

Abbeyfield Hertfordshire Residential Care Society Limited

Friars Mead

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 05 April 2016 and was unannounced. Friars Mead is a care home without nursing that provides accommodation and personal care for up to 27 older people. At the time of our inspection there were 22 people living at the home. At our last inspection on 22 May 2014, the home was meeting the essential standards that we looked at.

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 at the home. Staff received training in how to safeguard people against the risks of potential abuse and knew how to report concerns if the need arose.

Safe and effective recruitment practices were followed to make sure that staff were of good character and suitable to perform their roles. There were sufficient numbers of staff available to meet people's individual needs at all times.

Potential risks to people's health and well-being were assessed, monitored and reviewed on a regular basis. We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies.

People were positive about the skills, experience and abilities of the staff team. Staff received training and refresher updates relevant to their roles and had supervisions to discuss and review their performance and professional development. Medicines were managed, stored and administered in a safe way by staff who had been trained and had their competencies assessed.

Staff obtained people's consent before providing the day to day care they required and this was reflected in their individual plans of care. People's health needs were met in a safe and effective way that met their individual needs. They had access to health and social care appointments when necessary.

People were positive about the standard and choice of food provided at the home. We saw that the meals, served in pleasant and homely surroundings, were hot and appetising. People were regularly offered a choice of hot and cold drinks by staff who were familiar with their dietary needs and preferences.

People were cared for in a kind and compassionate way by staff who 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 that best suited people's individual needs.

Personal information contained in records about people's medical histories was held securely and

confidentiality was maintained. People and their relatives told us they were fully involved in the planning, delivery and reviews of the care and support provided.

People received personalised care that met their individual needs and took account of their preferences. Staff knew people well and were clearly knowledgeable about their likes, dislikes and personal circumstances. Opportunities were available for people to pursue social interests relevant to their individual.

Complaints were recorded, investigated and personally reviewed by the registered manager. People and their relatives told us that staff listened to them and responded to any concerns they had in a positive way. They were positive about the registered manager and how the home operated.

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 was safe.

Safe and effective recruitment practices were followed.

There were sufficient numbers of suitable staff available to meet people's needs at all times.

People were supported to take their medicines safely by trained staff.

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

Risks to people's health were identified and managed effectively.

Is the service effective?

Good ●

The service was effective.

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

Consent to care and treatment was obtained in line with the Mental Capacity Act (MCA) 2015.

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

Staff felt supported and received training relevant to their roles.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a respectful way that promoted people's dignity.

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

People were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were involved in the planning, reviews and delivery of care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences.

People had the opportunity to pursue social interests and take part in activities relevant to their needs.

People knew how to complain and were confident that any concerns they had would be dealt with in a positive way.

Is the service well-led?

Good ●

The service was well led.

Systems were used to quality assure services, manage risks and drive improvement.

People, their relatives, staff and healthcare professionals were positive about the management arrangements at the home.

Staff told us they 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 05 April 2016. 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.

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 five people who lived at the home, two relatives, eight staff members and the registered manager. We also spoke with a GP, nurse and occupational therapist with experience of the home and some of the people who lived there. We received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We looked at care plans relating to two people who lived at the home, together with three 'do not attempt cardio pulmonary resuscitation' records and two staff files. 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

People told us they felt safe and secure at the home. One person said, "I do feel safe here. It's knowing there's always somebody here to help if you need it and [staff are] always available." Relatives were also confident that their family members received good care and were safe at the home. One relative said "Yes I think [family member] is very safe here."

Staff were trained in how to recognise and respond to potential signs of abuse and knew how to report concerns. Information and guidance about safeguarding procedures were prominently displayed and included contact details for the relevant local authority. One staff member told us, "The safety of residents is paramount here and they are always put first."

Where potential risks to people's health and well-being were identified they were monitored and kept under careful review. Steps were taken to reduce identified risks in a way that reflected people's individual needs and promoted their independence wherever possible. We saw that any injuries, accidents and other incidents that occurred in the home were documented, investigated and personally reviewed by the registered manager. The information gathered and learning outcomes were shared with staff and used to reduce identified risks and the likelihood of reoccurrence.

For example, one person who regularly fell over and hurt themselves was referred to a GP and falls clinic. Following specialist assessments and physiotherapy sessions tailored to their particular mobility needs, measures were put in place to help the person move about the home more safely which resulted in a significant reduction in terms of both the risks and the number of actual falls. A GP with extensive experience of the home and the people who lived there told us, "There is good use of the falls clinic, they [staff] are good at managing risks."

Another person became withdrawn, seldom left their bedroom and was at risk of isolation when they first arrived at the home due to anxiety and a lack of self-confidence. Staff spent time reassuring and encouraging them to leave their room, move around the home more independently and go for walks with them in the local area. The person grew in confidence over time and, following a detailed assessment and review of potential risks, eventually enjoyed going for walks and visiting a coffee shop on their own.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the home. There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs in a safe, effective and timely way. Throughout our inspection we saw that staff were quick to respond to call bells and people's requests for assistance with personal care. A staff member told us, "Yes, there are enough of us most of the time, we get busy at times and could always use extra help but we manage." A person's relative commented, "There is always a senior care assistant present if I need to speak to someone."

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines safely by staff who were trained and had their competencies checked and

assessed in the workplace.

For example, one person was determined to self-administer their own medicines in order to maintain their independence, but they often forgot to take them which gave rise to potential health risks. Staff helped to promote their independence and reduce the risks by introducing measures that helped them monitor and check whether the right medicines had been taken at the right time. A GP commented, "People on medication are very well looked after and the record keeping is very good with reasons given if people's medicines are not given."

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies. Fire and other safety equipment was checked regularly and we saw maintenance staff carry these out during our inspection. Personal evacuation plans, tailored to people's individual health and mobility needs, were in place for every person who lived at the home.

Is the service effective?

Our findings

During our inspection we saw that staff asked people for their consent and agreement before helping them with any personal care or support. It was clear that people were consulted and encouraged to make decisions about their care and how they spent their time. One person told us, "The staff here always ask before doing anything and never just assume...we decide what we want to do."

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. At the time of our inspection we found that the provider was working within the principles of the MCA and that staff were trained and knowledgeable about how these and the deprivation of liberty safeguards (DoLS) worked in practice. Nobody who lived at the home had their liberty or freedoms restricted or limited in order to keep them safe and so it had not been necessary for the home to seek any DoLS authorities.

We checked a number of 'do not attempt cardio pulmonary resuscitation' (DNACPR) decisions that were in place at the home. We found that the people concerned, and family members where appropriate, had made these decisions which had been documented and reviewed in a way that complied with relevant requirements of the MCA.

People's needs were assessed, documented and reviewed to ensure that the care and support they received helped them to maintain good physical and mental health and well-being. This included in areas such as mobility, continence care, nutrition and personal care. People told us that staff met all of their health and welfare needs in a calm, patient and timely manner and they had access health and social care services when needed. One person commented, "I see a doctor when I need one and a chiropodist comes regularly." A relative told us, "[Family member] is very well looked after."

The home has established effective and longstanding links with a local doctors surgery. One of the GP's, who had visited the home since 2004 and knew the people who lived there very well, commented, "The care here is very good and people's needs are met; without question. Staff are very quick to call if there are problems. People's identified physical and mental health needs are met and managed safely and effectively. There are excellent levels of personal care with access to chiropodists and dentists." A person's relative said, "[Family member's] needs appear to be met very effectively and safely."

People who lived at the home, their relatives and health care professionals were very positive and complimentary about the skills, experience and abilities of staff. A relative of one person commented, "The staff seem to me to be very experienced and knowledgeable about [family member's] needs." A GP told us, "I am certainly happy with the skills and experience of staff, very much so, they follow my instructions."

New staff members completed a structured induction programme before being allowed to work

unsupervised. All staff received training and refresher updates in areas relevant to their roles. This included dementia awareness, safeguarding, medicines, health and safety, moving and handling, fire safety, infection control, dementia care awareness and first aid. Some members of staff were selected to take the lead and champion key areas at the home such as nutrition, fall and infection control. One staff member said, "Training is really good and kept up to date. The [registered] manager is really popular, approachable and hands-on. Yes, I feel very well supported."

Staff had supervision meetings with senior colleagues and the registered manager to review and discuss their performance, professional development and issues that were important to them. They also had the opportunity to attend regular team meetings to talk about people's needs, working practices and how the home operated. Staff told us they valued and well supported by the management team. One staff member said, "[Registered manager] is so nice and approachable, it's so nice working here." Some areas of the home had been redecorated as a direct result of comments and suggestions made by staff.

People were positive about the menu choices offered and the quality of food provided and told us that snacks and hot drinks were available at any time. One person said, "They [staff] come round with the menu during the day and tell me what's on offer and I choose what I like. If I ask for a jacket potato and salad I can get that as well which is good." Most people chose to have breakfast in their bedrooms at a leisurely pace and time that suited them whereas some others opted to have theirs in the dining room. One person commented, "I have my breakfast downstairs which I think is always lovely, sometimes poached eggs on toast."

Staff were knowledgeable about people's dietary needs and preferences, for example where they required soft, pureed or fortified food and whether they needed support to eat and drink. A GP told us that staff were very good at making sure people had enough to eat and drink and monitored their intakes and weight where necessary and appropriate to their individual circumstances and needs. We saw a staff member walking around the home offering people fresh fruit from a platter who said, "I do this every day and the residents do like a bit of fresh fruit before lunch, I have a little chat with them as I go round and it's nice."

We observed a lunchtime meal served in the communal dining room and saw that people were supported to eat and drink in a calm, relaxed and patient way. The food was hot, appetising and clearly enjoyed by people who ate in a very pleasant and homely dining environment with table cloths, folded napkins, flower displays, condiments, gravy boats and a selection of drinks. There was good interaction between staff and the people they supported with friendly conversation, laughing and joking evident throughout the mealtime. We saw that people who had changed their minds about the menu or didn't like the meals available were offered alternative choices. People told us they enjoyed the meals provided and that overall the food was of a good quality.

Is the service caring?

Our findings

People told us they were cared for in a kind and compassionate way by staff who knew them well and were familiar with their individual needs and preferences. One person said, "The carers are all nice here. I get on with all of them and they've always got time to chat with me." Another person told us, "The staff here are all nice and friendly." A relative commented, "We are all very happy with the homely and caring environment at Friars Mead."

People's relatives and health care professionals were also very positive about the quality of care and support provided at the home. One person's relative commented, "The staff are excellent and know [family member] very well. They are very kind and caring, always respectful." A GP said, "Staff are very kind, caring and good with the residents. The residents are very well looked after and happy."

We saw that staff had developed positive and caring relationships with people who they supported in a kind, patient and respectful way. For example, one person asked a staff member for a new battery for their hearing aid and to help them check they had enough money for an appointment with the hairdresser. The staff member responded in a warm, friendly and supportive way that both put the person at ease and reassured them. A staff member commented, "I love it here, we can really get to know the residents and make a difference; it makes me smile."

Friends and relatives of people who lived at the home told us there were no restrictions as to when they visited and that they were always made to feel very welcome. We saw people taken out for lunch by relatives while others spent time chatting with relatives and staff on a patio with views of the communal gardens. One person commented, "I get out to see my family whenever I can, they live nearby so I see some of them quite a lot." A relative told us, "The home is very nice and I am made to feel very welcome." A staff member said, "This is a homely home with a lovely warm atmosphere. The residents here are like my extended family and friends, that's how they are treated here."

People told us that staff were respectful of their privacy and promoted their dignity at all times when helping them with personal care and support. During our inspection we saw that staff knocked on people's bedroom doors and asked for permission before they entered. One person said, "The carers are all very nice and friendly too, they always knock on the door before coming in which I think is very nice."

We saw that people and, where appropriate, their family members, had been fully involved in the planning and reviews of the support, care and treatment provided and this was accurately reflected in their individual plans of care. A relative commented, "I am involved in reviews of [family member's] care and support."

Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. For example, one person who wanted help to manage their finances but did not have any close family or friends was helped to obtain advice and guidance from an advocacy service.

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 they received personalised care that met their needs and took account of their preferences. We saw that most people's bedrooms had been personalised with decorations, family photographs, flowers and ornaments of their choice and other personal belongings.

One person who lived at the home said, "I love it here and get looked after in a way that suits me. They [staff] know how I like things done." A relative commented, "They [staff] are excellent at providing what [family member] wants and needs." A staff member told us, "I absolutely love it here and would not want to work anywhere else. You get the chance to really get to know the residents and how they like things to be done, the little things that really matter and make a difference to them and their lives."

People, relatives and health care professionals were positive about the opportunities made available for people to take part in activities and social interests both at the home and in the community. During our inspection we saw one group of people who laughed and chatted in the dining room while helping to peel and prepare vegetables for lunch, others enjoyed the communal gardens with relatives and another group took part in a high spirited and competitive game of indoor skittles. People also had the opportunity to watch a movie in the afternoon, tend to pot plants and help out in the garden.

One person told us, "We have a good hairdresser who comes each week and church services which is nice." A relative commented, "There are opportunities for [family member] to do activities and they can use computers and the internet." A GP said, "Residents are involved in activities which keeps them engaged, good for well-being."

The registered manager told us they had plans to convert an underused lounge into a coffee shop environment and meeting place for people to relax, enjoy activities and socialise with each other and relatives. Volunteers attended the home to help out with activities and themed events, entertainment and trips out were frequently provided. People were able to choose what activities they took part in and the extent of their involvement.

One person said, "I'm very independent, I'm happy sitting here with my memories and I like doing the puzzles and getting on with my knitting; staff help me with my knitting sometimes." Another person said, "Sometimes we have bingo downstairs and we had a trip out into Southend with a fish lunch at a little place which was good." A relative commented, "[Family member] enjoys the activities and outings, the visits from the hairdresser and chiropodist in particular."

People and their relatives told us they enjoyed reading the monthly home newsletter which included updates about staff, birthday celebrations, quizzes, poems, jokes, news items and information about forthcoming events and activities, for example Easter bonnet making, St Patricks day entertainment and information about a visit by a local MP. One person commented, "I do like the newsletter but I've notice some typo's [spelling mistakes] and have given my feedback, we have a laugh about it together, they [staff] are nice here."

Staff were very knowledgeable about people's likes, dislikes, background histories, health needs and personal circumstances. They were able to explain to us in detail they provided care and support in a way that met people's needs and reflected their personal preferences. This information was reflected in people's individual plans of care. For example, an entry in guidance about one person noted, "I would like assistance to run my bath that I would like between lunch and teatime. I would like staff to help towel dry me and put my dressing gown on."

A GP and occupational therapist told us that people received care and support that met their individual health needs and took full account of the specialist advice and guidance provided. For example, we saw that one staff member supported a person who needed exercise to reduce stiffness by encouraging them to walk around the home. The staff member helped them in a calm and patient way with good interaction and light hearted conversation which the person clearly both appreciated and enjoyed.

A health care professional commented, "Staff are very knowledgeable of [people's needs] and follow our guidance and exercise plans. I have no concerns about the care at this home, it's fabulous." A relative said, "The staff certainly seem to encourage independence in a gentle way but are always on hand if needed." This meant that people received care and support that was centred on their individual needs and personal circumstances.

People and their relatives told us they knew how to make a complaint and raise any concerns they had with staff and the registered manager. Information and guidance about how to make a complaint or provide feedback was displayed in the main reception foyer and in communal areas. People felt confident about raising issues with staff and had the opportunity to discuss any concerns they had at regular meetings that were held for their benefit. One person said, "If there's something I don't like then I talk to [registered manager] who is very nice." A relative commented, "I have been asked for feedback about the services provided at the home and have been happy to provide this. I have had no complaints."

Is the service well-led?

Our findings

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 as consistently accurate, up to date or complete as they could have been in most cases. For example, in the plans relating to two people there were numerous unexplained gaps which meant that it was unclear whether or not they had received the personal care needed. In some cases information about risk assessments, reviews of care and the actions taken had not been completed fully or kept up to date.

This issue did not have an adverse impact on the care provided as staff were very knowledgeable about people's needs and health care professionals confirmed they were cared for in a safe and effective way. The registered manager acknowledged that some care plans and records had not been adequately maintained and has taken immediate steps to make the improvements required in this area, for example by carrying out a full review of everyone's plans.

People, their relatives, staff and health care professionals were very positive about the registered manager who they described as kind, approachable, highly visible around the home and a 'hands on' leader who cared about the residents and staff. One person said, "I find the whole home very favourable. I like the [registered] manager very much indeed, they are very supportive of things I wanted to do here." Another person commented, "[Registered manager] is approachable, really nice and we see them a lot." A relative commented, "The [registered] manager is excellent and I have no complaints. As far as I'm concerned everything is fine here."

Everyone we spoke with told us they home was well run and that the services, care and support provided were of a very high quality. One relative said, "The service does seem to be well led and managed. The whole home runs very smoothly. The people who work there seem happy and committed, I do not think I could have chosen a better home for [family member]." Another person's relative commented, "Everyone from the handyman, domestics and kitchen staff up to the [registered] manager are doing a fabulous job to make [family member] safe and comfortable."

Staff were clear about their roles and responsibilities and felt valued and well supported by the registered manager. One staff member told us, "I love working here, it's the best job I've ever had. We all work as a team. [Registered manager] is really nice and very supportive around the home." Another member of staff said, "The [registered] manager is wonderful, very approachable and supportive. We are encouraged to have our say and make suggestions about how the home is run."

The registered manager was very clear about the values and overall mission of the home, "To help an increasing number of residents enjoy a high quality of independent living. ...enable residents to achieve independence and empowerment rather than take over and disempower." A GP with experience of working with the registered manager and their staff told us, "There is a very homely feel and [registered manager] keeps a good watch on things. Any staff shortages are addressed very quickly and we have good communications by email or phone."

The registered manager carried out a wide range of checks to monitor the quality of services provided and to ensure that any identified risks were managed effectively. This included in areas such as health and safety, training, staffing issues, medicines, the environment, complaints, incidents and safeguarding. Senior representatives of the provider also attended the home on a regular basis and carried out checks and audits to ensure it was run in a safe and effective way.

People and their relatives told us they had confidence in the registered manager's ability to deal with any problems that arose. They said they would not hesitate to raise any concerns they had because the registered manager was very open, approachable and efficient. The registered manager actively sought feedback about all aspects of the services provided, for example at meetings where people were encouraged to have their say and by sending out questionnaire surveys. One person said, "Yes we had a survey come round last week."

We looked at a random sample of the feedback provided during a recent survey and saw that it was very positive. For example, feedback received from a resident, stated, "Staff are brilliant, all lovely people" and a healthcare professional commented, "There is always someone available [staff] to discuss residents care and are quick to respond if asked to contact us."