

Avery Homes Hatfield Limited

Acacia Mews Care Home

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?

Good ●

Summary of findings

Overall summary

About the service

Acacia Mews Care Home is a residential care home providing personal care to 56 people at the time of the inspection. The service can support up to 68 people.

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

People and their relatives were happy with the care and support they received. Staff were friendly and attentive to people's needs. People told us there were enough staff to meet their needs and spend time with them. Relatives told us there were enough staff to meet people's needs. Staff were trained and felt supported.

People were very comfortable with staff and told us they felt safe. Staff knew people well. Staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance was followed.

The environment had plenty of communal space for people to enjoy. People enjoyed the activities that were provided, staff told us there were regular opportunities for people to go out and people told us they were encouraged to get to know other people living in the service.

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 were involved in planning their care with their relatives, if appropriate. People had end of life care plans. Feedback about the care and support provided at this time in people's lives was positive. There had been no recent complaints and there was a grumbles book kept for people to raise anything that was needed. Feedback was also sought through meetings, which all key team members attended to hear people's views, and surveys.

Feedback about the registered manager, the acting manager (in the registered managers' absence) and staff team was positive. There was an open culture in the home and an expectation that people were supported in a person-centred way. Staff were clear about their roles and the management team engaged well with the team and other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 14 July 2017). At this inspection the service has remained rated as Good.

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 well-led.

Details are in our well-Led findings below.

Good ●

Acacia Mews Care Home

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:

The inspection was carried out by one inspector, an inspection manager, assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone using this type of service.

Service and service type:

Acacia Mews Care Home 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.

The service had a manager who was registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was absent at the time of inspection and the home was being managed by the deputy manager.

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 sought feedback from the local authority and professionals who work with the service. We did not request the provider information return ahead of this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with the deputy manager, regional manager, regional support manager and six members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service.

After the inspection

We looked at quality assurance and training 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of individual risks and we saw them working safely. For example, they gave clear guidance to people when supporting them with their mobility.
- People received the appropriate support in relation to safety and the management team gave clear guidance for staff and checked on their performance. One person said, "There's no problem or difficulties here, I have a bell and this round my neck (pendent) I have very rarely used it, because they keep popping their heads in and out anyway to check if I'm ok."
- There were systems in place to manage fire safety. Staff had a good understanding of what they needed to do in the event of an emergency. Staff attended fire drills. These were arranged frequently to speed up staff response and embed learning. Drills had any actions needed to be taken recorded. For example, for staff to become more familiar with using the two-way radio.
- Accidents and incidents were reviewed for themes and trends. The reviews checked that all remedial action had been taken. As a result, the home had been able to reduce its use of sensor mats.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I'm very safe here, I have been here so long now, to me it's like living with my own family." Another person said, "Yes I feel safe, people care about me, that is what makes a person feel safe."
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and how to report concerns during meetings. Information about recognising and report abuse was displayed in the home.
- Incidents were reported and appropriate action taken to try and reduce any reoccurrence.

Staffing and recruitment

- People and their relatives told us they felt there were enough staff to meet their needs. One person said, "I think there are plenty of staff, well we don't go without anything." Another person said, "I would call it a calming place to be, plenty of staff around."
- Staff said there were enough staff, and this meant that they could deliver care in a person-centred way. One staff member said, "We get time to chat with people when we're in-between tasks."
- We saw that people received support in a timely manner and staff were able to spend time with people. Staff approached people and checked if they needed anything.
- Robust recruitment processes were followed. This helped to ensure that staff employed were suitable to work in a care setting.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions. One person said, "I am on medication and I get them on time."
- Records tallied with stock held and staff had received training.
- The electronic system being used was able to identify any missed or when doses of medicine were due to be taken making it an easy system for staff to use and help reduce the risk of errors. One staff member said, "It's a good system."

Preventing and controlling infection

- The home was clean and smelled fresh. There were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice.
- People and relatives told us the home was kept clean. One person said, "I have a lovely room and staff keep it nice and clean."

Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates were needed, the management team shared this information with the staff team through meetings, notices and supervisions.
- Staff told us that they were kept informed of changes.

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 Good. At this inspection this key question has remained the same. 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 needs assessed before moving into the service to be sure that their needs could be met. Any plans and equipment needed were in place when people arrived.
- Staff were giving guidance about what was expected of them. This was checked at meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were trained for their role.
- Staff had received training in subjects relevant to their role and they told us they felt equipped to carry out their role. One staff member said, "There's training going on all the time."
- Staff said they felt very well supported and had regular one to one supervision meetings. Staff completed an induction when starting at the service.

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

- People enjoyed a varied and balanced diet. One person said, "The food is very nice, always plenty, I can get a cup of tea whenever I ask for one, I can have a cooked breakfast if I like, I usually have porridge." Another person said, "There is always something nice to eat, the puddings are smashing, it feels like we are going to a party every day. Nothing is too much trouble if you ask for something else they will make it for you."
- People were invited to comment on menus and choices were available. There were snacks and drinks available.
- Dietary needs and preferences were well known by staff and people were encouraged to eat and drink well. Favourite foods and drinks were purchased by the home. One person said, "I am a bit of a fussy eater, (name) the chef exhausts himself trying to please me with different choices." Another person said, "I don't like peas they know that, they would never serve me peas."

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority and other support agencies to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

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

- The building had been designed in a way that allowed people to move around freely. There were ample communal areas for people to use. This included quiet lounges, dining rooms, hairdressing salon and an activities room.
- The service was decorated nicely with nice furnishings and staff worked to maintain these standards.
- Bedrooms were personalised, and bathrooms had enough equipment to enable people to enjoy a bath.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals. One person said, "We are lucky everything is on hand, a doctor is available if you need one, you only have to ask." Another person said, "I said my throat was sore and they called the doctor to see me, they're good like that."
- Referrals were made to specialist healthcare teams, such as the speech and language team when needed.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded. However, this did not impact on the way people were supported. Some records were in a transitional period while the service moved from paper to electronic care plans.
- Staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do. One person said, "Sometimes they help me if I ask them, they will knock and say (name) are you ok would you like any help, and I can say yes, or no, I still like to do things for myself, it's great they let me, oh no, they wouldn't move a thing without asking me."
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation. For example, people had regular opportunities to go out, to move freely around the house and socialise, and make their own decisions.

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

- People and relatives told us that staff were kind and respectful. A person told us, "When I first came here I wasn't keen at all, but they are lovely caring (staff), always have a smile on their faces, they get to know you as a person, I feel like I am at a hotel with my friends honestly, I do, they always have the utmost respect for me." Another person said, "Everyone seems to respect each other here, all very polite, I think they do genuinely care about me, they have a chat with me when they can, make sure I have my newspaper every day, they really are very kind."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people. One person was worried about being a nuisance. A staff member quietly reassured the person that this could never be the case and they enjoyed spending time with them. Staff thanked people for pushing their dining chairs in, letting them know it was appreciated. Staff gave clear information to people about everything they were doing.
- Staff positively engaged with people and spent time with them chatting and laughing. The atmosphere in the service was light and cheerful and people had developed positive relationships with staff who knew them well. All staff we spoke with were able to tell us about people, not just about care needs, but about their lives and what was important to them. As a result, people told us they felt valued, respected and cared about.
- One person frequently called out, staff made their calling out part of their conversation. They spoke softly to them and chatted about what they were doing. Another person was getting in a muddle with their words. A staff member listened to them and then redirected the conversation into something they were interested in and this helped the person re-engage.
- As a result of staff knowing people very well and taking the time to interact and build relationships with people, there were less instances of people becoming distressed. On the memory suite, which was tailored for people living with dementia, we found it to be very calm and people's needs were not obvious. This was because staff anticipated people's needs or responded to people in a kind and meaningful way.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors before entering. People who were in their beds had their doors closed to promote their privacy and dignity. One person said, "I originally came here with my [spouse], they always respected our privacy, they like to make sure people are comfortable with everything, always asking if everything is ok, they always knock on my door, ask if it is ok to come in, I do believe they really care about us and not just look at this as a job, they get to know everything about you, because they ask." Another person said, "If I leave my door slightly ajar, they know anyone is welcome, if it's closed, they know I don't want to be

disturbed and they adhere to that."

- Where a person had forgotten to put their footwear on, a staff member asked them if they would like their shoes as it may be more comfortable for them. They went straight away and got the person's shoes and discreetly helped them put them on.
- One person had a small cut from shaving and it was bleeding slightly. A staff member noticed before they went to the communal room and got some tissue and cleaned it up for them.
- Staff were discreet when speaking with people or about people's needs and when speaking on the phone. They spoke quietly with people and had private conversations.
- Records were held securely so to promote confidentiality. Staff were aware of the guidance in relation to data protection and confidentiality.
- Staff encouraged people to be more independent. Even when it would be quicker for the staff member to do the task for people, they continued to offer support to help the person do it themselves. For example, when walking instead of using a wheelchair. As a result, people maintained their mobility.

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

- People and their relatives were involved in planning and reviewing their care. One person said, "I asked them to change my bedtime from seven o'clock to nine o'clock I thought it was too early, they did it willingly."
- Care plans included a record of people's involvement in the writing of them.
- Staff asked people before supporting them. One person said, "They ask my permission always, they say (name) would you mind if I take your glass away or (name) is it ok if I come in to clean your room, and so on."
- People moved around the home joining in with various activities and staff told us this helped them make connections and form friendships. Two people, who lived on different floors became friends. On visiting a different floor to see their friend, one of these people told staff they liked the different floor. Arrangements were made for the person to move to the same floor as their friend. The person told us, "Nothing was too much trouble for them, they obliged quite quickly, we sit here together and have a chat."

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 Good. At this inspection this key question has remained the same. 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 told us they were very happy the care they received. One person said, "Wonderful, caring staff, they are very meticulous in keeping me clean and dry." Another person said, "I totally rely on the staff to wash me and they are very respectful towards me." Visitors told us that they were happy with the care provided.
- We heard one person say to a staff member, "You all look after me so well." The staff member had quietly spoken with the person earlier and reminded them that they were there to support them with anything they needed help with.
- Care plans covered all areas of people's needs. They were person centred, easy to follow and captured what was important to people. Staff knew about what was important to people and how people liked to be supported.
- Relatives told us that staff were responsive to any concerns or worries about a person's welfare.

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.

- Staff took time to communicate with people who had impaired communication.
- Care plans clearly set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people.
- One person who was living with dementia was very unsettled when moving into the home. Displaying significant behaviours that challenged. Staff worked with this person, getting to know triggers for behaviours and developed a memory board to help strike conversations. This helped the person become more settled and as result the behaviours stopped.
- There were pictorial pain scales and meeting notes were in large print. However, we noted that staff were always willing to explain things to people and they were happy with that. For example, a person was looking at the menu and a staff member explained what the dish was and how it was cooked.

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 they enjoyed the activities provided. One person said, "I like to go to any of the musical activities, I like a good old sing song, otherwise I like my old television programmes, I'm never bored." Another person told us, "I like to watch sports on TV, I don't mind the musical entertainment, there are books scattered about and I like to read the daily newspapers, that keeps me occupied."

- There were activities going on during the inspection. People were visiting the services café and conversation was flowing. There were crafts on the day of inspection and the hairdresser was also visiting.
- People were taken for walks to the local Dementia Café, or to the local Supermarkets, a minibus was available for longer outings, for example visits to historic places and animal farms, weather permitting, residents enjoyed lots of social activities outside in the gardens.
- One person was a keen football fan. The staff arranged for an ex-footballer of the person's club to come and visit the person. The acting manager said, "He came to visit our resident and brought old programmes in for them to keep. He came back later and took our resident out to a game and to lunch. [Person] was totally bowled over by the experience." We saw photos of them enjoying their time together.
- A Monthly activities planner was printed and given to every person, informing them of daily activities and up and coming events.

Improving care quality in response to complaints or concerns

- People and their relatives told us that they had no complaints about the care and felt confident to raise an issue if one arose. One person said, "You could ask for anything, complain about anything, and they would sort it, they are those kind of people."
- There had been no recent complaints. However, there was a system in place to capture and respond to a complaint if one was received.
- There were grumbles books on each unit and these were reviewed, along with meeting feedback to help the management team be aware of any emerging issues. Any identified grumbles were swiftly dealt with to avoid any reoccurrence or escalation.
- One person wanted to feel useful and was an avid knitter. The acting manager told us, "We found a project involving knitting for premature babies and babies overseas. They were joined by a couple of other residents who were also interested, and they knitted bonnets, mittens etc and we sent them off. They all said it was such a lovely project to be part of." We saw photos of what they had made.

End of life care and support

- The home at times provided end of life care to people.
- End of life care plans were in place for people and staff knew what personalised and holistic care should look like.
- Feedback from relatives of people who had passed away at the service was positive. One relative wrote, '[Person] often told us how kind you all were, and this was evident on our visits. We don't think [person] could possibly have been happier and better looked after anywhere else. If they had to leave us we don't think we could have wished for a more peaceful end to their life for which we are especially grateful.'

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were positive about the deputy manager and the running of the service. One person said, "I know the [acting] manager, (name), because I stay in my room a lot she will pop her head in to see if I am ok, then the staff do that anyway." Another person said, "Everything is run very smoothly here, the staff are all very re-assuring."
- A relative told us, "The manager is always visible to speak to and is very approachable." They were aware that the registered manager was absent but were very happy with how things were being managed by the deputy manager in their acting manager role.
- Staff told us that the management team were very approachable and supportive. One staff member said, "The best place I've ever worked with because of the manager, deputy, the seniors and support from the staff."
- The acting manager was around the home regularly to help ensure people received care in a person-centred way. They gave guidance to staff and explained the importance of it. We also saw that they supported staff with care when needed or a person needed support when they were passing them.
- Staff worked well together as a team. Staff displayed vocally and practically the importance of respect and clear communication with 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

- Staff told us that they always provided support and thought the acting manager was good for the service.
- Meeting notes showed that safeguarding issues were discussed. Changes to practice that were needed to keep up to date and provide the appropriate care were also discussed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team carried out checks and audits to satisfy themselves that standards were to that expected and regulations were met.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. These had been effective as the service provided people safe and appropriate care.
- There was a provider visit regularly to support the acting manager in their role and tested that systems in the service to ensure it was running in the way expected. Actions arising from this were signed off as completed.

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

- There were regular opportunities for meetings where people were encouraged to express their views. The meeting notes included feedback from people. The acting manager, chef, maintenance person, domestic and activities organiser all attended these meetings. This showed that people's view about the home were important.
- The survey results showed that feedback received was positive. Where comments had been made to make improvements, these were followed up with an action plan.
- Staff also told us that there were regular meetings and opportunities to speak with the management team.

Continuous learning and improving care

- Incidents and events were reviewed, and meetings discussed any learning as a result.
- People, relatives and staff didn't feel that the service could be improved. Relatives told us how people were happy and thriving in the service. A relative told us, "It is a very good home." Another visitor said, "This is a lovely home, whenever we come the staff are always hands on with everyone, they are so friendly towards the people here. Which is very re-assuring for [us] knowing that, they are very courteous towards us always ask if we would like a hot drink, it really is a nice place."

Working in partnership with others

- The management team worked with the local authority to address areas they found as needing development. A recent visit with the local authority had a positive outcome.
- The service has a membership with a local dementia group. The acting manager told us, "We are members and regularly attend meeting to keep in the loop about any new ventures."
- The pupils from a local school visit. The acting manager told us, "We have been invited to afternoon tea at the end of this month. The Residents say that it is lovely to see children around the home."
- The service had several community connections from young children, youth connections and several religious practitioners. This helped people feel part of the community around them.