

Review of compliance

Merevale House Residential Home Merevale House Residential Home

Region:	West Midlands
Location address:	Old Watling Street Atherstone Warwickshire CV9 2PA
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Merevale House is registered to provide residential care to 31 people with a dementia illness. The original part of the house provides accommodation for 15 older people. There are also two separate buildings known as The Lodge and The Cottage which can accommodate up to 16 younger adults.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Merevale House Residential Home was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 December 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

On the day of our visit on 8 December 2011, we spoke with the manager, deputy manager, care staff and ancillary staff, two visiting family members and those people living in the home who were able to verbally communicate.

We used a range of methods to gather evidence about how well the service met the needs of people living there. We spent time sitting with people in the lounge and dining room watching to see how they were supported, how staff spoke with them to ensure that they were treated with dignity.

We found that staff treated people with kindness; they knew people as individuals and understood their personal needs and ways of communicating those needs.

We saw that there was a 'family' atmosphere in the home with a lot of joking and people taking part in day to day routines. One staff member commented, "The whole place is happy, we are one big happy family."

The exterior and interior of the home was decorated for Christmas and one person spoke about how much they enjoyed looking at the Christmas figures in the front garden.

We looked at the care planning documentation to see what guidance was given to staff, to ensure that people received their care as they required to meet their needs. We looked to see if systems were in place to offer this in a safe way. We found that care plans were detailed and contained the kind of information that would ensure staff understood aspects of each person as an individual and would be able to meet their needs effectively and safely.

All of the people we spoke with were complimentary about the staff with one person commenting, "You can't fault the staff, I can't complain." A visiting family member told us, "The staff are so natural, they treat my relative like a member of the family. I would know if they were unhappy here."

We were told that Merevale House had recently won an award as 'Best Dementia Care Home' at the National Dementia Care Awards. This award was based on testimonials from relatives, visitors and people who use the service. Staff and people who use the service were very proud of this achievement. The manager explained that it was a team effort and the award was due to dedicated staff and supportive families.

We spoke with staff about training to ensure that they had the skills to meet the needs of people living in the home. Staff spoken with told us that they were well supported by the manager and other staff. Comments received included; "We have a brilliant team here," and "This is a lovely place to work, I am lucky and privileged to be here."

Staff felt that they received a good level of training to ensure that they knew how to deal with incidents and understood how to protect people from the potential of abuse and keep people safe in emergencies.

What we found about the standards we reviewed and how well Merevale House Residential Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People living at the home are treated with dignity and respected as individuals. They are able to be involved with making decisions about their care treatment and support.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The service puts people at the centre of their care so they can make decisions and understand the options available to them. People receive care that is consistent with their individual assessed needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People using the service are protected from abuse, or the risk of abuse. Staff have the training and understanding to make sure abuse is reported appropriately.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There are sufficient competent staff on duty to meet the needs of people using the service.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems are in place to monitor risks and to review the quality of the service provided.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Information about the home was given to people so they would know exactly what the service could offer. Every effort had been made to make sure moving into care was in people's best interest and a positive experience for them. People's ability to do things for themselves and be independent was identified, and they were supported through care planning to continue their lifestyle in making sure their care was personalised and given with dignity and understanding. Their needs and choices were respected and care staff were provided with essential information to care for them in a person centred way. For example, we saw that people and their relatives complete 'life history' documentation which provides staff with important information about the person's life and their likes and dislikes.

We spent some of the time observing staff and people living at the home going about their daily routines. It was evident people felt relaxed and at ease with staff who were familiar with individuals and their daily routines. Staff paid attention to privacy and dignity. For example, we saw that personal care was always delivered in private. Attention was paid to people's appearance, including their hair and nails. All clothes worn by people were clean and smart.

We spoke with two visiting family members. They told us that they were happy with the

home, that staff knew their relatives well and understood their individual care needs. One described the home as 'outstanding.' They told us that staff involved them with their relative's care and kept them fully informed and up to date. We saw records that confirmed this in individual care files.

Other evidence

During the visit we looked at the care files of one of the people who lives in the home. We saw that the home had completed a detailed pre-admission assessment for the person. Essential information from all sources such as health and social care and family was recorded.

Risks were assessed, recorded, and action taken to minimise them whilst recognising the individual's right to take informed risks. People's preferences and wishes were recorded in the care records.

Our judgement

People living at the home are treated with dignity and respected as individuals. They are able to be involved with making decisions about their care treatment and support.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

During our visit we saw staff were attentive in responding to people's requests and meeting their needs in a pleasant and patient manner. Visiting family members told us that they thought their relatives care needs were met by the staff and that they were well looked after. Their comments included; "I particularly wanted my relative to come to this home. I couldn't imagine them being as content as they are here at any other home." and "all the staff are kind are caring."

People have a personalised daily living plan that includes their choices. For example one person indicated to us that they could get up in the morning when they wanted and retire to bed when it suited them. There were no expectations people should conform to set routines.

People's capacity to make their wishes known either verbally or non-verbally is identified and staff are made aware how best to support people in circumstances where they cannot say what they want. For example, we saw a care worker interpret that a person wanted to hold a doll. It was evident from the person's expression when they were handed the doll that this had been the correct response.

Due to the needs of the people living at the home who were unable to easily verbally share their experiences, we spent time observing the support given to them and how they spent their day.

We observed how staff offered people care and support and how staff spoke with them.

We looked at how staff treated them to ensure that they were treated with dignity, were able to stay as independent as possible and if they were offered privacy.

We saw that staff understood people's needs and treated them as individuals. People looked happy and content. Their relationships with the staff were like family members. People were encouraged to see the home as their own and we saw they walked freely around the home and chatted with staff.

We saw that everyone received plenty to drink, that the food was good with a varied menu. We joined some people for lunch and a staff member told us that nobody is ever rushed to finish their meal. People can eat at their own pace. We saw that people were offered second helpings if they chose.

We were told that there was always plenty going on for people to do. Although all care staff are involved in engaging people in leisure and social activities, the home also has a member of staff specifically to provide art therapy for people living in the home. Care staff spend most of their time providing one to one support and recreational interests for people. The art therapist, who has an arts degree, told us that the activities were flexible and available for people to join in with, if they wished to do so. We saw that the plan was varied and catered for all tastes and abilities.

People and staff told us how much they had enjoyed a recent dinner and dance at a nearby venue to celebrate the 25 year anniversary of Merevale House. People, their families and staff dressed in evening wear and it was obvious the occasion had been a success. People were keen to tell us how much they had enjoyed the evening and some ladies described the evening gowns they wore to the event. The provider had ensured that anyone who wished to attend the event were supported to do so.

People are supported to access the local community and take part in activities which promote their independence, such as bedroom cleaning, peeling vegetables for meals, cooking and participating in individual hobbies.

Other evidence

We looked at a person's care records so that we could see how staff assess and plan the care people need. We saw that people and their relatives were involved in the care plan process and reviews. Staff spoken with had a good knowledge of people's needs and could describe how care was given and how people wanted to be supported. This means that people could be confident that specific health needs could be met by trained and competent staff.

We saw from care records that people were seen by external healthcare professionals including the optician, dentist, chiropodist, social workers and GP. This means that people have access to specialist advice to ensure all their healthcare needs are met.

We observed people being supported during lunchtime. People who needed support with eating their food were provided with assistance in a sensitive and dignified way. Care records showed that people have their weight measured which enables staff to monitor weight loss or gain. The home also completes risk assessments that indicate which people may be at risk of malnutrition. The completion of these risk assessments enables the home to take action promptly thereby reducing the risk to the people living there.

Our judgement

The service puts people at the centre of their care so they can make decisions and understand the options available to them. People receive care that is consistent with their individual assessed needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We asked people about the staff and if they felt they were treated as they would expect and with respect. Those people who were able to communicate told us they felt safe in the care of the staff team at the home, and that they would feel confident raising any concerns they may have.

Visiting relatives told us they have not seen anything that worried them. One person commented, "I have never witnessed anything but kindness and tolerance from staff"

We checked what systems were in place to ensure the home took reasonable action to prevent potential abuse and responded appropriately to any allegations made. We spoke with staff to ensure that they had the right knowledge and skills and looked to see how they responded to people. Staff spoken with demonstrated a good knowledge of what constituted 'abuse' and were aware of the organisation's 'whistle-blowing' policy.

They told us that they had never been aware of a staff member speaking to or caring for someone inappropriately. They said that if they did they would report it immediately to the manager and felt confident that the manager would deal with it effectively. We asked about people who may from time to time demonstrate challenging behaviours. They told us they were trained to diffuse any potential situation. They also said that they would never restrain people and that there was a policy of 'no restraint' in the home.

The staff team have worked in the home and with some of the people living in the home for a significant number of years. One staff member told us "Residents are always put first. Where else could you go to work and have a good time with such lovely people (residents)."

Staff told us that they were very happy working in the home and the care they were able to offer. One care worker said "I love it here, I always enjoy coming to work, we work as a team and have a very supportive manager."

We observed how the staff treated and cared for people and saw that their knowledge of individual people made sure that the atmosphere was calm and relaxed. Where someone was distressed we saw that staff went to every effort to ensure that they were comforted.

Other evidence

The home had policies in place that offer additional guidance to staff about dealing with safeguarding and abuse.

The manager was aware of her role and responsibilities in responding to suspicion and allegation of abuse. We saw that where people had demonstrated behaviour that challenged staff the manager had sought specialist advice and had ensured that there were no physical underlying causes that required treatment.

We discussed the recruitment process with a recently appointed member of staff to confirm that all necessary security checks had been undertaken before they were employed. They told us that a police check and two references were in place before they started working at the home. Effective recruitment and employment procedures help to ensure that people are safe and that staff are fit to do their job.

Our judgement

People using the service are protected from abuse, or the risk of abuse. Staff have the training and understanding to make sure abuse is reported appropriately.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spent time in two of the home's communal lounges observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them. The home had a calm, friendly and relaxed environment.

We observed that the number of staff on duty was appropriate to the needs of the people living at the service. We saw staff supporting people with their routines of daily living. For example, we saw staff offering timely and sensitive assistance during a meal time. On other occasions, we saw staff sitting with people chatting and encouraging them to join in with a sing-a-long or participate in an activity session.

We asked visiting family members if they felt there were enough staff in the home to attend to people's needs. They said they had never seen anyone waiting for assistance because staff were too busy. They also commented, "You can see people have virtually one to one care here," and "they all put their heart and soul into the job."

Other evidence

The home is run by an experienced management team. The manager told us that staffing levels are kept under review and are increased if people's dependency levels rise.

The manager and deputy are supernumerary and we saw there were sufficient laundry, catering, cleaning, maintenance and administrative staff to ensure that care staff do not spend undue lengths of time undertaking non-caring tasks.

On the day of our inspection visit there were nine care staff on duty throughout the home. The staff we spoke with felt that the staffing levels were appropriate and that they had time to meet people's needs.

Our judgement

There are sufficient competent staff on duty to meet the needs of people using the service.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Staff spoken with said they had regular supervision meetings with the manager or deputy and that they felt this was very supportive and helpful. They said that they felt able to contribute to change and would feel comfortable to put forward ideas for improvement. They said that they felt communication was excellent.

People told us that they would be happy to raise any concerns and that they would be listened to. One person commented; "You couldn't find a better place, if you tried." A visiting relative told us, "I know my relative is safe here, I can't emphasise how happy I am to know they are here being looked after by wonderful, dedicated staff."

Staff spoken with told us that they would raise any concerns they had about risks to the people living there or poor practice, with the manager. They said that if these were raised the manager would act on it.

Other evidence

We looked at how the home has provided people and their representatives with opportunities to comment on different aspects of the home.

The home has a system for quality assurance, which has included questionnaires, internal and external audits and the production of a development plan. This helps to ensure that people have a say in the way the home is run and that it is working well to support people.

We saw that staff and residents meetings were held. This gives people the opportunity to raise any concerns or discuss ideas about the home.

We saw that the home had received a number of thank you cards and letters which suggest people's satisfaction with the service.

The deputy manager meets with small groups of people on a monthly basis. Minutes are taken of these meetings and any action to be taken to address issues or suggestions raised is recorded.

We found that the service had comprehensive quality checking systems to manage risks and assure the health, welfare and safety of people who received care and support.

Our judgement

Systems are in place to monitor risks and to review the quality of the service provided.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA