

## Merevale House Residential Home

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### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection visit took place on 18 July 2017 and was unannounced. The inspection visit was carried out by two inspectors.

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 14 older people living with dementia. Merevale Lodge provides care for up to 13 people living with early-onset dementia, and 5th Lock Cottage provides care for up to four people living with alcohol related dementia. On the day of our inspection there were 30 people living there.

At the last inspection in August 2015, the service was rated outstanding. At this inspection we found the service remained outstanding.

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. At the time of this inspection, the registered manager was on planned leave.

People were extremely 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 were supported extremely well with their personal hobbies and interests and to go out when they wanted to. Staff used their knowledge about people's past to create opportunities to engage with people in a positive way and make new memories for the person and their relatives.

Staff received training in how to care and support people living with dementia, and this enabled them to support people to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The provider's values in good dementia care and their policies and systems in the service supported this practice.

Living 'care' plans contained very detailed information about people. This enabled staff to take a person centred approach, which contributed to the positive culture. Staff had received excellent dementia care training which enabled them to provide a safe, supportive and homely environment for people.

The culture of the home was very positive and staff embraced the provider's values. People described all of the staff as being calm and relaxed and saw them as 'equals'; there were no divisions between people that

lived at Merevale and the staff that supported them.

People and their relatives' feedback was sought by feedback surveys. The provider had systems and processes in place that ensured a very good service was given to people through regular quality assurance checks.

People felt safe living at the home and were supported by staff who were trained to protect them from risks of abuse. Risks were assessed and actions implemented to minimise those risks. Staff knew people very well and knew how to meet their individual needs.

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 felt there were always enough staff on shift to meet their individual needs in a person centred way. 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 were supported by staff to take them when needed.

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.

<b>Is the service safe?</b> The service remained good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained outstanding.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remained outstanding.	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service remained outstanding.	<b>Outstanding</b> ☆

# Merevale House Residential Home

## **Detailed findings**

### Background to this inspection

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

The inspection visit took place on 18 July 2017, was unannounced, and carried out by two inspectors.

We reviewed the information we held about the service. We had received 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 and had no current concerns about the service provided to people.

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 seven people in the communal areas. This was to see how people spent their time, how they interacted with the provider and what they personally thought about the service. We used the Short observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of some people who could not talk with us. We also spoke with three visitors during our inspection visit. The day after our inspection visit, we telephoned and spoke with a further six relatives.

We also spoke with seven care staff, the cook, the maintenance worker, both deputy managers and the

provider.

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, medication, 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 provided was safe, and at this inspection it continued to be safe. The rating continues to be 'Good'.

People told us they felt safe living at Merevale. One person told us they felt safe because, "They (staff) look after me." Another person said, "I feel safe," and told us they particularly felt safe when they went outside of the home with staff. They said, "Staff really are caring and know exactly what they are doing." Relatives told us they were confident their family member was safe and well looked after.

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 with either deputy manager or the registered manager.

Staff understood the importance of providing a safe environment where people felt secure. One staff member explained, "It is important people know they are living in a safe environment and to give family and friends peace of mind." Staff knew people very well so they were able to identify if people were unhappy or worried. One staff member told us, "I know people so well, I know their little quirks and can anticipate what they are going to do and I can distract them. Because I know them, I know to move objects, like a chair, close to one person but might not have to with another person; because I know what is a risk to one might not be to another person."

People felt there were enough staff because they received support when they needed it. One person told us, "When you call them, they come." Staff told us there were enough staff to meet people's physical, emotional and social needs. They said, "Because we have a high number of staff, we can sit down and talk to people." "[Name of person] likes to go for a walk three times a day and when we have got the four staff (in the Lodge), we can do that."

The provider understood the importance of managing risks without limiting people's freedom. An integral part of managing risks was for staff to understand people's past and motivation. For example, we saw one person walked around the garden and home throughout our inspection visit. When we looked at the person's living 'care' plan, we saw they had always enjoyed running and doing marathons. Movement was clearly important to them and staff had encouraged them to wear a special head guard to mitigate the risks should they fall or trip. Staff understood risks to people and were mindful of keeping people safe. For example, when supporting people to stand to transfer, they gave gentle prompts and guidance so the person could achieve it as independently and safely as possible.

Analysis of any accidents took place at the end of every month and was also used to prompt a review of people's falls risk assessments, if needed, to reduce their risk of further falls. The deputy managers agreed that this could potentially result in a delay in the information available to staff in how they managed identified risks being updated. The deputy managers made an immediate change to their processes, which meant recorded information on what actions staff should take to minimise identified risks would be

updated in a timely way.

A staff member told us, "We watch people, we make sure they are safe. If we see a risk, we intervene." We saw an example of staff doing this, as the weather on the day of our inspection visit was very hot and people enjoyed sitting in the garden. We saw staff advised people to move to the shade, supporting them to put sun cream on, offering them sun hats and prompting them to drink.

The home had designated smoking areas for people who choose to smoke cigarettes. Risks had been assessed and actions taken to minimise these. For example, a fire retardant cloth cover was available to protect their clothing if they wished to. There was also a fire blanket in the designated area for use in the case of emergency.

The provider had systems in place to deal with emergencies that might arise from time to time. Staff knew what support people needed to leave the building, for example, in the event of a fire. Staff received first aid training and said they would seek health professional guidance whenever needed and would follow their instructions. Staff could tell us the safe first aid response they would follow if a person choked on their food or had a fall.

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

People felt there were sufficient numbers of staff on shift. The staff member on shift at 5th Lock Cottage told us, "There is only one staff member on shift here. It works out fine for the four people living here. If I need any help, I can get support from staff next door, at the Lodge or House." Staff that worked in the Lodge and House told us there were always sufficient numbers on shift.

While there were current care worker night vacancies advertised, these shifts were being covered by existing staff. Both deputy managers told us if there were any gaps in the rota, they would cover the shifts themselves. This was because the provider and management agreed not to use agency care workers and preferred to offer people consistency with staff that knew them well.

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

We saw a few people's medicine records showed they had frequently declined to take their medicines. Medicine reviews were booked for these people, with their GP, so that their health and medicinal needs could be assessed.

Some people had medicines prescribed 'when required,' such as pain relief or medicines to calm anxiety. Guidance was available for staff so that a consistent approach was taken by staff when people had these medicines. Some people had eye drops and we saw none of these bottles had been dated on opening. The deputy managers told us new bottles were supplied each month if the person had their eye drops on a repeat prescription. However, the deputy managers said their expectation was for staff to date medicines on opening and they assured us this would happen.

Following our inspection feedback, the deputy managers 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.

Checks on the safety and security of medicines took place. We found that while the medication cupboard was secure, the key code for the cupboard door was the same for other doors within the home. This code was known to all staff and one person that lived there. We discussed this with the deputy managers who agreed their checks had not identified this potential risk and immediate action was taken, during our inspection visit, to remove this by changing the security of the cupboard.

An Environmental Health Officer (EHO) had carried out a routine inspection of the home's kitchen in September 2016 and had awarded four stars out of five stars. The cook told us a few minor improvements had been identified as needed, and gave us an example of having changed their fresh egg storage area. The cook confirmed that the improvements had now been made.

## Is the service effective?

### Our findings

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

Staff told us they received regular training in caring for people living with dementia that gave them the skills to meet their needs. The training included dementia care training based on the values of the provider. The provider had worked closely with specialist organisations since Merevale was established and the values were strongly embedded in the care and support given to people by staff. The training was clearly effective as throughout our inspection visit we found people were calm, engaged and relaxed. We did not observe any anxiety, distress or aggression. One member of staff explained, "We have people move here and we've been told they have 'behaviour issues' but we never see it." One deputy manager gave us an example of one person whose initial assessment prior to admission to Merevale, had described them as 'wandering and absconding from the home.' Since this person's admission, they had been settled, took part in individual activities and shown no wish to leave. We saw this person was calm and smiling while they spent time in the communal lounge with staff who spoke with them.

Staff wore 'activity belts' and told us these helped them to be effective in their role. The belts had pockets and contained items such as a duster, bottle of bubbles and a scourer pad. One staff member said, "If a person gets a bit anxious, we can use anything in our activity belt to distract them. Because we have immediate access to an item, it works and distracts the person to be calm and content. For example, if a person becomes worried during personal care, I can just take a moment to blow a couple of bubbles from the bottle, talk about them while I carry on with their personal care. It works really well, because their worry is gone and I can support them."

Staff told us they were encouraged and supported to gain nationally recognised qualifications in health and social care. New staff received an induction and support to complete the care certificate. One new member of staff told us, "I've just recently started and feel my induction has been really good. I'd heard good things about Merevale and wanted to work here, I want to care and show love toward people living with dementia." Other staff had worked at the home for numerous years and received on-going support to update and refresh their knowledge. One staff member told us they had completed their health and social care diploma level 2 and were now working towards their level 3 with the support of the provider. Staff told us they had regular opportunities to meet with senior staff and managers to discuss their roles and talk about how they could improve the quality of care delivered within the home.

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 deputy managers told us all of the people that lived at the either Merevale House, Lodge or 5th Lock Cottage, were deprived of their liberty. Nine people had an approved DoLS from the local authority. The registered manager had submitted applications for the other 19 people. The deputy managers understood their responsibilities under the Act and when it would be necessary to have a 'best

interests' meeting.

Living 'care' plans contained capacity assessments which indicated what decisions people could make, where decision making capacity could fluctuate or where they were unable to make any decisions at any time. Staff were clear about how to support decision making and actions to be taken when people were assessed as lacking capacity. There was evidence in care plans that those closest to people had been involved in making decisions in their best interests. For example, in respect of any routine healthcare procedures or significant dental work.

People confirmed staff encouraged and enabled them to make as many of their own decisions as much as possible. One person told us, "Staff have nothing but the best interests of us all at their heart." Where people could not verbally express themselves, staff were observant of their facial expressions and body language. For example, at lunch time a member of staff watched the face of the person they were supporting so they could judge if they were enjoying their meal. They understood that when the person turned their face away, they were indicating they had eaten enough. Staff told us that when people were unable to make their own choices, they supported them in their best interests and made choices based on their knowledge of people's likes and dislikes. One staff member said, "I can tell from facial expressions or body language if something has upset them." Staff told us they would reassure people and find out what the issue was, so they could put things right for people.

People enjoyed their meals and told us they had enough to eat and drink. Staff asked people what they wanted to eat using large pictures to help people understand what the options were. One person told us, "The food is good. It is cooked really well." Care plans contained information about people's food and drink preferences and any cultural or religious preferences. Staff monitored people's weight and the cook gave us examples of how they added extra calories (fortified) to food for some people at risk of low weight or malnutrition.

At lunch time people who needed help with their meals, were given their meals first so staff could concentrate on supporting each person. Staff sat beside people and took their time when assisting people to eat to make sure the person ate as much as they wanted. Some people were served meals on 'dementia friendly' crockery in bright colours to entice them to eat. We saw people enjoyed their meals and were relaxed with the unrushed support given by staff.

The provider had established a good supportive relationship with the local doctor's surgery and healthcare professionals were involved when needed. The practice manager at the GP surgery told us, "We have an excellent relationship with the staff team at Merevale and we trust their judgement. If they ring us, we know they need something because they have people's best interests at heart." There was evidence in living 'care' plans of people being seen by the chiropodist, optician, dentist, GP and continence nurse.

Each person had a hospital information sheet to go with them if they had to be admitted to hospital. Staff told us this was important because people may not always be able to communicate their needs to staff that did not know them well. The information sheet would avoid potential distress to people. A senior member of staff explained, "If we can, we will support a person to stay at the home for end of life care. The doctor gives his personal number and he wants to be phoned. He likes to be with them to the end." The member of staff went on to explain that because the doctor was confident staff knew people well, they were quick to respond and trusted their judgement. A staff member added, "We know these people, we know all their behaviours because we know them so well. A lot of it is trust, they (doctors) trust us and we trust them."

## Is the service caring?

### Our findings

At our previous inspection we found the service provided to people was very caring, we found people and staff had formed genuine friendships which enabled people to have an excellent quality of life and we gave a rating of outstanding for this domain. The rating remains 'Outstanding'.

People and relatives were overwhelmingly positive about the way staff demonstrated a caring and thoughtful attitude towards people. One person told us, "It is beautiful here, really nice. It is amazing. They (staff) couldn't do any more for us, they are very caring." Other comments included, "They are very kind and very good", "They (staff) are really helpful and really friendly. If you have something you need to ask, you can always ask them" and, "I think they (staff) are great. They have helped me through a lot." A relative confirmed, "The staff are brilliant and really caring and affectionate." Another relative told us, "I spent hours searching for the right place for my mum and this home exceeded everywhere else we looked at. Merevale House and staff have become our family over the past seven years. The staff love and care for my mum. It's heart-warming and they are excellent."

Two words that people consistently used were 'homely' and 'family' to describe the atmosphere in the home. One person explained, "It is like being part of a family, it is a nice family atmosphere." To promote a family environment staff did not wear uniforms or name badges. One person particularly valued this and told us, "Do you know what is lovely, they don't wear name badges. It makes us all part of a big family. I don't feel I'm being looked after and cared for. Obviously, they are caring and looking after me, but I don't feel like that. I feel like I'm an equal and it is a level playing field." This was clearly demonstrated by one person who chose to lie on the sofa with their feet up when they became tired.

A senior member of staff explained the ethos behind the atmosphere. "Heart wise we are always here. It is our home and we love and care for people. Surroundings don't matter, it is what we do with people. Everything we do together. The whole point of us is to live as a family, a community. We all come together as a community."

Staff were motivated and enthusiastic to ensure everyone in the home felt valued and appreciated. They cared for people in a relaxed, warm and friendly way and people responded positively. One person told us, "There is not one member of staff here who looks like they want to be somewhere else. They clearly want to be here and enjoy their job." A staff member explained, "It is homely. It is none of 'them and us'. There is no routine. It is 'tasks last' and 'care first.' I'd describe the care here as first class."

Staff recognised each person as an individual with their own unique characteristics and personalities. When talking about people, staff focussed on the person rather than their illness or diagnosis. For example, when we asked one staff member to tell us about the people they cared for, they told us all about people's backgrounds, interests, hobbies and families, rather than their care needs. Another staff member told us, "Nobody is the same and we respect everybody as an individual."

All the staff we spoke with emphasised how knowing about people helped them to understand their

motivations and responses to care. It provided them with prompts to open meaningful conversations with people and provide reassurance at times of anxiety or distress. One staff member explained, "I might go home at the end of the day but in essence we live together. If you know something about people's past, it gives you something to talk about and it keeps their brain active as it gives them something to remember."

Staff respected and valued what people had achieved in their lives and recognised their contribution to society and the lives of those closest to them. When talking about one person a staff member described them as "very spontaneous" and said, "His children must have had a wonderful upbringing."

Staff recognised that some people's life journey had not been so smooth and relationships with family and friends had sometimes fractured. One of the deputy managers explained, "Some people haven't had families for some time because of their past, this is their family now." A staff member when speaking of one person said, "[Person's name], he has got us now, we are his family."

Staff took time to listen to people and supported people to express themselves however limited their verbal communication. Staff always made eye contact when they spoke with people to ensure people had understood what they were saying. For example, one person was wearing a sunhat with a wide brim. We saw staff bent down when talking with the person to ensure the person could see them under the brim. Offers of support were delivered in a sociable and caring way. Staff used care tasks as an opportunity for social engagement at the same time. Staff frequently provided physical reassurance, stroking people's arms and hands, putting their arm around their shoulders and making them feel valued.

We saw a lot of humour and people and staff enjoying a joke and a laugh together. One person told us, "If they (staff) know they can have a laugh with someone, they will do, but they are always very respectful. It is never inappropriate."

## Is the service responsive?

### Our findings

At our last inspection we found the responsiveness of the service was outstanding. At this inspection we found staff continued to encourage people to maintain their interest in life and enjoy social engagement with others. The rating remains 'Outstanding'.

People and relatives told us staff were extremely responsive to people's emotional and social needs. One relative told us, "It is quite obvious they want to give them the best quality of life and they want people to enjoy their life. The fact they have lots of freedom and can do the things they want to do. They just seem to keep people occupied." This relative told us previous placements had broken down because their family member had not settled. They explained their family member was now much more settled at Merevale and went on to say, "They have managed it amazingly well here. They take [person's name] for walks along the canal two or three times a day. If she wants to go out she can go out which suits here well. She is as settled as she is going to get and she is being really well looked after. We are absolutely sure this is the best place she can be."

One person told us, "It (the home) is good, it is brilliant. It has changed my life in the sense of how I used to live. The things I want out of life have changed." They told us staff were understanding of their own particular situation and explained, "I feel I can open up to them. I know who to go to." The person told us they were motivated to build on the progress they had made so they could eventually move into more independent living.

People had pre-admission assessments before moving into Merevale. One relative explained the process had taken some time because they needed to be certain it was the right place for their family member. They told us they were never rushed and were given time to learn about the service and what it had to offer.

People, with assistance from their relatives, were involved in planning their own care and support. One relative explained, "We discussed the living 'care' plan in quite a lot of detail and I have spoken to staff about it. They asked us a lot about what she liked doing." They went on to explain their family member used to be a health professional and was 'very particular' about taking their medicines themselves. They said, "We have discussed that in detail and how they should support that."

Living plans were clear about people's abilities, what people could do independently, when they needed prompting and when they needed support. Staff consistently focused on people's abilities rather than what they could not do. One staff member told us, "Some people are far more able than others, and some of the older people do need support with most things. But, we always try to find a little thing that the person with the highest support needs can do themselves." Day and night plans gave information to staff about how people preferred to receive their care and routines that were important to them. There was good information about lifestyle choices such as what time people preferred to get up and go to bed.

Staff were extremely motivated to provide care that met people's individual needs and ensured they had the best quality of life possible. They understood that to do that they needed to know people's background and

history so they understood their motivations and enthusiasms. Living plans contained detailed information about people, significant people and events in their lives and what was important to them. For example, in one person's plan there was information about their wedding day as it was an important occasion to both them and their partner. There was also information about what could cause this person anxiety or to worry. One staff member explained, "You get an idea of what kind of person they are. One lady was a nurse and we created a first aid box for her as an activity. She loved it. It was great seeing her smile and doing something she enjoyed. [Person's name] is a hands on man. He was a handyman so we got him a tool box and a padlock board with different keys on a chain." Another staff member told us, "Some people forget what they did in previous years, but if you know about them you can prompt them and it kind of triggers it for them and they will start speaking then."

Staff said that communication was excellent in the home and they were always informed about changes in people's needs. "It is always written in handover how people have been. Medical interventions are always written down in their living plan."

Staff understood that due to people's complex needs, group activities were not always appropriate and that one to one interaction was often more effective and beneficial to the person. During the day we saw staff took every opportunity to spend time with people on an individual basis, looking at photographs, doing crosswords, helping with make up or just chatting. One staff member told us, "If people are upset and asking for their families we get their memory box out and sit with them going through their photos." When one person called out that they were worried about their money, a staff member immediately went to sit with this person and reassured them their money was safe in the bank. Once the person was reassured and not asking about their money, the staff member stated to ask about the life size baby doll the person was holding in a way that was positive for the person.

Staff told us that some of the ladies liked doll therapy which gave them a purpose in life. One staff member said, "Doll therapy offers reassurance to some people, they can hug and give them love and affection."

Staff supported people to pursue their hobbies and interests. Staff told us, "One of the ladies used to knit so we get the knitting bag out. We give her needles with a bit of knitting that has been started off and she will sit knitting." One person told us they were able to go fishing regularly and entered competitions. People enjoyed the benefits of living by the side of the canal and within a short walking distance of the local town. One person said, "If we feel we want to go for a walk all we have to do is ask. It is not all timetabled."

People made use of the enclosed gardens and could explore the garden area or sit at the various benches and seats that were available, both in the sun and in the shade. The garden was very well maintained. It was full of colour with different areas to provide visual, tactile and sensory stimulation for people living with dementia. A 'tea room' had been created from a shed and offered people and their relatives a private place to have a cup of tea and chat.

People and their relatives said they would raise any concerns with staff and were confident they would be listened to. One person told us, "I would speak to the managers." Another said they would speak to, "Whichever member of staff is on. There's not one member of staff you can't talk to. They make themselves approachable." No one had any concerns or complaints.

The many compliments received were on display. These included cards and one person had written, "Words are just so inadequate at a time like this but I just want you all to know that we are all so very grateful to each and every one of you for the love, respect, care, tenderness and joy that you gave to my darling sister. Nothing and nobody could have supported her better, care for her with more dignity or loved her more."

## 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 provider continued to put their values around providing an excellent service to people living with dementia at the heart of everything. The rating remains 'Outstanding'.

Sadly, since our last inspection one of the providers, who was also the long serving registered manager, had passed away. The remaining two providers told us they were committed to continue her legacy and hard work in dementia care. One provider told us, "The last months have been so hard for all of us, it has been a tragic loss. We have plans to move forward and have promoted two staff to deputy manager roles to support the registered manager and want to continue our successes in dementia care."

The provider, Merevale Care Homes, had worked in collaboration with 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.

People spoken with recognised and valued the high quality of dementia care provided by the managers and staff. One person told us, "I feel they have quite an expertise." The providers were passionate about delivering the highest standard of dementia care and this had been recognised by other experts within this area. They had recently been invited to attend a dementia care conference in Canada to talk about the home and most particularly, "How we turn it from a policy into what we do on a daily basis." They had also engaged with politicians to ensure dementia care was not forgotten when discussing wider healthcare issues.

The providers also shared their learning and knowledge with other care homes to drive improvements in dementia care within the care sector. The provider's told us, "Part of our role is attending conferences and going into other homes and talking about what we are doing. We want dementia care to improve. We want other homes to improve because we want good homes." They also welcomed other healthcare professionals into the home, both national and international.

The providers told us, "We are committed to honouring the memory of our provider, who opened the home." They added, the provider had done so much to drive improvement in dementia care locally, nationally and internationally. They planned to turn the home into a not for profit business and use the funds to set up a charitable foundation in the provider's name. Their aim was to fund two Admiral Nurses in Warwickshire and the West Midlands. The provider added they wished to, "Extend Merevale House into the community" and this included plans for a dementia café to bring people from the local community into the home.

Staff told us they felt supported by the registered manager and described themselves as being a part of a 'good team' that included all the staff and management. One staff member who had recently started work

at the home, told us, "I'd heard good things about the home, such as the provider really cares about the people that live here and I wanted to work here because of that. So far, I've been impressed, I'm enjoying it here and feel supported."

Staff identified with the values from both the Butterfly scheme and the provider's own philosophy. They were supported, through management role modelling, to provide a service of dementia care to people that focused on their quality of life. Throughout our inspection visit, we saw both deputy managers acknowledge and speak with people that lived there in a positive way that reinforced the model of care that the provider was committed to achieve.

A healthcare professional gave us feedback about the management at Merevale House. They told us they felt the registered manager deserved praise in how they have successfully managed the difficult and emotional transition over the past months. They told us they felt the registered manager had supported people who lived there and the staff team through a very difficult time and was maintaining the late provider's values and high standard of dementia care.

There was an on-going programme of maintenance and re-decoration at the home. Staff told us plans were in place to replace parts of the flooring that had become worn and cracked in 5th Lock Cottage. The maintenance worker showed us confirmation of work scheduled to replace six small panes of glass that had become cracked in two people's bedrooms.

The provider's quality assurance systems ensured people who lived at the home received safe and effective care. Accidents and incidents were recorded and a system was in place for analysing information about them to identify the causes and reduce risks of reoccurrence.

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