

Avens Ltd

ASLN

## 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

This inspection took place on the 17 and 20 March 2017 and was announced. ASLN is registered to provide personal care to adults with learning disabilities living in their own homes or shared accommodation. At the time of the inspection there were 51 people using the service.

At the time of our inspection there was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Staff were confident in recognising and raising concerns if they felt people were at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and had applied that knowledge appropriately. People were supported to make decisions for themselves and their consent was actively sought by staff.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people using the service. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were regularly monitored and reviewed to ensure that care was provided in the way that met their needs.. People had been involved in planning and reviewing their care when they wanted to and had accessible support plans so that they could direct their care and support.

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People were actively supported to pursue their interests and to make and maintain relationships.

People were listened to and had their views acted upon. The registered manager continued to increase the involvement of people in monitoring the quality and development of the service.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

## 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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed.

Risks were regularly reviewed and staff had clear instructions on how to mitigate these risks.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). People were supported to have sufficient to eat and drink to maintain a balanced diet.

### Is the service caring?

Good ●

The service was caring.

People were supported by regular staff that they knew and had developed positive relationships with.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

People were listened to, their views were acknowledged and

acted upon and care and support was delivered in the way that people chose and preferred.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

### Is the service well-led?

Good ●

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

There was a positive open, person centred culture.

# ASLN

## 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 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 inspection took place on the 17 and 20 March 2017. This inspection was announced. We gave the provider notice of our inspection because we asked them to arrange focus groups with people using the service so that we could meet people and obtain feedback about their experience of receiving care and support from ASLN.

The inspection team consisted of two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of supporting someone who used learning disability services.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During this inspection we spoke with 31 people receiving personal care, two relatives and five members of staff. We also spoke to the registered manager for this service, the provider and a local health and social care commissioner. We used focus groups to meet people using the service to gather feedback about people's experience of receiving care and support.

We reviewed the care records of six people that used the service and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

## Is the service safe?

### Our findings

People told us that the support they received from ASLN made them feel safe. Their comments included: "Without the staff I wouldn't be able to live in my own home, they help me and keep me safe" and "The staff know when I am feeling low and keep an extra eye on me to make sure I am ok." Another person told us "The staff know exactly what they need to do to make sure I am safe. For example, they have saved the office number on my mobile phone in case I ever need help when I am out." Another person told us "I feel safe and secure knowing that the staff are on hand to help us."

There were enough staff to provide people's care and support safely. People told us that they knew the staff that were scheduled to provide their care and were supported by a regular staff team that consisted of people that they knew and trusted. One person told us "We have a rota that shows us which staff will be working and when. There is always a member of staff in our home to help us. If a member of staff is ill then the office phones us and tells us who will be working instead of them." Another person told us "The staff always come to us at the right time. We choose the staff we like and they are the staff that work in our home."

People could be assured that they would receive their medicines safely. During our focus groups people told us that "The staff give me my tablets; I get them at the same time every day and they always tell me what they are for." Another person told us "The staff used to give me all my tablets but now I look after them and take them myself. The staff do help though, they remind me each day and check that I have taken them. It's reassuring to know that they are there to help but I like doing it myself now." Staff had received training in the safe administration and their competency to administer medicines safely was checked by senior staff. The registered manager monitored the safety of the management of medicines through a robust system of audits; these ensured that people received their prescribed medicines safely.

Risks to people had been assessed and detailed support plans had been developed with people receiving care and support to mitigate risk. During our focus groups some people brought their support plans to show us and told us how staff kept them safe. One person told us "The staff help keep me safe by coming with me when I go out and by making sure that I have my medicines every day." People's plans of care provided guidance for staff in the action to take to manage their known risks. For example people living with epilepsy had risk assessments to provide guidance for staff in what to look out for and what to do if a person had a seizure. Other people had risk assessments and positive behavioural support plans to assist staff with managing any behaviour that may challenge. Risk assessments were also in place to manage other risks within the environment including the risks associated with cooking and using electrical appliances.

People were supported by staff who were knowledgeable about potential risks and who knew how to protect people from harm. Staff had received training in safeguarding people and staff were knowledgeable in recognising the signs that someone may be at risk and the steps they would take to escalate concerns to the registered manager or other outside agencies. We saw that the provider had made appropriate notifications to the safeguarding team when there were concerns that individuals may be at risk. Where safeguarding notifications had been referred to the provider to investigate appropriate

investigations had been conducted.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS).



## Is the service effective?

### Our findings

People told us that they were supported by knowledgeable and well trained staff. During our focus groups people told us that "The staff are great here. They know exactly what help we need and are very knowledgeable." Another person told us "I trust the staff because they know what they are doing." One member of staff told us "The training is really good here. The manager makes sure we always update our training and if we're not confident in an area we only have to tell the manager and they'll book extra training for us. I have also done a Diploma in Health and Social Care since I started which was a really positive experience." The provider maintained accurate training records for staff and ensured that staff regularly updated their knowledge in key areas.

All new staff undertook an induction programme which comprised of shadowing more experienced staff for a period of time before working alone. Newly recruited staff also undertook the Care Certificate which is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was an on-going programme of training available to staff including regular refresher training that was focussed on ensuring staff understood people's needs and how to safely meet these.

Staff had access to regular supervision, appraisals and support from the management team. One member of staff told us "The managers are all very supportive here; we get regular formal supervision but can always drop into the office or see the manager at any time if we need to."

People were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care settings are 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 were being met. We found that the registered manager had approached the local authority to request that applications be made to the Court of Protection where people had been assessed as lacking capacity to be able to consent to their care.

People's care records contained information about the support they required with meal and drink preparation. Information around any special dietary requirements was also clearly outlined. People were encouraged to prepare meals for themselves where possible and people had access to drinks and snacks at all times. People said staff offered them the support they needed to prepare meals. Their comments

included, "We plan our menu every week and staff help us to go shopping" and "I always choose what I want to eat" and "The food is always nice, we take it in turns to cook in our house".

People had regular access to healthcare professionals and staff were vigilant to people's changing health needs. One person said "We have regular health check-ups. If I say that I need to see the doctor then someone always takes me." Staff liaised closely with people's GPs and reported any changes in their health or wellbeing in a timely manner to ensure that appropriate medical intervention was provided.

# Is the service caring?

## Our findings

Everyone we spoke with during our focus groups commented upon the positive, caring relationships they had developed with the staff supporting them. People using the service told us "The staff know what help I need. I was feeling low recently and they really helped me to get better. I don't know what I would do without them." Other comments from people included "I can trust and talk to my staff" and "The staff know us well, that is what is important to us".

There was a strong visible person centred culture where people were encouraged and empowered to express their views. One member of staff told us "We treat everyone as equals here and make sure that people are enabled to make decisions and receive the care that they need in the way that they want it." People had person centred support plans in a format that was accessible to them that they had been supported to develop with staff, their relatives and other professionals involved in their care. One person brought their support plan to our focus group and took pride in showing this to us. These plans enabled people to have choice and control over their care and support. People were able to choose the staff that provided their care and support and were matched with staff that had similar interests to support them. This enabled people to have shared interests with their staff and aided the development of positive, caring and respectful relationships.

People had choice and control over which staff would be supporting them. One person told us "There was one carer who I didn't really get on with, I told the manager and that person hasn't supported me again which is good." We saw that some people who received support for 24 hours a day in their own home had a rota available to them in their kitchen so that they knew which staff would be supporting them each day. People told us that they had a regular staff team which had meant they were able to build positive relationships with staff over time and that the staff knew them well.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. During focus group people told us that they were treated with respect, staff treated them as equals and respected their dignity. One person told us "The staff always talk to us nicely; they are never bossy and they know that they are working in our house and respect our privacy. They always knock on our bedroom door and wouldn't go in there without us." Another person told us "The staff help me get washed sometimes; they always make sure the bathroom door is closed and knock before they come in."

Staff knew people well; they told us about people's personalities, hobbies and what was important to them. It was evident that staff had a genuine fondness for the people they supported. We observed that staff focussed on supporting individuals in the way that they wished to be supported and had an interest in getting to know people holistically; not just their care and support needs.

People were encouraged to express their views and to make choices. There was detailed information in people's care plans about what they liked to do for themselves. This included the goals they wanted to

achieve, such as maintaining independence or being supported to prepare meals independently. People's feedback about their care and support was actively sought through regular reviews with their keyworker where their goals and aspirations were discussed and plans were developed to enable people to achieve their goals.

## Is the service responsive?

### Our findings

People were assessed before they received care to determine if the service could meet their needs. ASLN provides supported living services to people living in their own homes. During our focus groups people told us that they were able to choose who they lived with. The majority of people supported by ASLN lived in shared houses with other people also receiving care and supported from ASLN. The registered manager told us that part of the assessment of new referrals consisted of a period of introduction to people already living in the property that prospective referrals may be joining. The registered manager tried to match people with shared interests so that people living together could form friendships through common interests. During our focus groups people consistently told us that they enjoyed living in a shared house and that they had formed positive relationships with the people they lived with.

Initial care plans were produced to guide staff in providing support before new people began to use the service; staff then monitored and updated them as necessary. People's individual plans of care were written in a person centred manner and had been developed in partnership with people using the service. The plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the care each person required to meet their individual needs.

People plans of care were focussed on enabling people to become more independent and to achieve their personal aspirations. During our focus groups one person described how as a result of the support from ASLN they had found their own property. They told us that when they had first joined the service they had lived in a shared house with 24 hour support however, now they lived on their own with daily visits from care staff. They told us "ASLN have really helped me become more independent and have given me the confidence to live on my own. I love having my own house but it's good to know that the staff are still on hand if I need them."

People's feedback about the service was actively sought. People were asked to provide feedback during their monthly keyworker meetings and to review their plans of care with staff. People were able to review and update their individual plans of care and goals with their keyworker during these meetings. People's feedback and views about the service were actively sought by the provider through visits to their homes and service user forums. During the last forum people had highlighted that the office was not easy for them to access because it was located away from where the majority of people using the service lived. In response to this feedback the provider found a new office based in Kettering that was accessible to people using the service and moved their registered location to this office. During our inspection we observed that people regularly visited and people told us that they were grateful the provider had acted upon their feedback.

People were encouraged to provide feedback about the service and knew how to make a complaint. People had been provided with accessible information about how to make a complaint and felt confident in approaching staff to raise any concerns that they may have. Where complaints had been made about the service these had been investigated by the registered manager and a formal response had been provided to the complainant. Complaints were handled efficiently in a timely manner.

# Is the service well-led?

## Our findings

People were supported by staff that had the support, guidance and supervision from the registered manager that they required to work effectively. The registered manager was supported by a management team within the provider's organisation that was accessible to people and staff. We saw that people were comfortable and relaxed with the registered manager. All staff we spoke with demonstrated an excellent knowledge of all aspects of the service and the people using the service. One member of staff said "The registered manager is always available and is really approachable. This is the best place I have worked in terms of the support the staff get."

People could be assured that the quality of the service that they received was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). Feedback from people that used the service was regularly sought through surveys and 'spot checks' by senior staff. People's suggestions for improvements to the service were listened to and acted upon as necessary. The provider had recently employed one person using the service as a 'Quality Checker' to seek feedback from people using the service and act as an advocate to shape the ongoing development of the service.

The provider also commissioned an external service user led organisation to conduct an annual quality assurance check of the care and support that people received. This organisation supported people who use services to inspect and report upon the care and support that people received from other local care services. The registered manager told us that they valued the feedback from these audits and used the findings from these visits to shape the ongoing development of the service. For example, as a result of the feedback received from the last inspection the registered manager told us that they were aware that people did not always wish to be visited by a member of the management team each month as part of the internal quality assurance procedures for ASLN so the registered manager was now more aware of how often they visited people in their own home.

The provider and registered manager shared a passion for providing high quality and person centred care to support to people. This positive culture was understood and demonstrated by all staff and had enabled people to increase in confidence, independence and achieve their personal aspirations. The registered manager had a clear vision for the ongoing development of the service and was committed to providing consistently good care to people.

The registered manager worked closely with people's service commissioners, housing providers and other professionals involved in people's care to ensure that people received the support that they required. The registered manager had provided commissioners with proposals to increase the use of assistive technology and shared support hours to enable people to use their personal budgets more creatively and to assist people to increase their levels of independence whilst maintaining their safety.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with

staff that was able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.