

Avens Ltd

Avens Limited

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

What life is like for people using this service:

- People continued to feel safe living at the service. Risks to people's health, safety and welfare had been identified and were known by staff. Risk assessments relating to the environment were in place to keep people safe. Staffing levels were appropriate to meet the needs of the people using the service. People told us they thought the home was well-staffed. Medicines were safely managed. The home was clean, tidy and fresh. There were systems in place to monitor incidents and accidents and learn from these.
- People's care, health and cultural needs were identified so staff could meet these. The staff were skilled and competent and knew the people they supported well. People said they liked the food served and had a choice of different dishes. People were supported to maintain good health and referred to health professionals when required. The design and decoration of the home suited people's needs. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.
- People received person centred care that met their needs. Care plans were written from the perspective of the person using the service and set out how staff should meet their needs. The staff team were knowledgeable about people's needs. Managers and staff ensured information was provided to people in an accessible format. People took part in a range of group and one-to-one activities depending on their preferences. People said they knew how to make a complaint if needed.
- People, relatives and staff told us the service was well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. The providers audit system covered all aspects of the service and helped to ensure the care people received was safe and the environment fit for purpose and well-maintained. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

For more information please see the Detailed Findings below.

Our last inspection report for this service was published on 26 July 2018 and the rating was 'Good'.

About the service: Avens Limited provides accommodation and personal care for up to 14 adults with a physical or learning disability. The care home is situated in a residential area in the Northamptonshire village of Ringstead. At the time of our visit there were 13 people using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

This was a scheduled inspection based on the service's previous rating.

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 ●

Avens Limited

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: Avens Limited, 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 accommodates 14 people in one adapted building.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

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 announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection site visit activity started on 17 December 2018 and ended on the 17 December 2018.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

As part of this inspection we spoke in detail with three people who used the service and two relatives. We also spoke with seven staff that included the chief executive officer, the registered manager and the deputy manager. In addition, we had discussions with a team leader, a care and support worker new to the service, the person responsible for maintenance and a member of the house keeping team.

We looked at the care plans for two people, and the medication records of seven people. We undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People felt safe living at the service. One person said this was because, "The staff are very nice. They help me all the time." Another person told us, "I love my room I feel safe here."
- The PIR informed us people were protected from avoidable harm because staff were professionally trained by a City and Guilds accredited training course. Staff confirmed they were trained in safeguarding and knew what to do if they were concerned about the well-being of people using the service.
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensured people's safety.

Assessing risk, safety monitoring and management

- The PIR informed us that following the last inspection, the risk assessments had been improved and were more robust in areas such as transferring people using a hoist. We found that risk assessments were in place and provided staff with guidance about how to support people safely.
- Risk assessments included road safety, using public transport and accessing the community. These were reviewed and updated on a regular basis or more often if people's needs changed.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

Staffing levels

- The PIR informed us that the registered manager looked at the skills mix of the teams to ensure a mix of experienced care staff and new care staff; a mixture of older and younger staff to accommodate the needs of people using the service.
- People told us there were enough staff on duty to meet their needs. One said, "There are lots of staff. They take me out when I want to go." A relative commented, "There is always enough staff to make sure [relative] has their one to one care."
- We observed sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. Staff told us there were enough of them on duty at all times.
- Staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with

people who use care services.

Using medicines safely

- Medicines were safely managed. One person said, "I always get my tablets. They give them to me with a glass of water."
- Staff told us and records confirmed they had been provided with training on the safe handling, recording and administration of medicines.
- Medication administration records (MAR) had been completed and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.
- Records included personalised instructions to staff on how to do this in the way people wanted, for example, '[Person] takes medication with a glass of water if they are placed in their hand.'

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene.
- There was guidance and policies that were accessible to staff about infection control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and reviewed by the registered manager.
- Staff felt any learning that came from incidents of behaviour, accidents or errors was communicated well to them through team meetings and supervisions if required.
- Following incidents of behaviour, different strategies were discussed and changes in support were implemented if required. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

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

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

- The needs of people were assessed prior to them living at the service so the support they needed could be identified.
- The assessment process ensured no discrimination took place, and that people's cultural and life choices were promoted and protected.
- A relative told us about the assessment process that took place with their family member. They said, "The transition went very well. The staff worked hard to make sure [relative] settled in well and we were pleased it all went smoothly."

Staff skills, knowledge and experience

- People continued to be supported by staff that had the skills and knowledge to meet their needs. A relative said, "The carers know what they are doing. They have worked hard with [relative] and they have a good understanding of their needs."
- Staff told us they were provided with appropriate support and training to enable them to carry out their roles. One told us, "Our training is excellent. We get over and above what we need."
- Records showed staff received an induction and on-going training to enable them to fulfil the requirements of their role. Some training was specific to the needs of people using the service, for example, training in Positive Behaviour Support, dementia awareness and autism.
- Staff said they received supervision from a line manager and were given regular feedback on their performance.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy and balanced diet. People said they liked the food served. One told us, "It's very good. I like the food. We can choose what we like."
- People were supported to maintain a healthy and balanced diet. They were supported with pictorial menu plans if needed to support their choice of meals.
- Staff had a good knowledge of what people liked to eat, and care plans documented people's preferences and any requirements they had with food and drink. Staff had completed training in basic food hygiene and

nutritional awareness.

- The registered manager told us, and records confirmed, that if people needed extra support with eating and drinking staff worked closely with the dietician and speech and language therapists to ensure people's dietary needs were met.

Staff providing consistent, effective, timely care

- People had information booklets and health action plans that detailed their personal and healthcare needs to take with them if they needed to go to hospital. These contained information for hospital staff so they could support the person appropriately during their stay in hospital.
- Regular reviews were held with a multidisciplinary team including people's GP, and other relevant health care professionals. This helped to promote good communication resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

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

- People's diverse needs were met by the adaption of the premises. Each person had their own bedroom which reflected their personal preferences and interests. At the time of our visit refurbishment work was being completed.

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

- Consent was sought before care and support was provided. One member of staff said, "We always check with people that they are happy before we do anything." We always ask for their consent."
- 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our visit the registered manager confirmed every person using the service had a DoLS application in place.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- Staff had a kind and caring approach to supporting people. One person said, "The staff are kind. They look after me and help me." A relative told us, "The staff are all very nice. They care for [relative] and seem to genuinely be very fond of all the people who live at the home."
- Staff interacted with people positively, they supported them with their diverse needs and had a good understanding of their social and cultural diversity. For example, one person received Holy Communion at the service and another was supported to attend their place of worship.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. Regular reviews and meetings had taken place to provide people and their relatives with an opportunity to discuss their likes and dislikes, wishes and aspirations.
- People were involved in their care as much as they were able. For example, staff supported people by ensuring they had a structure to their day. People organised their day with staff using pictorial timetables, because their routines were extremely important to them.

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

- People were supported to be fully involved in every aspect of their day to day living for example, choosing what clothes to wear, when to bath or shower, when and what to have for their meals. One person said, "I choose what I like to do every day."
- Care plans contained detailed guidance for staff about how to support people to make choices. For example, in one person's plan of care it stated that the person could make choices by using objects of reference and symbols.
- Three people using the service were using the services of an advocate and were supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

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

- Staff respected the privacy and dignity of each person and they could give us examples of they how they did this. For example, shutting people's doors when supporting them with personal care and using their preferred term of address.

- Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

- People received person centred care that met their needs. A relative said, "[Relative] has some complex needs and the staff know how to keep them safe and how to look after them."
- As part of the pre-admission process, people and their relatives were involved to ensure staff had a good insight into people's personal history, their individual preferences, interests and aspirations.
- A plan of care and support had been developed, ensuring people were at the centre of their care. Each care plan was tailored to the needs of the individual and provided staff with detailed guidance on how to support people in the best way.
- People's interests were well documented and they were supported to attend social groups and leisure activities of their choice within their local community. We saw that people attended activities of their choosing and were supported to try new activities and experiences.
- Staff worked hard to meet each person's complex communication needs by using communication support plans and tools. This included ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard.
- The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- People we spoke with said they knew how to make a complaint if needed. One person said, "If [name of person] was annoying me I would tell [name of registered manager]."
- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. This was available to people in a pictorial format. One relative told us, "I don't have any complaints but I would complain if I was not happy."
- We were told that some people living at the service would find it difficult to make a complaint. However, staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.
- There were systems in place to respond and investigate complaints when needed. We saw a complaint

had been responded to in a timely manner and in line with the providers complaints procedure.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. The registered manager told us that most people had funeral plans in place.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager told us they promoted an open and transparent ethos and staff told us they felt valued and listened to. One member of staff commented, "We have very good team working and are supportive of each other."
- People, relatives and staff told us they felt the service was well-managed and the registered manager was always available. One person said, "I know who the boss is. Its [name of registered manager]." A relative said, "I can talk with [name of registered manager] about anything."
- Staff felt well supported and said they had opportunities to speak with the registered manager whenever they needed to. They also said that the registered manager had maintained a focus on staff providing care which was centred on the people who used the service and that the staff team shared this focus. They achieved this through staff meetings and one to one supervision sessions.
- Staff told us they would be happy to question practice and knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. All the staff we spoke with confirmed they understood their right to share any concerns about the care at the service. They told us and we saw information was readily available in the service for staff to refer to if they needed to do this.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.

Engaging and involving people using the service, the public and staff

- The service involved people as much as possible in decisions about their care. People were involved in how the service was run through resident's meetings, and through quality assurance questionnaires. Minutes from the most recent residents meeting showed people were given the opportunity to speak out, raise issues and give feedback on the service provided.
- The provider had forged good links for the benefit of the service within the local community and with key organisations, reflecting the needs and preferences of people in its care, and also, to aid service development.
- Staff told us they felt listened to by the registered manager. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.

Continuous learning and improving care

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The registered manager demonstrated an open and positive approach to learning and development and ensured staff had access to the training they needed, including specialist training in behaviour management.
- There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. The registered manager told us that following any incidents there would be a review where staff involved were de-briefed on the incident and support plans would be updated and if needed new strategies introduced.

Working in partnership with others

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, speech and language therapists and psychologists. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.