

Avens Ltd

# The Ferns

## Inspection report

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Date of inspection visit:  
08 October 2019

Date of publication:  
19 November 2019

## 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 Ferns is a residential care home providing personal care for adults of all ages with learning disabilities, autistic spectrum disorder, mental health conditions, dementia and/or physical disabilities. At the time of inspection, nine people were supported by the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found  
People received care from exceptional staff that had care and compassion for the people they supported. People knew staff extremely well and supported them with patience and understanding. The trusting relationships that people and staff had built together enabled people to share previous experiences that they had been unable to do before and staff were honoured and privileged to work with people they regarded as family.

People received safe care, and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored and administered safely, and records showed that they were administered correctly.

Staffing support matched the level of assessed needs within the service during our inspection, and staff were trained to support people effectively.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff treated people with kindness, dignity and respect and spent time getting to know them.

Care plans reflected peoples' likes, dislikes and preferences. An activities programme was in place, and people were supported to pursue holidays and activities they enjoyed with staff support.

A complaints system was in place and used effectively. The registered manager was keen to ensure people received good care and support and listened to feedback when provided.

Investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

The service applied the underlying principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Further improvements would include ensuring people are always given choices over all aspects of their care, including improved communication.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 4 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Ferns

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

The Ferns is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all the information we had, to plan our inspection.

#### During the inspection

We met four people who used the service and spoke to three of them. We also spoke with two people's relatives about their experience of the care provided. We spoke with two members of care staff, the chef, the head of care, the deputy manager, the registered manager and the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were considered.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and knew what signs to look for to keep people safe from harm or abuse. Staff knew how to report any concerns and were confident these would be properly dealt with by the registered manager.
- The service had safeguarding and whistleblowing policies to ensure staff followed the correct procedure if they had concerns. Information was prominently displayed for people and staff to refer to for guidance at any time.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care and felt knowledgeable about people's risks.
- Relatives were positive about the support staff provided to keep people safe. One relative said, "The staff are so good. They know exactly how to keep [Name] safe, it's like they can sense what is about to happen."

Staffing and recruitment

- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to provide people with their individual care.

Using medicines safely

- People had their medicines securely stored and staff supported people to take them safely.
- Staff received training in the safe management of medicines and their competencies had been checked.
- There were recording systems in place which clearly showed what people's medicines were for, what the side effects were, and when people had taken their medicines.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training, for example with food hygiene.
- Shared spaces, furnishings and equipment were clean. The home had housekeeping staff and care staff

also supported people with daily living tasks to help maintain a hygienic environment.

Learning lessons when things go wrong

- The registered manager took a detailed approach to learning from incidents.
- Investigations were completed, and learning was shared with staff to help prevent further incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before they moved into The Ferns. Staff also carefully reflected on the needs and interests of other people within the home to consider if new people would be happy at the home.
- Assessments and the care plans developed from them considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religion.
- Staff involved people, their relatives and several other professionals involved in the person's care to help provide a comprehensive and holistic assessment of each person's care needs.

Staff support: induction, training, skills and experience

- New staff received a good induction which ensured they understood how to support each person's needs.
- Staff received additional training to meet people's specific needs, for example understanding autism. Staff told us the training was extremely helpful and prepared them well for their role.
- Staff received regular supervision and felt well supported by the management team.

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

- People were given appropriate support to maintain good nutrition. We saw that strategies had been put in place to help manage and improve people's mealtime experiences, for example the timing of when they received their food.
- People were involved in making choices about their meals and staff supported them to have meals they enjoyed.

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

- The service worked well with other agencies to provide consistent care. This was particularly crucial as people's care needs changed and additional specialists such as Speech and Language Therapists (SALT) were involved.

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

- The home did not meet the best practice principles of Registering the Right Support, which suggests that learning disability services should usually accommodate six people or less. This home accommodated a maximum of 10 people however people had access to their own private spaces and staff made the home feel welcoming and homely.
- The home had signage throughout however there were limited opportunities for people to access facilities within the home, for example to make their own drinks. Staff were readily available to support people into

the kitchen area and supported people in line with their abilities and preferences.

- People were able to decorate their bedrooms individually and with all their personal belongings around them. One person showed us their bedroom and was happy with the belongings they had within it.

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

- People had the support of healthcare professionals when they needed it. People were able to visit healthcare professionals with staff when required and felt reassured by this.
- People had healthcare passports which contained essential information if people required immediate medical help. This provided other professionals an insight into people's healthcare backgrounds, and how to communicate with people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- We checked whether the service was working within the principles of the MCA and found that they were.
- Care plans had been developed with people's involvement and staff asked people for their consent before they provided any care.
- When people did not have capacity to make their own decisions, and a DoLS was required, this had been requested. At the time of inspection, no DoLS had been authorised or assessed by the local authority. Staff promoted people to have as much independence and freedom as possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and were treated with the utmost respect. There was a strong culture of putting people at the forefront of the service, for example ensuring people were involved in decisions inside the home and how they spent all their time. Staff valued working with the people at the service and felt privileged to have the job they had.
- One member of staff said, "I absolutely love working here, it's like our own little family and I'm so honoured I get to help these people and make a difference to their lives."
- People were relaxed and comfortable in the presence of staff, and people were warmly greeted when they returned from their outings. The relationships people had built with staff enabled them to trust staff. One person had disclosed personal matters from their past that they had been unable to share with other people in their lives.
- Staff ensured they spent quality time with people and did not rush from task to task. Staff had a great understanding of people's preferences. For example, one person liked to have skin to skin contact with staff. Another person preferred to have their own personal space which staff recognised and respected.
- Staff were extremely skilled at understanding people's actions and non-verbal communication. They used this to great effect at supporting people in pre-empting behaviours that may harm themselves or others.
- One relative said, "The staff can see when something is irritating [name] and they know exactly how to resolve it before it becomes an issue. I can't even see it and before I know it they've sorted it, or sometimes they're able to distract [name] before something becomes a huge issue and [name] calms down in an instant. We've never had that before, it's just amazing."
- Staff supported with patience and resilience during times of conflict. Staff were able to recognise issues and relationships that caused people distress and anxiety and took steps to empower people to make their own decisions, for example about how they could make their own decisions about how they spent their money. When necessary, people were encouraged and supported to use advocacy services and staff welcomed the independent support people could benefit from.

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

- People were empowered and encouraged to express their views, and their decisions were respected. People were considered partners in their care and staff fully understood that people were able to make decisions about their care, particularly when people were unable to verbally communicate.
- People enjoyed working with a consistent staffing team and valued the bonding relationships they had built with staff. This helped to create trust and enabled people to express their views, with staff understanding what people liked and did not like. One member of staff said, "[Name] can't really talk to me

exactly, but we have really good banter together. I know what they like, and I just love seeing them smile, it's brilliant."

- Pictorial support was available to help people understand their choices, for example, menu choices. Staff took time to understand how people reacted to their choices, and what they liked.
- Staff were flexible in responding to people's requests and responses. One person told staff that they would like support with their personal care later than they had originally decided. Staff were relaxed about the changes and confirmed that the staffing arrangements placed no restrictions on people or how they could have their care.

#### Respecting and promoting people's privacy, dignity and independence

- Staff were excellent at promoting people's independence. For example, staff supported one person to learn how they could control the temperature of their bedroom by changing the radiator settings or opening/closing their window. This enabled them to make their own changes to be comfortable.
- Staff were inspired and excited about the progress people made whilst they were on holiday. One member of staff told us, "Whilst [name] was on holiday [with us, last time] they were buttering their own toast and cleaning the sides, it was incredible to watch, I couldn't believe it. They haven't done it since they came home but we offer them the opportunity."
- People's privacy was valued and upheld. People were able to choose if they had their name or photo on their bedroom doors, and staff always knocked before they entered people's rooms. Staff offered people quiet or private areas to discuss concerns or conflicts, particularly in times of distress.
- People's diverse needs were supported and people with religious beliefs were supported to celebrate them. Staff worked to find a place of worship that was welcoming of everybody's needs and communication styles.
- People were supported to maintain their dignity, for example by ensuring clothing was correctly fitted and did not compromise their dignity.
- Electronic care records were password protected and information about people's care was only shared when necessary.
- The service treated each person as an individual, and this was embedded within the service. Each member of staff was committed to recognising people's diverse needs and embracing these with good effect. For example, by ensuring people could visit places that they enjoyed or had meaning to them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which reflected their care needs, likes and preferences.
- Care plans were reviewed and updated, as necessary.
- People's care was personalised to meet their preferences, including their cultural and religious needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- People were supported to access information in a format they could understand. The service had a number of documents available in pictorial format including people's hospital passport which could be used to support them in a medical setting.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people that were important to them. Family and friends were able to visit people at their home and spend time together as they wished.
- People were able to go on holidays and pursue activities they enjoyed. At the time of inspection, five people were on holiday with the support of staff. Staff told us how excited people had been about going on holiday and staff were able to give examples of how previous holidays had helped with people's independence and development of daily living skills.

Improving care quality in response to complaints or concerns

- People and their relatives were able to raise complaints and concerns and were provided with information they could understand about how they could do so.
- Staff had regular meetings with people to give them frequent opportunities to provide feedback on an informal basis.
- Complaints were investigated and responded to appropriately.

End of life care and support

- Systems were in place for people to express their end of life care wishes.

- People had care plans in place which recorded their wishes in the event of a potential sudden death. One person's relative said, "We've got everything in place and [the registered manager] knows how we want everything, and [name] would like."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People and relatives felt the service was open, honest and well run. One person's relative said, "They [the management] tell you everything that's going on, they're very open. They show me everything they've spent, it's like clockwork."
- Another person's relative said, "There's no problems with the management. We can talk to each other. If they're worried about something with [Name] or if we are worried about something we just talk about it. We always know what's going on."
- Managers and staff were enthusiastic and committed to providing a good quality service for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager maintained records of accidents and incidents and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

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

- Staff were clear about their responsibilities and were positive about the leadership structure in place. One staff member said, "I love working here. The managers are approachable, really approachable. We all work together."
- The staff and management team worked together to ensure people received a good service and people's risks were well managed.

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

- Staff were encouraged to share their views about people's care directly with the registered manager and in staff meetings. The registered manager recognised and valued the experiences of staff and used this to ensure people's care and support fully met all their needs and requirements.
- People, relatives and staff were encouraged to express their views about the services provided through annual surveys. We saw that the service had received numerous compliments through surveys and thank

you cards. Comments included "The staff are so welcoming and the interactions [they have] with service users is so lovely."; "[Name] is so well looked after and it's so nice not to worry about them. Staff do a fantastic job and [name] can sleep well at night knowing [name] is well looked after."

#### Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including health and safety, maintenance and medication. We saw that when errors were discovered, improvements were actioned.

#### Working in partnership with others

- The management team identified where improvements could be made to working relationships with other agencies. They had formulated a strategy to ensure people could receive the healthcare support they required and were able to see good outcomes because of this.
- Connections were made with outside agencies to provide activities and support within the service. For example, people were supported to attend day centres, swimming, and other activities within the community.
- The service worked openly with the local authority and actioned suggestions for improvement.