

Avery Homes Hatfield Limited

# Acacia Mews

## Inspection report

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27 June 2017

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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

Acacia Mews is registered to provide accommodation and personal care for up to 65 older people, who have dementia or a physical disability. At the time of our inspection 63 people lived at the home.

At the last inspection in July 2015 the service was rated good. At this inspection we found the service remained good.

People told us they felt safe living at Acacia Mews. Risks to people's health and wellbeing were appropriately managed. Staff had received appropriate training, support and development to carry out their role effectively.

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. People told us there were enough competent staff to provide them with support when they needed it.

People received appropriate support to maintain healthy nutrition and hydration. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to make daily choices by staff that understood the importance of promoting people's independence.

People and their relatives told us and our observations confirmed that people were treated with warmth and kindness by staff that respected their privacy and upheld their dignity. People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

People's views and opinions were sought by staff. People received care that met their individual needs and were given appropriate support and encouragement to access meaningful activities.

The management team promoted an open, transparent and inclusive culture within the service. There was a quality assurance system in place and shortfalls identified were acted on to improve the service.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Acacia Mews

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was unannounced and carried out by one inspector and an expert by experience on 27 and 28 July 2017. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During this inspection we spoke with nine people who used the service, three relatives, five care staff, the chef, house keeper, two well-being activity co-ordinators, the deputy manager and the registered manager.

We reviewed three people's care records, three staff personnel files and various records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



## Our findings

People who lived at Acacia Mews told us they felt safe. One person said, "Staff know what they're doing. The night staff are good." A relative said, "Yes it's safe. I can come any time of day, (relative) is always comfortable. The staff are brilliant, they pop in and out to check and to encourage drinks."

We saw that guidance was displayed throughout the home about safeguarding and how to report any concerns, together with relevant contact numbers. Information was also made available through regular resident meetings. One staff member told us, "We make sure people have appropriate footwear and the home is free from clutter as this could be a trip hazard." Staff were able to verbally demonstrate they could recognise signs of abuse and how to report any concerns both internally and externally should they need to. One staff member said when asked what they would do if they had any concerns, "I have to report any concerns to the manager or deputy, we have to report and protect. "

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.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. The registered manager looked at people's needs and regularly evaluated staffing levels to help ensure people's needs were met. For example where people's needs had increased on the ground floor the registered manager had increased the staffing levels. Staff were happy with the staffing levels and confirmed there were enough staff. One person said, "There's always enough (staff)." We noted throughout the inspection that call bells were answered in a timely manner and staff responded to people's needs in a calm manner. A relative said, "They (staff) seem well trained. They come quickly if called; they pop in and out to encourage drinks; extra drinks were around when it was very hot."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person we looked at who was at risk of choking had risk assessments in place, speech and language therapist team had been involved in their care. There was guidance for staff on how to thicken their drinks and the required texture for their food. We saw that the chef had people's dietary requirements on a colour coded system that identified allergies and medical conditions; we noted that the

person's dietary requirements in the kitchen matched the care plan. This meant that people's risk and changing needs were monitored and reviewed and action taken to keep people safe. Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that people's changing needs were addressed and that recurring patterns were identified.

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by senior staff that were properly trained and had their competency assessed. There was detailed guidance about how to support people with their medicines in a safe and person centred way. There were protocols for medicines that were given when required (PRN) this could be for pain relief. The protocols gave guidance to when PRN should be given and included for people who may not communicate verbally. For example looking at facial expressions and rubbing the site of pain.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to help ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw that people had personal evacuation plans in place. The maintenance person showed us the routine checks that included water temperature checks, gas and electrical checks. We noted this was well organised and documented.



## Our findings

People received support from staff who had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One staff member said, "Yes, we get lots of training, with the trainer and also e-learning. Refreshment training is good too."

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. Both the registered manager and deputy manager confirmed that on a day to day basis they observed staff interactions to help ensure best practice was followed. Staff received training and regular updates in a range of subjects designed to help them perform their roles and meet people's needs effectively. This included areas such as moving and handling, dementia, medicines and infection control. However the registered manager confirmed that training was behind schedule and that they were in the process of developing two new trainers to help ensure this area improved. Staff confirmed they had completed inductions. One staff member said, "I had my induction where I was shown around the home. We have regular training."

Staff confirmed they felt supported by the registered manager and were encouraged to have their say. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. One staff member said, "I have supervisions, they are helpful. If I have any concerns or need training, we can discuss. Feel very much supported by the whole team." Staff told us that the registered manager's door was always open and they could see them at any time to discuss any issues. A staff member commented, "[Registered] manager is very approachable." They went on to explain that they had a problem a few months previously and they had spoken with the registered manager who helped resolve the situation.

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. We checked whether the service was working within the principles of the MCA and found that they were. The registered manager had made one Deprivation of Liberty safeguards [DoLS] application to the local authority.

Staff understood the importance of choice. They were able to verbally demonstrate how they offered people

choice. We observed one person who came into the dining area for their lunch was asked where they wanted to sit and was supported to do so. One staff member said, "Always assume people have capacity, it's their right to have information to make decisions for themselves, even if people lack capacity we need to give them the information and time to make decisions." We saw staff supported people with different choices. For example we observed staff asking people what they would like for their meal, what they wanted to drink and if they would like to take part in the activities.

We saw people were provided with food and drink throughout the day. At lunchtime we saw people were given a choice of two options, we observed staff showing both options for the person to choose. We were told by staff and the chef that alternatives were always available to help ensure people could eat the food they wanted. We observed people were supported to eat their lunch where required. People we spoke with were happy with the food. One person said, "Very good, there are always alternatives, can order different if I wanted. There's always plenty of it." Another said, "I was in another home before, the food was awful. Here it's very, very good. Plenty of it, I can have anything at all for breakfast." A relative said, "The food seems okay. They keep a check on [relatives] weight and what they eat." There was also a comments book where people were free to make comments about the food and resident meetings were also used to obtain people's feedback.

We saw in care plans that people received care, treatment and support which promoted their health and welfare. People had access to GPs and other care professionals when required. A relative said, "The doctor uses the bedroom or a quiet area if they are only looking at eyes etc. Staff explain what they are doing and walk them gently to their room." However a person said, "A fellow (resident) has to have diabetes injections and sometimes the nurse (from outside) comes at lunch time. [Nurse] pulls up (the resident's) skirt and gives it at the table." We reported this to the registered manager and we were assured that this practice will be stopped.





## Our findings

We saw kind and caring interaction between staff and the people who used the service. People we spoke with were complimentary about the staff. We asked a relative whether they felt staff knew the people who lived at Acacia Mews. They commented, "Yes, I think they do; probably better than me now. My (relative) settled in very quickly even on the first day. It put my mind at rest."

We saw that staff helped and supported people with dignity and respected their privacy at all times. For example when staff entered people's rooms they were seen to knock on the door. We saw throughout the inspection the staff approach was calm, caring and respectful of people's needs. Staff were highly praised by people who used the service and relatives. Specific comments included: "No complaints. Staff have a difficult job. They know us and know what we need" and, "(Staff) no exceptions, all very kind, very respectful, will do anything for you and straight away." We observed good interaction between people and a staff.

One relative told us that their relative had always been smartly dressed and this was important to them. We were told that one of the staff members supported the person with this by colour co-ordinating the clothes in their wardrobe to make it easier for them to choose their outfits. One person commented, "Staff are very kind, can't do enough. I mean it. I've not been asked to say that. I wouldn't be anywhere else. My family are very happy that I'm here." The registered manager told us that one staff member had offered to take one person to their hospital appointment outside of their working hours, this demonstrated the caring nature of the staff.

Staff members were able to verbally demonstrate they understood how to promote independence and respect people's privacy and dignity. One staff member said, "We encourage people to be independent, it's important because it allows them to be able to do things for themselves and promotes well-being." One relative told us because their relative had experienced some falls the family asked if they should bring them a wheelchair but staff were keen to support the person to maintain their mobility and gently walked with them to the dining room. People were well presented throughout the day and it was evident that staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person said, "I don't think we could be cared for any better." And another said, "Staff are brilliant."

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories were kept secure. Information about advocacy services was made available to people and their relatives should this be required.



## Our findings

Care plans were person centred and were reviewed regularly there was guidance available to support staff to meet people's needs. People and their relatives told us they had been involved in developing people's care plans. People knew about their care plans, one person said, "Yes, the [care plan] they gave us with notes. They asked a lot of questions." Another said, "Yes, lots of paperwork, I was involved. I signed it. I don't think we could be cared for any better." A third person said, "Yes, it's a lot of pen pushing. I've added to it and I sign it every month." A relative said, "Yes, it's in the office, I had input and I signed it" and another said, "I've read and signed it. I was asked about end of life preferences." Care plans included completed pre-assessments in place with risk assessments for areas such as mobility, falls, and bedrails and capacity assessments.

Staff were able to verbally demonstrate they knew the people they supported. For example, they were able to tell us about people's care needs and what was important to them.

We saw that there were activities for people to take part in. The well-being activity coordinators were observed throughout the day completing activities. During our visit we saw people were enjoying painting activities. A relative told us, "My [relative] makes cakes, things for Christmas, singing; children come in and do dancing, dogs come in (pet therapy)". Two people we spoke with gave a list of things they enjoyed, "The entertainment, bingo, quizzes, keep fit, anything really. Elvis came, he was good." One of the people who lived at Acacia Mews said, "We do pottery, crosswords, singers, entertainers. A brass band came on Saturday but didn't play military music it was Armed Forces Day. I made those bits of pottery over there, we did a pottery sculpture of Van Gogh's sunflowers for a competition and we are making a totem pole for the garden." There was a pottery and garden club for people who lived at Acacia Mews.

The well-being activity coordinators were able to demonstrate they knew people's interests and encouraged people to be involved. However they explained that not everyone wanted to be involved with group activities and there were people who may not be able to attend. We were told that one to one time was made available to help ensure that all people had time given to them to read or talk or to have their nails done. The well-being activity coordinators understood the importance of ensuring people were given time and supported to develop their interests. Some people we spoke with told us they would like to get out a bit more and we made the registered manager aware of this.

We saw there were notices on how to complain and people we spoke with knew how to report any concerns they might have. We asked what people did if they had a concern or complaint. One person said, "There is

always someone in reception. When I first came here I was given a person's name to ask." Another person said, "Staff corrects it straightaway if I have concerns." Another said, "I would see the [registered] manager or [Name] (staff member)." Another said, "I would expect a good response". A further person told us, "There is a feedback book in the dining room. I write in it, I may be the only one who does."



## Our findings

People who lived at Acacia Mews, their relatives and staff were all very positive about how the home was run. They were complimentary about the registered manager who was described as being approachable and supportive. One relative said, "Yes, it's calm, smooth running, quiet. If a resident is upset, staff attends to them". One person commented, "[Name] is the [registered] manager. We see them every day."

The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. The registered manager told us that open and honest communication was key to a well led and harmonious home and said, "I feel I have achieved this at Acacia Mews." They confirmed they had regular walks about the home where they talked with people and staff to help ensure everything was alright and they ensured the environment was safe.

The registered manager told us they had established links with a local children's nursery for people to visit and be involved in activities such as arts and crafts. Age UK were hosting a family carer and young dementia group activity at Acacia Mews to support learning and understanding. The home also had volunteers to support with friendship and social activities. All volunteers were fully vetted to help ensure people were safe.

The registered manager confirmed that since starting to work at the service they had prioritised recruitment in order to reduce the amount of agency staff. They were able to report they had recruited a number of staff throughout the home which had enabled more structure and support for each unit. The registered manager had also introduced a twilight shift between 5pm and 9pm to help support people's needs. The registered manager confirmed the training matrix had been improved and the training for staff was now progressing to where they wanted it to be. Staff we spoke with confirmed the registered manager was visible around the home.

The registered manager was knowledgeable about the people who lived at Acacia Mews. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "We have a hand over before starting our shift and we know our duties for the day." One person said, "The staff know us and know what we need."

We noted that there was a ten at ten meeting held daily that was attended by the team leaders from each unit and the heads of each department for example, the chef, housekeeping, admin and maintenance. The deputy and registered manager also attended. The meeting enabled staff to update the registered manager of any changes to people's needs or relevant information about the home to ensure the registered manager was informed. We also noted it was used to pass on any updates for example changes to protocol. This

meant that staff could quickly pass on relevant information on a daily basis.

Audits were carried out in areas such as medicines, infection control, care planning and health and safety. The registered manager told us that they carried out regular audits and there were also audits completed monthly by the regional manager and a home report was produced with any relevant actions to be completed. Where issues were identified, action plans were developed to improve the service. This meant there were systems in place to monitor the quality of the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The registered manager confirmed they felt supported and could contact other managers for support at any time. They confirmed they attended regular monthly manager meetings and had regular review meetings about the home. They received supervision and were supported by the provider with training and regular updates. They also confirmed that they received updates from the provider via email and they used web sites such as CQC to ensure they were abreast of best practices.