Avens Ltd

The Ferns

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 unannounced inspection took place on 13 March 2017. This residential care service is registered to provide accommodation and personal care support for up to 10 people with learning disabilities. At the time of the inspection there were eight people living at the home.

There was a registered manager in post at the time of our inspection. 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 had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in the home.

People received care from staff that were compassionate, friendly and kind and who would go the extra mile to support people and their families. Staff had the skills and knowledge to provide the care and support people needed and were supported by a management team which was receptive to ideas and committed to providing a high standard of care.

There were systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

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

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

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

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

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

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

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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 13 March 2017. The inspection was unannounced and was undertaken by one inspector.

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 the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people, two relatives, two team leaders, two care staff, the deputy manager, the registered manager and the provider.

We spent some time observing care to help us understand the experience of people who lived in the home.

We looked at care plan documentation relating to five people, and five staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People felt safe where they lived. One person said "I like living here, the care staff make sure I am okay." Relatives told us that they felt that their family members were safe and looked after well. It was clear through observation and general interaction that people felt safe and comfortable in the home. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. For example, risks relating to people living with epilepsy, moving and handling procedures and individual actives. For example Swimming; which contained very detailed step by step guidelines on supporting a person in the swimming pool and using the hoist provided for moving and handling purposes. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. One member of staff said "Risk assessments are really important, especially for understanding what the triggers could be for people which could increase the risk." When accidents had occurred the manager and staff had taken appropriate timely action to ensure that people received safe treatment.

We saw that the provider regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said, "There is always someone to help me." Staff felt that there was enough staff available to meet people's needs and to ensure people received personalised support throughout the day. Some people were assessed for requiring one to one support and we saw this was in place. The registered manager and deputy manager told us that they spent their time around the home to help support people whenever they could. We observed that the levels of staffing allowed each person to receive appropriate support from staff.

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. 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.

People's medicines were safely managed. Where people had been assessed as needing their medicines administered by care staff, the provider had set up robust systems to manage their medicines. Staff had received training in the safe administration of medicines and their competencies were tested. Staff recorded when they gave prescribed medicines on medicine administration records. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

Good

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. One member of staff told us "I shadowed staff for quite a few days; it was a great introduction to all the residents. I was able to read the care plans and get to know what was needed and what to do."

Staff completed a set of mandatory training courses which included safeguarding, manual handling, autism awareness and food hygiene. Staff competencies were checked by the completion and marking of workbooks that tested their knowledge and skills. New staff undertook the Care Certificate; the Certificate 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.

People's needs were met by staff who had received training to meet their specific needs, for example where people were living with epilepsy; staff had specific training to know how to respond when people had seizures and what protocols were in place for rescue medicines. Staff received yearly updates to their training.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures.

Staff told us they received regular supervision and they felt supported, one member of staff said "I have regular supervision and also every few months I have supervision with the manager as well which is used as a 'double' check that I am getting the support I need and my supervisor is feeding back any suggestions that I have."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. We observed that staff sought consent from people before delivering care. Where required people's mental
capacity had been assessed by the registered manager and best interest decisions had been made and appropriately documented following input from people's family, next of kin and advocates. Staff had a good

understanding of the Mental Capacity Act and how this influenced their day to day practice. We saw that applications had been made for people who required a DoLS to be in place and they were waiting for the formal assessments to take place by external agencies.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs and the need for equipment to help maintain people's independence; for example some people used adapted cutlery and staff ensured these were provided at meal times. The cook had received training in food hygiene and prepared food to people's preferences. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely; for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed, or thickened their drinks to help prevent choking. People told us that they enjoyed the food provided by the home. One person told us "They make all of the food here and it is very nice." Meal times were relaxed and social. One person's relative told us "I often visit at meal times and there's always someone sat with people who require that level of support."

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care should be delivered effectively. Care Records showed that people had access to community nurses, condition specific nurses and GP's and were referred to specialist services when required. People received a full annual health check-up and had health action plans in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "they're [staff] very friendly." A relative told us told us "they are very good indeed; there isn't one member of staff who isn't, I can't praise them enough."

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with the care staff that were supporting them. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care. One person was very distressed and we saw that the person's care plan detailed how to support them when they were distressed; we saw that staff worked in a very positive and reassuring manner with this person and their approach was supportive, kind and caring and in line with the care plan.
People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person showed us their bedroom and it was decorated to the person's own choice with posters on the wall and pictures of family members and other items that had meaning to them. Staff used their knowledge of people to support them to have their bedroom how they wanted, which reflected their interests.

People were encouraged to express their views and to make their own choices. People were supported to wear clothes they liked and staff explained that if people were unable to verbally communicate they presented them with the physical options to support them to make their choices. For example one member of staff told us, "If someone can't tell me what they would like to wear I get out a few options and look for their reaction to find something I think they would like." There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example from male or female members of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.

We observed the service had a good culture which focused on providing people with care which was personalised to each individual. Staff were motivated and caring. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. For example; closing curtains when undertaking personal care and checking that people were comfortable with the process.

Each person had an identified key worker; a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. One person said "I have a keyworker; I talk with them about outings I want to go on."

There was information on advocacy services which was available for people and their relatives to view. Some people currently living at the home used an independent advocate and staff were knowledgeable about how to refer people other people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged to visit and made welcome. The registered manager told us that people's families could visit when they want and they could speak with them in the lounge area or their bedrooms. One relative's said "There is a nice atmosphere when you walk in, when I visit; [my relative] always looks really well looked after."

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home to gain an insight into whether the home was right for them. We saw that during the admissions process senior staff visited people in their homes or other care setting and gathered as much information and knowledge about people as possible. Staff encouraged people's relatives, advocates and care professionals to be involved to understand people's preferences and strengths. This ensured as smooth transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger and what interested them. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

People had communication passports which detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and what was important to them. This information enabled care staff to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw.
The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, film nights, baking and 'beauty sessions'. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able understand people's needs from their body language and from their own communication style.

People participated in a range of activities including attending a day service for adults with learning disabilities, swimming, sailing, trips to farms and county parks, meals out, activity clubs, cinema, cake baking and grocery shopping. People had a variety of activities that they were involved in and staff were proactive in supporting people to attend events. A few people were visiting a circus located at a nearby town on the night of the inspection and staff explained to us how they planned, risk assessed and supported people to go to the event.

When people were admitted to the home they and their representatives were provided with the information they needed about what do if they had a complaint. One relative said "If I had a complaint or I wasn't happy I would just speak to the staff or the [registered] manager; they would put it right for me." The complaints policy and information was written in an easy read format so people who used the service were able to access it. Where people could not speak for themselves, staff were aware they needed to be vigilant in observing changes in behaviours and body language that would indicate that a person was unhappy with their care. There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. We saw that complaints that had been raised were responded to appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The manager had created an open and transparent culture with the staff team; staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us "[The manager] is really knowledgeable; she listens to feedback from staff and residents and encourages us to take things forward." An example was one person wanted to fly in an aeroplane so care staff were supporting the person with obtaining quotes for different packaged deals ready to present to the person's financial appointee.

Communication between people, their relatives and staff was encouraged in an open way. The registered manager and the care staff talked positively about people's relatives and how important is was to maintain a good relationship with them. One relative said "We have really good communication with the manager and the deputy manager, if [my relative] isn't having a good day they will let us know so we can choose to visit on another day."

The culture within the home focused upon supporting people to receive the care and support they required to have a happy and comfortable life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and were proud of the job they did. One member of staff told us "I love working here; I make a difference to people's lives and I am really well supported." Staff were focussed on the outcomes for the people who lived at the home. Staff clearly enjoyed their work and told us that they received regular support from their manager. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals.

People using the service were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Meetings took place on a regular basis and people were encouraged to talk about any changes that they wanted to make, plans for the future, staffing and menus. People were supported with the use of pictorial aids and there was evidence of action that had been taken from people's suggestions.

Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and they worked well together and shared information. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said "The manager is very approachable, easy to talk to and she listens to what the staff have say and supports all of us." Staff meetings took place on a regular basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

The home had a programme of quality assurance in place to ensure people received good quality care. The service completed health and safety audits, medication audits and completed monthly monitoring of accidents and incidents to ensure appropriate action was taken to prevent any unavoidable incidents.

Records relating to the day-to-day management of the service were up-to-date. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.