

Abbeyfield Hertfordshire Residential Care Society Limited

Friars Mead

Inspection report

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Date of inspection visit:
03 October 2018
06 November 2018

Date of publication:
09 January 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 03 October 2018 and 06 November 2018 and was unannounced.

Friars Mead is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 18 people living at the home.

At our last inspection on 05 April 2016 we rated the service Good. At this inspection we found that there were some areas in need of improvement.

There was a manager in post who has registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People told us they felt safe in the home. Staff had safeguarding training and knew how to report their concerns internally and externally. People and staff told us at times there was a shortage of staff in the afternoons. Staff were recruited safely.

Potential risk to people`s health and well-being were assessed and plans were in place to mitigate these, however plans were not always detailed about the measures implemented to mitigate risks.

People praised staff and told us they were kind and caring. Staff received training in areas considered mandatory by the provider, however some refresher training had lapsed. Staff told us they felt supported by the managers to carry out their roles.

Where people had a diagnosis of dementia their capacity to take certain decisions was not assessed and not all staff we spoke with were knowledgeable about the Mental Capacity Act 2005 principles. Following the inspection the registered manager told us that people were free to leave the building when they wanted, however at the time of the inspection they told us that not every person was able to leave the building. Deprivation of Liberty Safeguard applications had not been sent to local authorities.

Staff asked for people`s consent before they delivered any aspects of personal care. People`s care plans were not always up to date and the information recorded was at times inconsistent throughout the records. People we spoke with had no knowledge about their care plan and did not remember being involved in any reviews of their care needs.

Staff knew what to do in case of an emergency like fire, however fire risk assessments were carried out and updated by the registered manager yearly. The last external fire risk assessment had been carried out in

2015. The registered manager told us this had been planned for November 2018 and they sent us a copy of the report following the inspection.

People told us that staff knew them well, respected their privacy and promoted their dignity. We saw that staff provided care and support in a patient, calm and reassuring way to meet people's individual needs.

People told us that activities were provided in the home, however these were not always interesting and they wished to go out more.

People told us they liked the food provided to them, however they told us they were limited to cereals and toast in the morning and they could only have a cooked breakfast once a year.

Complaints were recorded, investigated and where needed actions had been put in place to improve the service and lessons were learned.

The registered manager carried out audits to check on the quality and safety of the care provided, however some of the governance systems needed further developing to ensure that the registered manager could effectively monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People and staff told us at times the home was short staffed.

People were supported to take their medicines safely by trained staff, however there were no protocols in place for medicines prescribed as and when needed.

Fire risk assessment had not been carried out by an external company to assess the safety of the premises in case of a fire since 2015.

Risks to people's health were identified and managed by staff, however risk assessments had little detail about what measures were implemented to reduce risks.

People told us they felt safe at the home and staff knew how to report concerns and signs of potential abuse.

The environment was clean and welcoming and staff followed good infection control procedures to protect people from infections.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People who had been diagnosed with dementia had not had their capacity to take certain decisions assessed.

Restrictions on people's freedom were applied in the form of door codes for leaving the building, however Deprivation of Liberty Safeguards (DoLS) applications were not submitted to the local authority.

People's day to day health needs were met in a safe, effective and timely way.

People were supported to eat a healthy balanced diet that met their needs.

Requires Improvement ●

Staff felt supported and received training relevant to their roles.

Is the service caring?

Good ●

The service was caring.

People told us they could take decisions and influence their care, however this was not reflected in care records.

People told us staff respected their privacy and dignity.

People told us staff were kind, caring and respectful towards them.

The confidentiality of people's medical histories and personal information was maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were provided with opportunities to participate in activities, however these did not always meet people's needs.

Staff knew people well and provided care and support in a personalised way, however care plans were not reflective of the support people received.

People knew how to complain and when a complaint had been received this was investigated and responded to.

Lessons were learned to ensure service had been improved.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Care records were not always up to date and detailed so that agency staff or newly employed staff could fully understand people's needs, likes, dislikes and preferences.

Systems were used to quality assure services, however these needed further developing to manage risks and drive improvement.

People were positive about staff and the management however felt the home could have been better managed in terms of staffing and activities.

Staff understood their roles and responsibilities and were well supported by the manager.

Friars Mead

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and carried out by one inspector, supported by an expert by experience, on 03 October 2018. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service. On 06 November 2018 one inspector returned to the service to look at some governance systems, audits which could not be accessed the first day of the inspection due to the registered manager being away.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with eight people who lived at the home, two relatives, two care staff a senior care staff, the deputy manager and the registered manager. We reviewed the local authority commissioner's report of their most recent inspection.

We looked at care plans relating to three people who lived at the home. We also carried out observations in communal areas of the home. We observed lunch in the dining room and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who lived at the home.

Is the service safe?

Our findings

Staff were knowledgeable about risks to people's health and well-being. However, risk assessments were not always detailed or in place to give information about what measures were developed to mitigate risks and how were these reviewed. For example, people who used their own electric wheelchairs had no risk assessments detailing the risk to them and other people in the home when they were using these.

Where people had recurrent falls individual risks for them was reviewed and referrals had been made to their GP or physiotherapy, however the registered manager had not analysed falls collectively to look at environmental factors like the environment, lighting or staffing. This was an area in need of improvement.

People told us at times they felt it was not enough staff, however they told us this had no significant impact on their wellbeing. One person said, "They are short staff at times, but they [staff] answer my bell relatively quick." Another person said, "Staff does so much and they are always busy. They could do with more staff."

Staff told us they were short staffed a few months previous to the inspection, however agency staff was booked when it was needed and the registered manager was recruiting permanent staff. We found that staff numbers dropped in the afternoon although people's needs stayed the same. The registered manager and staff confirmed that people's needs were the same in the afternoon and they were going to review staffing to ensure this was effectively deployed.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

People told us they felt safe. One person said, "I feel very safe; free from worry being on my own, no worries about a storm damaging my house." Another person said, "The staff are good to me and know me as a person. I feel quite safe here."

Staff we spoke with showed understanding of safeguarding and how to report their concerns internally and externally to local safeguarding authorities. They were aware of how to prevent and recognise the different types of abuse and neglect and told us they would feel very happy reporting concerns to the manager and were certain the manager would respond to their concerns.

People's medicines were managed safely. We noted that the medicine administration records were completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. Staff had received training and their competencies were observed before they administered medicines to people. Protocols for medicines prescribed on an as needed basis were not in place. These were done following the recommendation from the inspector so staff had clear guidance to follow to ensure people received their medicines as intended by the prescriber.

There were infection control procedures in place and regular cleaning in the home. Generally, the home was clean and there were no lingering malodours. Staff made use of personal protective equipment (PPE) and used it appropriately when delivering personal care to people.

There were protocols developed for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEP) to ensure in case of a fire staff had access to appropriate guidance. There were regular fire drills organised and staff were knowledgeable and confident to describe how they would act in case of a fire.

A fire risk assessment to assess the environment and fire procedures had not been carried out since 2015 by a qualified person. The registered manager updated yearly a fire risk assessment, however this had not included checking how long certain areas in the home could resist to fire spreading, fire seals around fire doors and other aspects to ensure the building met current fire safety regulations.

The registered manager told us the assessment had been booked for the 07 November 2018 and they sent us a copy following the inspection. The registered manager told us that the identified actions in the fire risk assessment would be completed within six months.

Is the service effective?

Our findings

People told us they were happy how staff supported them. They told us staff respected their choices and decisions about the support they received. One person said, "Staff ask if they can do things for me and I can decide what I want. They know what they are doing."

We heard staff asking for people`s consent before they carried out any aspects of care. People were asked to sign and consent to their photograph to be taken and their records to be shared with appropriate professionals. However not all the staff we spoke with were knowledgeable about the Mental Capacity Act 2005 principles.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Some people living in the home had been diagnosed with Dementia. There was a tool used by the registered manager to establish if people were likely to need a mental capacity assessment to ensure they were able to take decisions about the care they received. Some tools showed that people may have had fluctuating capacity, or no capacity, however further mental capacity assessments were not carried out to establish this.

We asked staff to tell us if people had capacity or not. One staff member told us everyone in the home had capacity another one told us some people were confused and had no capacity to make decisions about how to stay safe. DoLS applications had not been submitted to local authorities although the front door required a code to open and this had not been made readily available for people. The registered manager told us every person living in the home had capacity but also told us that some people could not leave the building without support or when they wished. This was an area in need of improvement. We recommended that mental capacity assessments were carried out where required and DoLS applications to be submitted if any restrictions to people`s freedom were applied.

Staff told us they received training relevant to their roles and they were supported through supervisions carried out by their line manager regularly. One staff member said, "I feel supported by the managers and team leaders. They are good. I have regular supervisions and staff meetings." Another staff member said, "Yes. We have training every year. We do manual handling, safeguarding, infection control and others."

Newly employed staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. The deputy manager told us they were developing staff to achieve champions roles in areas such as falls and end of life care.

People were satisfied with the food and the choices on the menu. There was a choice of food at meal times and if a person did not want the choice on the menu they were offered alternatives. One person said, "There are some things I know not to have now but there's always a choice of main course at lunch, or a salad if neither sounds good. They serve breakfast on a tray to everyone in our own rooms – cereal, toast and tea or coffee." Another person said, "We are not being offered cooked breakfast. We have porridge and toast and marmalade. The pudding is brought [at meal times] up so I am not sure if there is another option but we have very good food here." We discussed this with the registered manager who told us they will remind people that they can ask for cooked breakfast in the mornings.

Some people told us that they were only offered cooked breakfast once a year and this was confirmed by staff. The registered manager told us people can request cooked breakfast and they reassured us they would remind this to people.

We observed lunch time meal service. People were served plated meals and they could choose from three options. However, portion sizes seemed to be the same for everyone and although most cleared their plates no second helpings were offered. Two people told us there was too much food and that they would have liked to choose the vegetable garnish in particular. Rice pudding was served as a desert with a spoonful of jam if requested but there was no alternative offered. Everyone was offered a choice of fruit squash, or water. The tables were nicely set with blue linen table cloths, white overlay, and plain crockery. One member of staff provided assistance to a person and they were patient and respectful.

People told us they could see the GP or other health professionals when needed. Records showed that people were seen by physiotherapists, chiropodists and opticians.

People told us that the dining room floor had been recently resurfaced making it much quieter and easier to move about on. We noted that some parts of the home were not well lit and may have posed issues for people with visual impairment. Most bedroom doors had people`s names on them but in very small letters making navigation difficult. Equally, navigation around very similar looking corridors was challenging for visitors. One staircase had a stair lift and there was also a built-in lift which was accessible for people. Doors from the main lounge led onto a terrace with level access and there was also a balcony on the first floor. We recommended that the risk of people having falls on open staircases to be assessed especially when people are confused or have visual impairments.

Is the service caring?

Our findings

People told us that the main reason they liked living in Friars Mead was because staff were kind and caring. One person said, "The staff are very good, quite nice people, they've got to know me and my little ways." Another person said, "Staff helps me to shower at least twice a week. They treat me with respect, are kind and patient."

We saw very caring interactions between care staff and people in the home. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary. During the day staff constantly stopped and chatted to people. All staff knew and used people's names, and made eye contact. People told us they enjoyed staff's company and felt good being around staff. One person told us, "Staff make me feel special, as if it's not just a job to them."

Relatives told us they appreciated that staff made them feel part of their loved one's care. They told us staff communicated with them when something happened and staff felt they wanted to be informed.

People told us and our observations during the day of the inspection confirmed that people's privacy and dignity was respected at all times. We saw that no members of staff entered people's bedrooms without knocking. One person told us, "They are good and knock on the door."

People were well-groomed and dressed appropriately for the weather. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.

People told us they influenced the care and support they received. They told us they could choose when to go to bed or have a lay in in the morning there were no restrictions. However, people were not aware of their care plans and could not remember reviewing the care and support they received. This was an area in need of improvement.

Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. The confidentiality of information held in records about people's medical and personal histories was kept secure and had been sufficiently maintained across all areas of the home in a way that preserved and maintained appropriate levels of privacy.

Is the service responsive?

Our findings

People told us that staff knew and respected their individual likes and dislikes. One person said, "They know what I like. I like tea." Another person said, "They are good and always ask what I want and they know what I like." One person told us there was a lack of community feel at the service and people had little opportunities to get out and about in the wider community.

People told us staff promoted their independence. For example, a person told us staff encouraged them to shave themselves but helped them to wash.

People who were more able and had hobbies and interests told us they were happy with the opportunities they were provided with to pursue these. For example, a person told us, "I have a free rein with the green house. I've just been out with my daughter to buy some winter plants – the office refund what I've spent. I grew rocket from seed earlier in the year which was very tasty." They also proudly showed us a decorated brief case made by them which was on display in the reception area. However, no other people spoke to us about hobbies or interests beyond reading, crosswords, jigsaw puzzles and TV.

A person told us they had been a life-long member of a community-based organisation but that getting to meetings was difficult and they missed going. The registered manager told us this person was offered transport to attend meetings, however they declined. A small number of people used a computer device for recreation, keeping up to date with current affairs, and staying in touch with dispersed family. Where people`s needs changed and they relied more on staff`s support to continue pursuing their interest, this was not always recognised by staff. For example, a person told us that they had to give up the use of their computer device because it became too heavy for them to hold. The registered manager told us they provided a table for the person to put their computer on and checked if the computer had been linked up correctly, however other actions for example allocating a staff member to help the person daily or weekly to use their computer had not been considered. This was an area in need of improvement.

A large pictorial board showed the planned activity programme for the week, mostly internal events such as 'dominoes' or 'dance'. We observed a member of staff introduce the planned activity session to six people sitting in the lounge after lunch, "It says we're doing dominoes this afternoon, do you want to do that or should we play catch?" We could see no sign that staff had prepared for either option. Staff told us it was hard for them to do activities as well as other tasks around the home and people were not interested in activities. This was an area in need of improvement.

Care plans were not well developed to give staff all the information they needed to meet people`s needs. Care plans were personalised in areas such as how people wanted their personal care delivered or what their food and drinks likes and dislikes were. However, care plans were not always reflective of people`s changing needs or current needs. Mental capacity assessments were not carried out and risk assessments were not detailed to reflect what measures were in place to mitigate identified needs. The registered manager told us, they recognised the need to develop the care plans and they were planning to commence work on these after the inspection.

People told us that the registered manager held monthly meetings with them. They told us the meetings mainly focussed on food, meal times and activities. People told us that actions were mainly completed following the meeting and they gave us examples when the suggested different meals on the menus and these were listened and actioned. We also saw a monthly printed newsletter. A third of the content of the most recent newsletter was about staff's families and the registered manager told us people enjoyed reading news about staff's families and significant events. We spoke with several people who had academic backgrounds living in the home who could have been engaged more regularly by staff to help create the newsletter with even more interesting articles for people in the home to read.

The service had not provided end of life care for people at the time of the inspection. The registered manager told us they involved local palliative care teams in the care people nearing the end of their life received.

Complaints were recorded and appropriately responded to in line with the provider's policy. People told us they felt confident in raising issues with staff and the registered manager and there was no need for them to complain.

Is the service well-led?

Our findings

When we last inspected the service, we found that some aspects of the records, plans and guidance held about people's individual health, care and support needs that we looked at were not always accurate or up to date. At this inspection we found that records had not improved and were not always up to date. For example, where people were found at high risk of falls the risk assessment did not detail what measures staff should take to mitigate the risk. For example, keep areas clutter free or consider the use of alarm mats. There was little detail for staff to know what size of sling and hoist to use if people had a fall and could not get up. Mental capacity assessments had not been carried out where people showed signs of forgetfulness or confusion.

Staff were knowledgeable about people`s needs and the lack of documentation had no significant impact on people`s care. However, there was a risk that when staff left the service newly employed staff or agency staff had no up to date and detailed information to understand how to care for people.

We found that where people needed staff`s support at times they were told that staff could not support them. For example, a person told us that staff no longer helped them with certain areas of their personal care and said that the person could do it themselves. The person told us they struggled at times to carry out the task. A staff member told us that managers told them they were not to support a person to go out for a cigarette. The person had to go to the far corner of the carpark on their own. There was no risk assessment in place to detail what safety measures were taken by staff if the person went out in the evening or night on their own.

The registered manager used a range of audits and governance systems to monitor the quality of the care provided. We found that some of the information they collected through audits had not been effectively analysed to drive improvement. For example, the registered manager and deputy manager reviewed each person who had falls in a month and referred them to be seen by their GP. However, they had not collected information about total number of falls in the home, time of occurrence and what environmental factors could have contributed to the falls like staffing numbers or lighting. This was an area in need of improvement.

We found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had not improved care records following advice from previous inspection and governance systems were not always used effectively.

People told us the registered manager was visible in the home and they were hands on. They appreciated how approachable they were and easy to talk to. One person said, "They are very good and always around. They were here last night and said goodbye when they left." However, two people expressed varying degrees of disappointment in the running of the home, feeling that it could support people more effectively if there was a bit more flexibility in terms of activities, meals and support people received.

Staff told us the registered manager was approachable and always helped when needed. One staff member

said, "The [registered] manager is very approachable. I can talk to them any time. They always help when needed."

People and staff were given opportunities to give feedback about the service. There was a survey carried out by an independent organisation in February 2018. We saw that people, staff, relatives and professionals who responded were very positive about the quality of the care provided to people. There were regular resident's meetings and staff meetings where issues could be discussed. However, there was no action plan developed to evidence that issues raised and discussed were actioned and completed. This was an area in need of improvement.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not improved care records following advice from previous inspection and governance systems were not always used effectively to ensure people received safe and effective care.