

# Merevale House Residential Home

## 164 Coleshill Road

### Inspection report

164 Coleshill Road  
Atherstone  
Warwickshire  
CV9 2AF

Tel: 01827718831

Website: [www.merevalehouse.co.uk](http://www.merevalehouse.co.uk)

Date of inspection visit:  
11 July 2017

Date of publication:  
07 August 2017

### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

The inspection visit took place on 11 July 2017 and was unannounced. The inspection was carried out by one inspector.

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.

At the last inspection in June 2015, the service was rated good. At this inspection we found the service remained good.

The home is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At our last inspection the home had two registered managers who shared their time across the homes operated by the providers; Merevale Care Homes. Sadly, the long serving registered manager, who was also one of the providers, had passed away. At the time of this inspection the home had a registered manager in post, who shared their time between this home and another nearby care home operated by the provider.

People felt safe living at the home and were supported by staff who were trained to protect them from risks of abuse. Most risks were assessed and actions implemented to minimise those risks. However, planned actions were not consistently followed by staff for one person which meant potential risks were not minimised as intended.

People felt there were sufficient staff on shift and the provider's recruitment processes had ensured workers were safely recruited through a series of checks on their character.

People had their prescribed medicines available to them and most people had guidance available for 'when required' medicines. Staff undertaking checks on pharmacy deliveries to the home had not identified a dispensing error.

People were happy with the quality of the care and support they received. They described their care as being given in a way they preferred and they were supported to be as independent as possible.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible, the provider's values and their policies and systems in the service support this practice.

Living 'care' plans contained detailed information about people. This enabled staff to take a person centred approach, which contributed to the positive culture. Staff felt they had received good dementia care training

which enabled them to provide a homely environment for people.

People were supported to access healthcare professionals when needed, and felt staff were consistently kind to them.

People had choices about what they ate and drank and their nutritional needs were met.

People and their relative's feedback was sought by feedback surveys. The provider and registered manager ensured a good service was given to people through regular formal and informal checks.

Further information is in the detailed findings below.

## 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 not consistently safe.

People felt safe living at the home and were supported by staff who knew them well. Most risks to people were minimised by actions taken by staff. However, some planned actions to minimise risks were not always followed by staff, which posed potential risks of harm.

There were sufficient numbers of staff on shift who were recruited safely to care and support people. Staff supported people to take their prescribed medicines.

**Requires Improvement** ●

### Is the service effective?

The service remained good.

**Good** ●

### Is the service caring?

The service remained good.

**Good** ●

### Is the service responsive?

The service remained good.

**Good** ●

### Is the service well-led?

The service was well led.

Staff were supported to provide person centred care within a positive culture under the provider's values and leadership.

People and staff were listened to and quality assurance systems were in place to check the service was safe and effective.

**Good** ●

# 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 visit took place on 11 July 2017, was unannounced, and carried out by one inspector.

We reviewed the information we held about the service. We had not received any statutory notifications from the provider. A statutory notification is information about important events which the provider is required to send us by law. The local authority told us they had no feedback they needed to share with us about the service.

The provider had previously completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to this inspection, a request for a new PIR was not made. During this inspection, we gave the provider the opportunity to tell us how they met the required standards and about future plans for the service.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with all seven people in the communal areas and, with their permission, in their bedrooms. This was to see how people spent their time, how they interacted with the provider and what they personally thought about the service. We also spoke with one person's relatives during our inspection visit.

We also spoke with four care staff, the cook, the maintenance worker, the deputy manager and the registered manager.

We looked at three people's living 'care' plans and two people's medicine records. We also looked at other records including quality assurance checks, infection control and living 'care' plan audits, the provider's training record and other systems they had in place the recording and analysing accidents and incidents.

# Is the service safe?

## Our findings

At our previous inspection we found the service was safe and gave a rating of 'Good'. At this inspection, we found that, while some aspects of the service were safe, some improvements were required in, for example, managing identified risks and the rating for safe is 'Requires Improvement'.

People told us they felt safe living at the home. Staff had received training on how to protect people from the risks of abuse and knew how to report concerns if they had any.

One person told us, "I know I am safe here because the staff will remind me what is happening today." Another person told us, "Sometimes, in my head, I feel confused and scared but the staff look after me and keep me safe." One relative told us, "I feel my family member is very safe living at this home."

Overall, staff knew how to keep people safe and people's living plans listed identified risks. One staff member said, "No one is able to go out of their own because it would not be safe for them to do so. One person likes to go for a walk and asks to go out, so I ask them, 'can I come as well?' This means I am not taking away their independence or saying 'no' to them, but I am keeping them safe by going with them."

Most identified risks were assessed and actions were in place to minimise those risks, which staff followed. Some risks were listed in a person's living plan but we saw there was no assessment or actions recorded that related to the identified risk. For example, we saw one person had 'wandering and panic attacks' listed as potential risks. However, staff could tell us what to observe for in this person and actions they would take. We saw staff handover notes referring to this person 'humming' more than usual and to 'observe them'.

Another person's living plan stated they had a history of falls and a falls risk assessment had scored 'nine.' However, there was no information as to what the score meant and no agreed actions recorded to reduce their risk of falls. When we discussed this with the registered and deputy manager they agreed some information was missing and said they thought the assessment needed updating as the person's score may now be lower; since they believed the person's risk of falls had decreased. The registered manager assured us they would check people's living plans to ensure information was up to date, so that staff had the correct details to refer to if needed.

Staff did not consistently follow the agreed actions to minimise risks to people. For example, when we arrived at the home, we saw one person was holding and carrying a cigarette lighter while they were in the communal rooms in the house. An hour later, we saw this person sitting in their friend's bedroom, still holding the cigarette lighter. This person's risk assessment stated they had been assessed as 'not safe to be left with a lighter or matches.' Staff on shift did not ask this person to give them the lighter. We mentioned this to the registered and deputy manager when they later arrived at the home and they agreed this person should not have access to or keep a lighter. The registered manager took immediate action. The registered manager told us, "[Person's Name] happily gave me the lighter when I asked for it. I don't know where they got it from as they do not go out without staff." The registered manager assured us they would investigate this further with the staff team.

The home had a designated smoking area for two people who chose to smoke cigarettes. However, we saw this was not always used and people had sat on benches located close to the kitchen and lounge. Numerous cigarette ends had been discarded by people in a small wall space opening in the brickwork next to the kitchen door. We discussed the potential risks this posed with the registered manager who took immediate action. During our inspection visit, the maintenance worker cleaned the area and placed a sealed cover over the wall space. The deputy manager relocated the designated smoking area further away from the house, within the garden, so cigarette smoke did not go into the kitchen. They assured us people would be reminded to use the designated area.

The provider had systems in place to deal with emergencies that might arise from time to time. For example, a contingency plan to evacuate to another of the provider's nearby homes if needed in the event, for example, of a fire. Staff knew what support people needed to leave the building if needed. Staff received first aid training and said they would seek professional guidance whenever needed and follow their instructions. One staff member told us one person ate their food very quickly and this posed a risk of them choking, this staff member was able to tell us the safe first aid response they would follow if this happened.

Staff were recruited in a way that checked their suitability to work with people that lived at the home. We looked at two staff files and checks, including the Disclosure and Barring Service (DBS) had been made. The DBS is a national agency that keeps records of criminal convictions.

People and staff felt there were sufficient numbers of staff on shift. One staff member told us, "We have a cook from Monday to Friday, as well as the care staff. There are two care staff on a day shifts and one at night. This works out fine to meet people's needs." Another staff member said, "We don't have separate cleaning staff here, instead care staff do the household chores but we always try to do this with people that live here so they are involved." People who took part in household tasks told us they enjoyed doing these.

People told us staff looked after their medicines for them and supported them to take them when needed. Medicines were stored securely and were available to people as prescribed. People's medicine administration records were completed correctly to show the medicines people had taken.

However, we saw one error where staff receiving and checking medicines from the pharmacy delivery had recorded 112 tablets were delivered. This was the amount required for this person's monthly supply of one medicine, but we saw only 110 tablets had actually been delivered. This meant the tablets would have ran out two days before the end of the month. The staff member told us they would contact the pharmacy so that their dispensing error could be rectified. Staff recognised they could improve their system to reduce risks of inaccuracies.

Some people had medicines prescribed 'when required,' such as pain relief or medicines to calm anxiety. Most people had guidance available so that a consistent approach was taken by staff when people had these medicines. However, we saw one person did not have any guidance for their 'when required' medicine. One staff member told us this person had not needed this medicine for a long time but their doctor had wanted them to keep it available in case it was needed. Without guidance for staff, this medicine might not be given when needed or a consistent approach might not be followed by staff.

Following our inspection feedback, the registered manager told us they would include extra guidance on monthly medicine checks undertaken, so that any issues that required action to be taken would be identified and resolved promptly.

## Is the service effective?

### Our findings

At our previous inspection we found the service provided was effective, and at this inspection it continued to be effective. The rating continues to be 'Good'.

Staff had received the 'dementia care matters' training programme to support them in their knowledge of working with people with dementia. One member of staff told us, "I feel I have a good understanding of dementia and how to provide support for people in a calm way." Another staff member said, "All of the people living here have a diagnosis of Korsakoff's, which is a type of dementia. I feel I have a good understanding of that type and how it affects memory loss."

People told us they felt staff had the skills they needed to effectively provide the care and support they needed. Staff described their training as 'good' and said they also received support to develop their knowledge and skills further. Care staff were supported to complete their level two or three diploma in health and social care and other opportunities for learning were also available. One staff member told us, "I am doing a distance learning course in palliative care at the moment, which is quite interesting."

The registered manager and both deputy managers were not based at 164 Coleshill Road, but at another nearby home. However, staff felt supported by the management. One staff member told us, "I've recently become a senior care worker, there are three of us that just started this role. At the moment, we don't have any team leaders here, a deputy manager or manager based here, but the managers are always available to contact by phone if needed and they visit here at least weekly, but often more." Another staff member said, "We have an on-call manager if they are not on shift at the other home. I feel supported, there is always someone to telephone if needed."

People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us all of the people that lived at the home were deprived of their liberty. One person had an approved DoLS from the local authority. The registered manager had submitted applications for the other six people. The registered manager understood their responsibilities under the Act and when it would be necessary to have a 'best interests' meeting.

Staff worked within the principles of the MCA. One staff member said, "We have to encourage and prompt people, we do this in a very polite respectful way and would never force anyone to do anything."

People told us they enjoyed their meals and had enough to eat and drink. One person told us, "The food is very good. The cook tells me the two choices for the day. If I don't like the choices, I will just say what I fancy and they say, 'that's okay, I'll do that for you.'" People had a choice where they ate their meals and most people chose to eat together in the dining room; with staff, enjoying a meal together.

People told us they were supported to visit their GP when needed and records logged healthcare



professional visits. One person told us, "If I felt poorly, I'd tell the staff and they would take me the doctor."

## Is the service caring?

### Our findings

At our previous inspection we found the service provided to people was caring, and at this inspection it continued to be caring. The rating continues to be 'Good'.

People told us they felt well cared for. One person said, "Staff are always kind to me." Another person said, "I feel the staff are my companions, we get on well."

We saw staff supported people with kindness and respect. When staff walked through the lounge to access other parts of the home, they always spoke with people and acknowledged them as they passed.

Staff had a good knowledge of the people they supported and understood how to support them to maintain their self-esteem. One staff member told us, "One person likes to have 'pamper sessions' and looking well groomed and nice is important to them." We saw this person was supported to have nail polish applied, which we saw they admired and were happy with.

Staff told us they enjoyed their work and found it rewarding. One staff member said, "I feel we can offer good care here because there are only seven people, it is more homely. We have time for people and care for them in their preferred way."

Throughout our inspection visit, we observed a calm atmosphere. People spoke freely with the staff and had a good rapport with them. One person's relative told us, "As soon as we stepped in to this home, we felt it was homely and would be the right place for our family member. We have not been disappointed because the care is good."

Staff told us how they supported people to maintain their skills and be as independent as possible. The cook told us, "One person likes to help out in the kitchen, they help me wash up." Staff said they encouraged people, whenever possible, to be involved in the day to day running of the home. One person told us they had vacuumed yesterday. One staff member said, "Some people don't want to be involved, but we try to encourage them and do things together."

People's privacy and dignity was respected by staff. One staff member told us, "A few people like to spend time in their own bedrooms during the day; people choose where they want to be." Staff told us that some people managed their own personal care. One staff said, "I will run a bath for [person's name] and then they can manage, but another person needs more support. I make sure the door is closed and cover them with a towel to make sure their dignity is maintained."

Staff told us people could have visitors when they wished to and there were no restrictions. A relative told us they were always greeted in a friendly way by staff.

## Is the service responsive?

### Our findings

At our previous inspection we found the service provided was responsive to people's individual needs, and at this inspection it continued to be responsive. The rating continues to be 'Good'.

Throughout our inspection visit, we saw staff responded to people's individual needs. Staff told us they wanted to continue the legacy of the late provider, whose ethos was for people to live their lives as they would in their own home. One person told us, "I moved to live here this year, but now I feel it is my home." This person said they were very happy that a cat lived at the home and they felt involved in caring for 'Princess'. This person showed us their bedroom and we saw the cat was curled up asleep on this person's bed. This person told us, "I like it when she comes in my bedroom, I enjoy fussing her."

During the day we saw staff supported people to do the activities they wanted. Some people told us they enjoyed watching the television, and we saw two people watching a quiz show together, while one also did some knitting at the same time. Another person said, "I like to look at my magazines." We saw one person who was interested in football was happy placing football stickers in their collection book. A further person told us they chose to stay in their bedroom and play their guitar.

One person told us they were looking forward to a coach trip to the seaside that everyone was going on and said, "It will be a good day. Fish and chips on the beach." Another person told us, "I was in the garden and it needed weeding, so me and some others just got on and did it. My family brought in some plants and I've put them in. The garden looks much nicer now." Staff told us they supported people with other interests, such as going for walks and visiting the local shops.

People's living plans were personalised to them and contained detailed information about their earlier lives, interests and family relationships. The deputy manager told us people's needs were reviewed when needed and we saw living plans had documented reviews.

The provider had a complaints procedure, however, this was not displayed at the home. The registered manager told one of the people that lived there may have taken it off the hallway wall. The registered manager assured us they would print off a further copy to display.

There had been two complaints since our last inspection and these had been resolved to people's satisfaction. People told us they had no concerns or complaints and if they did they would inform a member of staff. One person said, "I would tell the staff if something was wrong and they'd listen to me and help sort it out." There were no documented compliments. Staff said these were received verbally but not recorded. During our visit, two relatives made positive comments to us about the responsiveness of the service. One said, "We are very happy, the staff have settled [person's name] in well and are meeting their needs each day."

People had access to an independent advocate, if they wished to. One person had moved to recently from one of the provider's other homes. Staff told us this person had been supported to visit beforehand to see if

they liked it and if they got on with other people that lived there before making a decision to move. This person was also supported by an advocate to help them decide if it was what they wanted to do. This person told us, "I like it here."

## Is the service well-led?

### Our findings

At our previous inspection we found the governance of the service was outstanding. At this inspection, we found the governance was good and people made positive comments to us about their care and support. The rating is 'Good.'

Sadly, since our last inspection one of the providers, who was also the long serving registered manager, had passed away. This recent bereavement had naturally impacted the staff team, who felt a great loss. The registered manager told us, "We are still coming to terms with the shock really, it's had a massive effect on us all. But, we have plans to move forward and continue Anne's legacy and her hard work in dementia care." They added, "All the staff have supported people living here and also one another through our loss."

The provider, Merevale Care Homes, had worked in collaboration with David Sheard, a specialist in the provision of dementia care, and was 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 focused on the quality of people's lives. The provider had been filmed in 2009 by BBC2 and recognised as a role model in dementia care. This is now used by the Open University and Dementia Care Matters, in their training materials. In 2012, the provider; Merevale Care Homes, won an award for being the best dementia care home in the UK.

Staff told us they felt the home had a positive culture that was person centred and based on the values of the provider. Staff felt empowered to share ideas and told us the registered manager listened to them. Management plans were in place to provide day to day leadership and support to the staff. The registered manager told us their two experienced team leaders had recently chosen to leave their employment at the home, and plans were in place for one of the three senior care workers to become a team leader.

The registered manager told us they would continue to be based at another nearby Merevale care home, but visited the service at least weekly, if not more often. The registered manager they had worked closely with the late long serving registered manager. They told us, "Since our tragic loss, two deputy managers have been appointed, and will support me in my role. My aim is for each deputy manager to spend time at this home on a weekly basis. They will support staff, be involved in quality assurance checks and most importantly continue to train staff in the values from both the Butterfly scheme and the provider's own philosophy for dementia care."

An Environmental Health Officer (EHO) had carried out a routine inspection of the home's kitchen in January 2017 and had awarded four stars out of five stars. Refurbishment plans had already been in place and some of the findings identified by the EHO were the same improvement work that the provider had planned for and was now nearing completion. The EHO was due to make a follow up visit six months after their January visit. The cook told us, "We are expecting their return visit anytime now and we are hoping to score five stars."

Some food items were not stored in a suitable place. We saw fresh vegetables were stored in the locked shed used for laundry and cleaning chemical storage. The shed was dusty and not a suitable temperature to

store fresh vegetables. The registered manager was not aware of any issues with safe food storage and took immediate action when we raised this with them.

There was an on-going programme of maintenance and re-decoration at the home. Some rooms that had recently been refurbished and plans were in place to replace one person's laminate flooring that had become worn and cracked.

The provider's quality assurance systems ensured people who lived at the home received safe and effective care. The registered manager explained some of these were informal daily checks by staff as well as formally recorded audit checks.

No accidents and incidents had occurred since our last inspection but the registered manager understood the benefit of analysing information about accidents and incidents to identify the causes.

Quality assurance surveys had recently been sent to people's relatives and were due to be returned during July 2017. The registered manager said surveys would be given to people living at the home during August 2017. The registered manager told us these would be analysed and an action plan developed so that any improvements needed could be made.