

Avery Homes Hatfield Limited

Acacia Mews

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 

Overall summary

This inspection was carried out on 23 July 2015 and was unannounced.

Acacia Mews is registered to provide accommodation and personal care for up to 65 older people, who are living with dementia or a physical disability. There were 60 people living at the home when we inspected.

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

When we last inspected the service on 25 September 2014 we found them to not be meeting the required standards in relation to the administration of people's medicines. At this inspection we found that they had met the required standards.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and

Summary of findings

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People received care that met their individually assessed needs and preferences.

People received their medicines safely and had regular access to health care professionals. There was a good choice of food and drink and people received support where required.

People felt safe and staff were knowledgeable about how to protect people from the risk of abuse and other areas where they may have been assessed as being at risk. Falls, accidents and incidents were monitored to ensure the appropriate action had been taken. There were regular quality assurance checks carried out to assess and improve the quality of the service.

Staff received regular training and knew how to meet people's individual needs.

People were provided with appropriate food and drink and staff had access to accurate and up to date information to help them meet people's needs.

Staff were kind and people appreciated the positive relationships they had with staff. This was also true for relatives. People were complimentary about the staff providing the service. Choices were given to people at all times. People's privacy and dignity were respected and all confidential information about them was held securely.

Care plans were personalised and included information about people's history and interests. Staff were knowledgeable about how to manage people's individual needs and assisted people to take part in appropriate daily activities.

The service was well led by a manager who promoted a fair and open culture. They encouraged staff to take responsibility and supported their professional development. The manager also had a support structure in place from area managers. There were regular supervisions and appraisals to support staff.

Summary of findings

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.

People were supported by sufficient numbers of staff who had the correct training to support people's needs

Staff were aware of people's individual risks.

Staff were able to describe what constituted abuse and were confident about how to report any concerns.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported to make decisions and their consent was obtained before care was provided.

Staff received the appropriate supervision and training for their roles.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals.

Good



Is the service caring?

The service was caring.

People had developed effective relationships with staff.

People were involved in the planning and reviewing of their care by staff who knew them well.

Privacy and dignity was promoted.

Staff were patient and caring; they gave encouragement when supporting people.

Good



Is the service responsive?

The service was responsive.

People and their relatives were confident to raise concerns and that they would be dealt with appropriately.

People received care that met their individual needs and adapted where needed.

The provision of activities met people's hobbies and interests.

Good



Is the service well-led?

The service was well led.

The manager had effective systems to monitor, identify and manage the quality of the service and any required actions were completed.

People, their relatives and staff were positive about the management team.

Good



Summary of findings

The manager had an open culture and staff, people and relatives felt they were approachable.	
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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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 23 July 2015 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The visit was unannounced. Before our inspection we reviewed

information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with eight people who used the service, four relatives, and seven members of staff, the deputy manager and the manager. We received feedback from health and social care professionals. We reviewed the local authority contract monitoring report of their most recent inspection. We looked at three people's support plans. We viewed three staff files. We 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 could not talk with us due to complex health needs.

Is the service safe?

Our findings

When we inspected the service on 25 September 2014 we found that the service was not meeting the requirements in relation to medicines. This was a breach of regulations 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that they had made improvements and were meeting the standards.

People's medicines were managed safely. Records were accurate and consistently completed. We saw that people received their medicines as prescribed. They were stored managed and administered safely. We saw that people were supported, where necessary and appropriate, to take their medicines at a pace that best suited them and their individual needs. People were supported by staff that had been trained to administer medicines safely. We saw that medicines administered were recorded appropriately and accurately to reflect what had been given. One person said, "I get my medicine on time."

People who used the service told us they felt safe. One person said, "The whole atmosphere is a feeling of security and safety." Another person said, "All the girls [Staff] are nice and you've only got to press the button [To call for assistance]. I feel really happy and secure." One relative said, "It's very safe. [Relative] feels very safe."

Staff were able to describe what constituted abuse and were confident about how to report any concerns they had. All staff had received training in safeguarding adults and the manager confirmed that this area is always discussed in supervisions and promoted in the home. The manager told us that there had been workshops and themed supervisions to help staff have a better understanding of safeguarding adults. One staff member said, "I would to raise any concerns with the senior or the manager." Staff were aware of how to escalate concerns outside the organisation if required.

Accidents and incidents were regularly reviewed by the manager, where particular risks were identified; measures had been put in place to ensure the risks were safely managed. For example, we saw that where one person had

repeated falls, there had been risk assessments completed. It was decided to rearrange the bedroom furniture to eliminate trip hazards. A pressure mat had been placed by the person's bed. This meant that when the person was moving the mat sounded an alarm so that staff were aware and could respond in a timely manner to assist if required. This showed that the person was supported and risks were reduced while still promoting their independence.

Risks to people's health and wellbeing had been identified and steps taken to reduce them. The manager, through audits, had recognised that most falls were happening between 6pm and 10pm. The manager decided to introduce an additional shift "the twilight shift". This meant that there was an additional staff member added to the rota during these times. This was to provide more support in communal areas to assist people where required. The manager confirmed that the number of falls were significantly reduced since this change was introduced.

Staff told us they were on duty in sufficient numbers to deliver care safely. We saw that there was a good number of staff to enable the care. On the day of our inspection one floor had been short of one staff member. The manager responded in a timely manner to ensure the shortfall was covered. We found that throughout the home there was good team work and staff were all positive about the home. The atmosphere was calm and staff responded promptly to people when they needed assistance.

There were housekeeping staff that maintained the cleanliness of the home. The manager employed three hostesses, one for each floor who served the meals as an additional support for the care staff. This allowed the care staff to focus on supporting people with their care.

We saw there were safe and effective recruitment practices to ensure staff were of good character, physically and mentally fit for the role and able to meet people's needs. New staff did not start work until satisfactory employment checks were completed and all new staff had to complete an induction process to ensure staff were competent. The manager had recently employed new staff who were completing training while waiting for the Disclosure Barring Service checks to be completed before starting work in the home

Is the service effective?

Our findings

People, staff and relatives were positive about the home. One person told us, "The staff are so good, they look after me." A staff member said, "I am really comfortable doing the job, people have more independence here and choice."

We found that staff had received relevant training to help them complete their jobs effectively and new staff were supported and mentored in the work place by experienced colleagues. We spoke with a staff member who said, "Staff are really friendly and I have been made to feel very welcome." The staff member went on to tell us about their Induction which included shadowing with other staff until proficient. After the shadowing they said, "I felt confident but still ask if I'm not sure." They confirmed that their induction included training that was relevant to their work. This included safeguarding, Mental Capacity Act 2005 and dementia training.

The manager monitored training to ensure that all staff were up to date. The manager explained that on the unit for people living with dementia all staff had received appropriate training to understand people's needs.. This included housekeeping, kitchen and recreation staff. Staff confirmed they were more confident supporting people living with dementia. One staff member said, "When I started working here I was placed to work on the dementia unit. I was a little worried and I told the manager. With their support and the training I received, I now love working on this unit."

Staff understood how best interest decisions were made in line with the MCA 2005. We saw examples of how and when steps had been taken for some decisions to be made in people's best interests. Staff also understood the importance of giving people as much choice and freedom as possible. For example, staff told us that where some people required assistance to get dressed that they were supported in the choice of clothes they wore, this could be done by the person pointing to what they wanted. People's families were involved in supporting people to make decisions where appropriate and there was an advocacy support service available, if required. The manager had appropriately made applications for DoLS in order to keep people safe while making sure their rights were safeguarded. The manager told us that workshops had been carried to support staff's understanding of the MCA and DoLS.

People were given nutritionally balanced meals, there were options to choose from daily and if required there were further alternatives available to cater for people's taste. The chef had a system to manage people's individual dietary needs. The manager had put in place a colour coded system that included the person's dietary information. For example people's medical and dietary needs were colour coded to assist staff with people's needs. This made it very easy visually to see people's requirements. The chef told us, "This system works really well."

The Chef was very involved around people's choice and their input into the menus. Regular meetings were held to discuss ideas for menus and taster menus were put together for people's feedback. People's dietary and cultural needs were met. On each floor in the serving kitchens, there was a list with people's preferences. However we were told by staff that people could change their mind at any time and an alternative would be offered. A relative said, "There are choices and the portion size is generous. [Relative] can have whatever they want." There was a suggestion box for resident's comments and suggestions and people we spoke with were delighted with the food. One person said, "The food is very good." We saw that families were welcome to stay for dinner and on our visit there was a spare room used to support families to have a private meal together. A relative said, "My [Relative] and I had dinner in the café last night. We had what everyone else had. It was delicious. If people have food preferences they accommodate that." We saw staff were meeting people's needs during meal time and people who required assistance to eat were supported in a kind and respectful manner.

People were encouraged to make their own drinks where they were able to. One person said, "If I want a cup of tea I can make it myself."

Staff demonstrated their awareness of the likes dislikes and care needs of the people who used the service. For example, one staff member was able to tell us about people's past, their work and interests. Another staff member told us about a person's allergies. Staff we spoke with demonstrated their knowledge about the people they cared for.

We found that people were supported and had access to other health care professionals to help and maintain their health needs, for example. GP's, dentists and community support nurses. We saw professional notes documented by

Is the service effective?

GPs, district nurses and other professionals in people's care plans. The manager told us that people had not been happy with the optician service and a new optician service had been sourced for people.

Is the service caring?

Our findings

People who used the service and their relatives told us they were pleased with the home. One person said, “I’m so happy here. Everybody’s very friendly. The staff are very good. If you want something you only have to ask.” Another person said, “I love it. Absolutely love it.” A relative said, “It’s wonderful. The care my mum gets is second to none. The staff are so caring and incredibly flexible.”

We saw that staff were patient and gave encouragement when supporting people. We saw staff were calm and not rushed in their work so their time with people was meaningful. People commented on the friendliness and kindness of the staff. One relative said, “I can’t praise the staff enough. They are wonderful. We’re so happy and incredibly grateful.” A person said, “There’s always someone to talk to. The staff I know I get on very well. We have a good laugh.” Another relative said, “I’m going away for a couple of weeks. I will be able to relax as I know the staff will take care of my [Relative] They are in good hands.”

Staff told us about the importance of privacy and dignity. One person said, “I always knock on people’s doors and introduce myself. I explain everything I am doing and always give people choice”. “All staff we spoke with were

able to discuss the importance of respecting diversity and people’s human rights. For example, supporting people’s religious beliefs. One person told us. “They [Staff] always ask permission before doing anything.”

We observed through the day that staff spoke to people in a kind manner. Where appropriate staff held people’s hands when walking with them and we saw people and staff laugh together. Staff had time to stop and participate in activities. For example, we saw musical exercises taking place in one of the lounges and people were laughing and having a good time. Staff popped in and out, seamlessly joining in. They called people by their preferred names and there was lots of laughter. A young boy that had been visiting with his family joined in and was dancing with staff. We saw throughout the day on all floors how staff and people cared for each other. There were various rooms for people to use and we saw lots of socialising and relaxed communal living.

People were supported to make their own decisions and choices. This was recorded in people’s care plans and people who used the service had signed these where they were able to. Staff told us that people and their families were involved with their care and the manager said that an independent mental capacity service would be sought if required. One relative said “We have a meeting to discuss [Relatives] care plans.”

Is the service responsive?

Our findings

One relative explained that routines in the home were flexible saying, “Normally [Relatives] up and breakfasted in the lounge. Today they slept in late so they’re [Staff] adapting to their routine.”

There were three activities co-ordinators who worked at the home and provided different entertainment throughout the day. We saw people doing puzzles and music exercise classes. Regular activities included pottery classes, bowling in the church hall, walking and gardening clubs. There were also one to one activities. Some people had gone out to the garden centre the day we inspected. One person who used the service was putting out another puzzle on a big table. They told us, “That they like to set the puzzles out. People can do little bits or a lot and over the days the puzzles are completed.” They also said, “I have made lots of friends here and most of them I have met through the activities held on all the floors.” There were posters of the activities that were taking place that day and weekly planner on all notice boards to enable people to know what was on.

The activity co-ordinators also arranged entertainment for the home, For example there had been a singer the day before our inspection and we were told by one person that they also did a roulette board and there was a violinist arranged for the afternoon. We were told that during Easter they had arranged for a company to bring in chicken eggs. People at the home got to see the chickens hatch and they all had a photo with them holding the chicks. The manager said the looks on people’s faces were amazing and staff who told us about this were equally excited. One person said, “I go on trips. We walk to Simmons [Bakery] and have cake, a nice slow walk. I like knitting. We go to a hall over the road and play bowls and keep fit in the church hall. People come and talk and dance and jig around. Yesterday we were upstairs; we can go up and down in the lifts.”

The activity co-ordinators explained to us that people were asked about what they wanted to do and new ideas were always taken on. For example a knit and natter club was set up for people who wanted to knit and people who did not knit would come for tea and a chat. People were supported to be involved with things they liked to do. One person showed me the jewellery holder they had made in pottery

it was in the style of a rose and was glazed red, they were proud of what they had achieved. We saw copies of the meetings held about the activity provision and the action plans put in place to incorporate people’s choices.

We found that people who used the service had been able to contribute to their assessments and care planning. We saw that people’s preferences, life style choices and aspirations had been sought to promote individual care. We also saw that where appropriate relatives had contributed to the care planning process. We spoke with one person who told us they were able to keep pet budgies. We went to see the birds and there was a photo of the birds on the person’s door with their names and a welcome note inviting people in to visit the birds. The person was very happy to have their pets.

There were regular meetings held for family and friends to be involved in the home and an opportunity to discuss any ideas or concerns that they might have. A relative said, “I was involved in [Relatives] care review yesterday. We looked at exercises and different meals with the deputy manager”. Their [Relative] agreed that the home is “very good”.

The manager told us about a person behaviour that progressively became more challenging. The person was reviewed by the GP and the resulting medicines prescribed made the person drowsier and increased their risk of falls. The manager arranged a meeting with other professionals and family members to discuss their best interests. It was agreed to change the person’s medicine and the consequent changes have been life changing for the person. They now live a contented life in a place they are familiar with and the family told the manager they were grateful for their support.

Staff told us they knew they could speak to the registered manager if they had any concerns. Relatives also confirmed that they knew how to raise concerns. They told us that staff and the manager were approachable and that they had confidence their complaints would be dealt with. We saw one relative approach a senior staff member and spoke to them about their concerns that their relative had not eaten that day. The staff member was able to demonstrate that actually they had eaten quiet well that day. This demonstrated people knew who to talk to if they had any concerns. We found that the complaints received had been fully investigated and responded to in a timely manner and that there were action plans in place to

Is the service responsive?

resolve any issues or concerns raised. We also saw people's thank you letters and cards. One relative said, "We've never had an issue we felt we had to raise. We're very happy with the way [Relative] is looked after."

Is the service well-led?

Our findings

Staff felt confident to raise any concerns with the managers or the seniors. One staff member said, “I feel supported by my manager, [They] are very approachable.” One person said, “[Name] is the manager. She’s around and very approachable. There’s so much going on here.”

Staff told us they were encouraged to make suggestions to improve the quality of service provided. They did this either individually in supervision or in one of the regular team meetings. For example, there were meetings for all senior staff to attend daily. One staff member suggested a more time saving but still effective way to provide updates and sharing of important information. The new system was implemented by the manager and had proved to be very effective. This meant that staff were listened to and their ideas were used to bring about improvements.

The manager carried out a regular “walkabout” where they toured the whole service and spoke with people and staff about their views and experiences. We saw that the manager also conducted environmental checks at the same time to ensure standards were maintained and people were kept safe. The manager told us that they or the deputy manager carried out unannounced day and night visits at the weekends. The manager had an open door policy and had made themselves available to residents, relatives and staff. One relative said, “I have regular contact with the manager. It’s all very positive. She’s around a lot. She accosted me when signing in several weeks ago and asked me to go through my mother’s file. She amended it and actioned it immediately”. “One staff member said, “Manager is definitely approachable, they allow us to do our jobs and if we want support it is made available.”

The manager told us that they were supported by the area manager and they had regular meetings. The manager told us, “These can involve learning events and this is how we keep up with best practice.” There was sharing of information from the providers of other services to support learning. The provider also conducted workshops for managers to promote best practice. For example, all managers had attended workshops about the changes to the fundamental standards. The manager told us that other managers carried out regular spot checks of the service to ensure that standards are maintained and to drive forward improvement. The last in-house inspection showed the

home had made vast improvements. The manager and deputy manager were very proud of what they had achieved and they both felt the home was a wonderful place for people to live.

The manager conducted regular audits across a range of areas. These included medicines, care plans, personnel files and health and safety. A monthly home audit gave an overview of all areas of the home and all actions were completed. For example, all complaints were responded to, monthly reviews of accidents and incidents were audited to look for patterns and ways to improve. There was a resident of the day, this meant the person would have a full review of their care plan and all aspects of their care would be discussed from activities to food choice.

We were able to see that positive actions were taken to learn from incidents. For example, when an accident had taken place the manager reviewed the circumstances and took steps to reduce the risks of these happening again and made sure that people were safe. We saw one example of a person who was at particular risk of falling and the manager had sought to manage this safely while still promoting people’s independence. We saw monthly monitoring of falls that had action plans to improve this. One of the improvements made was to place extra staff on during hours that had been highlighted as having higher fall rates. The manager confirmed that this was effective in reducing the falls.

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

The manager promoted an open culture and encouraged people to speak out. This was promoted at meetings and staff we spoke with told us that the management team were very approachable. The manager said it is important that staff and people feel supported and are confident to express any concerns. Staff we spoke with were aware of the whistle blowing policies and that contact numbers were available for people to call should they have concerns.

People told us that they attended meetings and were able to contribute to improvements in the home. For example, changes to the menu. We were told that the management team were approachable and that people saw them

Is the service well-led?

around the home. Staff said there were regular meetings and that they were able to raise concerns and make suggestions for quality improvements. Training had been provided by the provider. Staff were supported to gain further training. For example National vocational qualifications levels two and three and the deputy

manager was completing their level five. The provider also supported apprentices through cube learning. One apprentice had almost completed their first year. They were supported with a mentor and have gained work experience in all areas of the home.