

# Abbeyfield Hertfordshire Residential Care Society Limited

## Friars Mead

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Friars Mead is a residential care home providing care and support for up to 27 people aged 65 and over. At the time of the inspection 18 people were accommodated at the home.

### People's experience of using this service and what we found

At our previous inspection in October 2018 we found that improvements were required in all but one of the key questions (Caring). At this inspection we found that while some improvements had been made further improvements were required around the overall management of the service. People and relatives told us they were happy with the service and gave positive feedback. Additional governance systems had been introduced to help improve the quality of care and support provided, and this had improved peoples experiences.

People felt safe and well cared for by staff. Staff knew how to identify and report potential abuse. Individual risks were assessed, and measures put in place to help reduce or mitigate the risks, and this helped to keep them safe. People received their medicines regularly, they were stored securely and appropriate records kept. Staff had been trained in infection control procedures and followed guidance to help reduce the risk and spread of infection.

Staff were supported through induction, training and supervision and mostly felt well supported. Where people required assistance with eating and drinking staff supported them. People were supported to access health care professionals. People were asked to consent to care and had signed their care plans. Staff understood about giving people choices and supporting them to make their own decisions.

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

People told us they felt the staff were kind and caring. People's privacy and dignity was maintained and promoted, and staff respected peoples confidentiality.

People's needs were assessed before they came to live at Friars Mead to help ensure that the service could meet their needs. Care plans were further developed over time when new information came to light. Care plans contained sufficient information for staff to support people according to their needs. Activities required a more consistent approach as there was not very much to 'engage' people and at the time of the inspection they were trying to recruit new activities staff. There was a complaints process in place and compliments were also recorded. People and their relatives said they would be confident to speak to a manager or raise concerns should the need arise.

The registered manager had developed and implemented quality assurance systems since the last

inspection which meant they had a better oversight of the quality and safety of the service. However, further improvements were required to demonstrate consistency and sustainability. People, and their relatives were positive about the overall management of the service. People were asked for their opinions and feedback.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 09 January 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not consistently Well Led

Details are in our well led findings below.

Requires Improvement ●

# Friars Mead

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector completed this inspection.

#### Service and service type

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

The service had a manager registered with Care Quality Commission. The registered manager, along with the provider, are legally responsible for how the service is run and for the quality and safety of care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from professionals who have experience of this service. We used all this information to plan our inspection.

A provider information (PIR) form had been completed. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We sought feedback from three people who used the service. We spoke to three visiting relatives. We spoke to the registered manager, two team leaders and two care staff.

We reviewed a range of records. This included three people's care plans. We reviewed recruitment records staff training and staff supervision records. We looked at quality monitoring and safety audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of harm. One visiting relative told us, "No concerns at all, I feel very relieved knowing [Name] of person is here and is safe."
- Staff had been provided with training and were able to describe the process for identifying signs of potential abuse and were aware of reporting concerns in accordance with policies and procedures.
- People told us they felt safe and did not have any concerns in relation to their safety.
- Staff were aware of the company whistleblowing policy and how to raise any concerns should the need arise.

Assessing risk, safety monitoring and management

- Individual risk assessments were completed and kept under regular review. These included environmental, falls, skin integrity and other areas that may pose a particular risk to the person.
- Staff received training in how to support people safely including when mobilising. Most people we noted were able to mobilise safely with the use of a walking aid. Staff confirmed that they received regular training and updates.

Staffing and recruitment

- Robust recruitment checks were carried out before staff began working at the service. These checks included a disclosure and barring check, taking up of a minimum of two references as well as proof of identity.
- People and their relatives told us that they thought there was a good, stable staff team most of the time. Although there were some staff changes recently and the use of regular agency staff was a regular occurrence.
- There were enough staff available to meet people's needs in a timely way.

Using medicines safely

- Systems and protocols were in place for the safe ordering, storage and disposal of medicines. People told us they received their medicines regularly and only senior staff administered medicines.
- Staff received training in the administration of medicines and had their competencies checked on a regular basis to make sure they were able to safely administer medicines to people when they needed them.
- There was clear guidance in place for the use of 'as required' (PRN) medicines which also provided guidance about in what circumstances they should be administered.

- We checked a stock balance of controlled medicines against both the medication administration records and the controlled medicines record. We found the stock balances tallied apart from one record where a discrepancy was found. This was later rectified as the staff member had given the medicine to a resident who had gone home over the holidays.
- Preventing and controlling infection
- The home looked clean and generally well maintained and there were no mal odours. People were protected from the risk and spread of infection. There were cleaning plans in place and staff were provided with training on infection control.
- Personal protective equipment was provided to staff and we noted they wore this when assisting people with personal care and handling food.

#### Learning lessons when things go wrong

- No formal accident or incident had been recorded since the last inspection. However, staff knew how to report incidents and understood the importance of doing so.
- The registered manager had a system for reviewing incidents and looking for patterns and trends. Actions were put in place to prevent incidents from occurring again and to keep people safe.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question had improved to achieve a rating of Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their individual needs assessed and care plans were developed using information from both the initial and ongoing assessment.
- People were observed to be independent and staff supported them in a way which promoted their independence for example by assisting people to use of mobility aids.
- Staff knew people's needs well and delivered care as detailed in the way people had chosen to be supported. We saw that people were offered choices in aspects of their everyday living.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included learning about the ethos and culture of the service. New staff also had an opportunity for shadowing existing staff and getting to know people's support routines well.
- Staff said that they were able to request additional support and felt well supported by colleagues and peers.
- Staff received regular training and supervision with the management team. This included both team meetings and individual one to one meetings. We saw records to confirm this.
- Staff were able to develop their roles and were supported by the register manager to gain any additional skills and experience required to enable them to aspire to more senior roles.

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

- People told us that they were able to have whatever they wanted to eat, and snacks were readily available.
- Menus were not available on tables. We observed there was a white board on the wall with two options not stating what the starter was, or what the main course was served with or what desert options were.
- We asked the team leader about the possibility of having menus on tables (as this would be an engaging topic of conversation) and they told us, "We have never had them the food options are available on the wall."
- The lunch time experience was task driven and could have been a much more pleasant experience with some background music, more conversation and staff interaction.
- Specialist diets could be catered for and staff told us they worked closely with kitchen staff to ensure people's dietary requirements were met.

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

- Staff had developed good 'partnership' working relationships with other services and organisation as well as community professionals. For example, we saw that one person had a regular 'companionship' type visit from a person who worked for a charity. They told us they came to visit and if the person wanted to go out they would accompany them, or they could choose to stay in and have a chat."
- People had access to healthcare professionals based on their individual needs such as community nurses, and speech and language therapists. People were registered with a GP.
- People had regular health checks with to help maintain their health.

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

- The building generally looked a bit tired and dated in places and would benefit from redecoration. The communal areas would benefit from more stimulating sensory objects for people to engage with to support a more stimulating environment.
- People's bedrooms were mostly personalised to reflect individual preferences, and most were well proportioned with ensuite facilities.
- The registered manager told us there were plans in place for redecoration and they were hopeful this would be done soon.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- The registered manager understood the requirements of the MCA and their responsibility to ensure staff knew the basic principles and how they applied to people living at Friars Mead.
- Staff had received training in MCA and DoLS, however staff we spoke to gave mixed responses and although all told us they had heard of it they could not explain clearly how this applied to people in the home.
- The registered manager agreed that although staff had training and had the MCA 'principles' guidance distributed to them and accessible at all times. They would benefit from refresher training.

# Is the service caring?

## Our findings

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

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

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

- We observed positive interactions between staff and people who used the service. Relatives too, told us This was definitely a good choice of home for their family member. One relative told us, "We never fail to be impressed by how caring the staff are. We may arrive at any time during the day but are always met by a sea of smiling faces."
- People's care plans included both detailed and personalised information to assist staff with meeting people's individual likes and dislikes and maintaining their preferred routines. Information contained details such as any religious or cultural preferences or observations. One visiting relative told us, "I like the spiritual ethos here at Friars Mead." While another person told us, "They have a caring culture here and it is very homely and friendly." They went on to say they were very happy to be living there.
- We observed staff speaking kindly to people about things that they knew people responded well to and were important to them. It was evident that staff had developed good relationships with people and could talk about a range of topics that were of interest to the people who lived at Friars Mead.
- Staff received training in equality and diversity to raise awareness of protected characteristics. Staff were aware of people's individuality and respected people's needs in relation to these. At the time of our inspection, no one had any specific cultural or dietary needs, but staff were confident that they could meet any specific needs in an inclusive non-discriminatory way.

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

- People were supported to be involved in decisions about their care and how they preferred their daily routines to be organised. We saw some people enjoyed sitting observing but did not necessarily want to participate in conversations.
- People were asked for feedback through a range of forums and also during residents' meetings which had been introduced. A committee had been developed and its implementation was being considered. This was to help develop a 'co-production' type forum where people's voices could be heard through nominated residents who would put forward ideas on behalf of other members who felt less confident to do so.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's doors before entering and calling out to people to ask if it was ok to enter. Staff were discreet when supporting people with personal care.
- People were able to choose where in the home that they spent their time. There were multiple communal areas that people could use as well as their own bedrooms if they wanted some time alone.

- People told us that staff were kind to them and listened to them when they said they wanted to enjoy their own company or some peace and quiet. One person we spoke to told us that enjoyed listening to a radio station from overseas. The registered manager had got an internet boost to help improve the quality of the sound to enable this person to enjoy this 'time out'.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to achieve a rating of good. This meant people's needs were met through good organisation and delivery.

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

- People were involved in the planning and development of their care and making choices about how they spent their time and what they were involved in. They were invited to be involved in reviewing their care plans and were able to talk through with staff about any amendments they required.
- People were encouraged and supported to be as independent as they could, and this was reflected in their care plans. For example, where people were able to support themselves with hobbies and crafts they were able to do this when they wished.

Meeting people's communication needs

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

- People who had specific communication needs had individual communication methods recorded. This ensured all staff were able to communicate effectively with them and that people and staff both understood each other.
- Although at the time of our inspection no one using the service had any specific communication requirements, the registered manager assured us that all documentation would be made available in a range of formats including sensory, pictorials and different languages if this was required.

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

- People told us that they were able to participate in a variety of activities. The registered manager showed us a sample of the types of activities that were offered. However, we noted that there were not always activities available and there was not always activities staff on duty. Staff told us they did not really have too much time to engage with activities, but they did chat when time permitted. The registered manager told us they were in the process of trying to recruit new activities staff, and this was a work in progress.
- Support staff and external visitors/entertainers did come to the home to engage and entertain people.
- People were supported to maintain personal relationships with family and friends and visitors were always welcomed to the home. Staff ensured people could spend individual time with family and friends if they wished. Family and friends were invited to participate in events and celebrations within the home.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns if they were not happy about something. They told us that they usually just spoke to a senior member of staff and any issue or concern was resolved before it ever became a complaint.
- There was a system in place for recording, responding to and monitoring complaints.
- People were encouraged to express their views and give feedback during resident's meetings, via surveys and during reviews of people's care.

#### End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- Staff were aware of how to care for people at the end of their life and where people had specific wishes these were recorded so that people's preferences would be adhered to if staff were involved in making arrangements. Staff had been trained by staff from the local hospice.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service was not consistently well managed and well-led. Leaders and the culture they created did not always ensure high-quality, person-centred care.

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

At the last inspection we found there was a breach of regulation 17 in relation to the overall management of the service. In particular records, systems and processes needed to be developed to demonstrate that the registered manager had a good understanding and overview of everything that happened at the service.

At this inspection we found that things had improved in all areas, However, further improvements were required to ensure that systems and processes were properly embedded, were effective in identifying any shortfalls and where shortfalls were identified that these were actioned.

We reviewed records detailing how the service would meet the key lines of enquiry. (KLOEs) which is how CQC assesses the service to check compliance. However the records in the KLOE file differed from what was actually in place and would benefit from a review to check if these were still relevant or needed to be reviewed. For example around deployment of staff, provision of regular activities, involvement in choices around food.

Although records were established, and some systems and processes were in place. They were ad hoc and not as regular as they could be. This included the review of care records and the frequency of meetings with staff and relatives. Audits were not effective as they had not identified a shortfall in the stock balance of a controlled medicine which we found during our inspection.

- Staff told us they felt that the registered manager was not always as supportive as they might have been and did not feel they were always listened to or their opinion taken into account.
- People told us they found the registered manager approachable and that they felt able to discuss things with her should they need to. There was an open culture throughout the home.
- The registered manager told us the home was intended to be 'homely' and staff to be as unobtrusive as possible. A visiting relative told us they felt the spiritual approach in the home was very appropriate in meeting the needs of people who lived the home.
- People and their relatives told us they felt the home was inclusive and that the objective was always to achieve the best possible outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their responsibilities under duty of candour and had shared information appropriately with healthcare professionals when incidents had occurred. They had put actions in place to help reduce the risk of them happening in the future.

- The provider supported the registered manager and worked in partnership to help implement the positive changes that were required to bring the service to a more consistent standard, as well as embedding and sustaining the improvements that were required.

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

- People were involved in the development of the service and their opinions were sought in various topics and discussions which helped shape the home to be the type of place people wanted it to be.

- People, relatives and staff were encouraged to share their views and to make suggestions through feedback. The registered manager had an open-door policy so that staff could discuss ideas and consider improvements.

Continuous learning and improving care

- The registered manager had a quality monitoring system in place to ensure that the quality and safety of care provided at the home was sustained, regularly reviewed, and improvements were made where needed.

- The registered manager demonstrated a real desire to make and sustain improvements at the service. Staff told us that they were always looking for ways to help ensure people who lived at the service received the best possible care.

Working in partnership with others

- The registered manager had developed good working relationships with a range of external organisations and professionals.

- The service worked in partnership with organisations including the local authority that commissioned the service and other health and social care professionals.