensure the provider was mitigating risks to people in relation to their care.
- The provider had a service improvement plan to drive improvement in standards within the home. One staff member advised us they had raised issues about inconsistent standards of personal care and we saw this had been added to the service improvement plan. The staff member confirmed standards had improved.
- Greater oversight of medication management improved practice in this area. Audits included guidance on common errors which can occur during medication administration and when issues were identified, actions were taken to address them.
- The registered manager understood their responsibilities for the safe administration of medication and worked closely with relevant health professionals to ensure procedures for covert medication followed legal guidelines.
- The provider monitored staff training and there was a strong focus on improving the quality of training available. 'Bitesize' dementia training sessions were put on regularly and staff were encouraged to take part in reflective practice, so care was more personal and less task orientated. The provider said, "They [staff] deliver friendship, comfort, affection and love."

At our last inspection we found the provider and registered manager had not fulfilled their legal responsibility to inform us (CQC) about significant events. Four safeguarding incidents had not been reported to us as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- Incidents were recorded and reported to us (CQC) and the local authority when necessary.

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

- Relatives were positive in their feedback about the quality of care their family members received. One relative commented, "They are superb, they come to you with solutions and are very positive. We chose Merevale specifically for the atmosphere. We went for excellence and they are top notch." Another told us, "The home is built on love." Compliments the home had received in the last nine months reinforced these views.
- At our last inspection staff had not always had the support and guidance to consistently and effectively meet people's individual needs. At this inspection staff were more confident they had the skills and understanding to provide safe and effective care.
- Staff spoke of a cohesive staff team. One staff member told us, "The staff team are really helpful and kind." The registered manager explained, "I have worked out the staff's strengths and weaknesses with the rota to make sure we have a strong team on."
- Staff spoke of open and transparent management by the senior team and the provider. Comments included: "I feel positive about Merevale, there's a brilliant management team" and, "Definitely seen improvements since the new manager started. There is an open atmosphere. The registered manager is open, approachable and friendly and will help if she can."

Continuous learning and improving care

- The provider and registered manager were committed to improving the lives of people in their care. Throughout our inspection we found both to be passionate about the quality of people's lived experiences at Merevale House Residential Home.
- Care plans were kept under regular review and where changes were needed the provider worked closely with other professionals and thought creatively to improve people's care.

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

- Despite the restrictions imposed by COVID-19, the provider supported people to stay in touch with their relatives and ensured relatives had up to date information about their family member. One relative told us, "We have phone calls and video calls about three times a week." Another said, "At the moment we can't see her face to face but we telephone and facetime, they organise specific times for us to do this. If there are any medical appointment or anything else I need to know they tell me. The information sharing is really good."
- Where people had raised issues or concerns, the registered manager responded promptly.

Working in partnership with others

- The provider and registered manager recognised the value of working alongside others. They attended external meetings to share good practice ideas and to keep up to date with latest guidance and regulations.
- The registered manager worked collaboratively with other healthcare professionals to improve outcomes for people.