

Avens Ltd

ASLN

Inspection report

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Date of inspection visit:
07 April 2016
08 April 2016
11 April 2016

Date of publication:
16 May 2016

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 7, 8 and 11 April 2016 and was announced. The service is registered to provide personal care to adults with learning disabilities living in their own homes or shared accommodation when they are unable to manage their own care. At the time of the inspection there were 54 people using the service.

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 told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them. All staff had completed the provider's mandatory training. Staffing levels ensured that people received the support they required at the times they needed. We observed that there was sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Support plans contained risk assessments to protect people from identified risks and help to keep them safe. 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.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The management team was approachable and had 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 comfortable with the care they received in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and 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 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 received personalised care and support. People were supported appropriately and in a way which they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they receive 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 the staff supporting them.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened to and their views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

Pre-admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Regular reviews were held to ensure the service provided continued to meet people's needs.

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.

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 concerns were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and strived to lead a service which supported people to live their lives as they chose.

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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 over three days on 7, 8 and 11 April 2016 and was announced. The provider was given 24 hours' notice of the inspection as we needed to be sure that when we inspected the manager was in the agency office. We do this because in some community based domiciliary care agencies the manager is often out of the office supporting staff or, in some smaller agencies, providing care.

The inspection was undertaken by one inspector 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.

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.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people using the service that have information about the quality of the service.

During this inspection we visited the agency office. We met and spoke with three care staff, the nominated individual, the registered manager and deputy manager. We reviewed the care records of six people who used the service. We looked at six records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say. We visited three households with people's prior agreement and spoke to 15 people who used the service.

With people's permission, we looked at the care records maintained by the care staff that were kept in people's own homes. We also telephoned the relatives of four people to ask them about their family member's experience of using the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and the arrangements for managing complaints.

Is the service safe?

Our findings

People felt safe with the carers who supported them. One person said "I am safe [staff member] always makes sure I am." One relative said "[my relative] is 100% safe, and I say that with all honesty." The service 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 abuse 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. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments around the management of their epilepsy which provided staff with instructions about what to look out for and what to do if a person had a seizure. Other people had risk assessments 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. One care staff said "Risk assessments are updated and all the staff read them and refer to them, it is key to preventing accidents or incidents from happening." The support plans were reviewed to ensure that risk assessments and care plans were updated regularly or as changes occurred.

When accidents had occurred the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and First Aid training. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

There was sufficient staff available to provide people's care and support. Some people received one to one support for parts of the day; other people were supported by one member of staff in shared housing. One person said "I like the staff, they know me well and if I haven't got on with a staff member in the past they have changed them for me." One staff member said "The staffing ratio is good; people really do get the support they need." Staff told us there was enough staff to support people with their planned activities. One relative told us "The staff are great, they know [my relative] really well and they pick up on small behaviour changes so we can tackle them before they get too big." We observed that there were enough staff to attend to people's needs and to be relaxed with them during our visits to people's homes.

People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice and staff were required to undertake regular competency

assessments.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in the service. The staff recruitment procedures explored gaps in employment histories, obtaining written references and screening through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that their checks were carried out before they commenced their employment.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a comprehensive induction which included classroom based learning and shadowing experienced members of the staff team. Staff did not work with people on their own until they had completed all of the provider's mandatory training and they felt confident to undertake the role. The induction included key topics on Autism, managing behaviour that may challenge and epilepsy. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "I had a really good induction; I had time to read people's care files and get to know them before I worked on my own. Everyone was really supportive." Newly recruited staff were undertaking the Care Certificate which is based on 15 standards that 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.

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed yearly. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of on-line and classroom based training. One care staff said "Training here is very good; on the managing challenging behaviour I learnt how to redirect people rather than actually challenge the behaviour that people are displaying. I feel more confident in role because I have had the training."

The provider arranged training from the Community Team for People with Learning Disabilities (CTPLD) for individual needs specific to learning disabilities. This included topics on epilepsy and managing diabetes. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff that received regular supervision and annual appraisal. We saw that supervision meetings were available to all staff who were employed, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision and I think it is important because it gives you time to discuss any concerns or get feedback about how you are doing and we always look at training needs and how I can develop in my role."

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.

We saw that the service was working within the principles of the MCA. The management team and staff were

aware of their responsibilities under the MCA Code of Practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We observed staff checking people's consent to undertake care and support tasks.

People were supported to eat a balanced diet that promoted healthy eating. Meals and meal-times were arranged around people's own daily activities. People were encouraged to have involvement in preparing and cooking their own meals and meal times were relaxed and inclusive. One person said "I don't really like cooking but I do help sometimes; I know I should help because I learn new things." People were supported with menu planning using pictorial aids where appropriate and shopping for groceries. Care plans were focussed on enabling people and promoting their independence when shopping for groceries and the whole process of planning, shopping, paying for goods was all an integral part of people's growth and development.

Staff were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and, if required, referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes and food allergies.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. Family members were also very complimentary about staff's awareness of people's changing conditions. Timely action had been taken if there were concerns about people's well-being, raising these directly with family members or, where appropriate and with people's consent, to external professionals such as their GP, psychiatrist or community nurse.

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One family member said "[My relative] is supported really well; I know they like the staff and other people they live with because they are totally happy to return home after visiting us." Relatives praised the caring nature of the staff. One relative said "I get on really well with all the staff, the team leader telephones us with updates and I can tell they all genuinely care about everyone living in the house."

During visits to people's homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. Staff spent time with people making plans for the day and talking about plans for other days.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans were detailed and covered every aspect of a person's life and the care and support they required. Staff understood the importance of respecting people's choices and gave examples where people were supported to dress in their personal style.

People and their families were fully involved in making decisions about people's care and helped to put together a support package that was personalised to them. One family member told us they were fully involved with care planning for their relative and the provider worked closely with them ensure the care plan contained everything that staff would need to know to support the person appropriately and to the standard expected by the person and their family. One person said "It is my care plan and it is all about me and what help I need and what I can do for myself; I help to keep it up to date."

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 and we talk about my plans and what sort of things I want to buy."

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. People's privacy and dignity were respected by the care staff. Staff demonstrated how they would protect people's privacy and dignity while being supported in the community and undertaking leisure activities. For example; when people were struggling to manage their emotions and anxiety in a public place staff were confident in supporting the person and redirecting them to focus on something different. The provider sought consent from people before we visited their homes and on the day of the inspection staff explained to people using the service the purpose of our visit and ensured they consented to us being there.

Some people who used the service were supported by independent advocates and independent mental capacity advocates; we saw that advocates were invited to people's reviews of their assessed needs and were involved in supporting people to make decisions about their future.

People also told us how caring the registered manager was, one person said [The registered manager] is great, I can call him or he will visit and he knows all about us and progress we have made." Another person said "I can always go to him if I wasn't happy about something, I trust him to help me and he always has done."

People were encouraged and supported to have visitors in their own homes. One person told us "My girlfriend visits every day, she has dinner with us and then I will walk her to the bus stop later." Another person had a friend visiting when we visited the house that they shared with three other people and we saw that they were welcomed and included in activities that were going on in the house. One relative told us "I normally telephone before I visit just to check [my relative] will be there because they lead such an active life the chances are they will be going out somewhere!"

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care to be developed with the person and their family and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records and feedback from commissioners demonstrated that staff provided the support according to the care plan and people's wishes.

People had 'how to help me in hospital' 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 and any other health professionals 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. People also had reviews of their assessed needs on an annual basis or as people's needs changed and this was documented in people's personal care files. One relative said "I am always invited to any reviews and I am always kept up to date."

People were encouraged and supported to follow their interests and people had a variety of social opportunities that they were involved with including; swimming, playing snooker and darts, farm visits, day trips, disco's and meals out. People were supported with volunteering opportunities and work placements, one person said "I work with the maintenance man; I have been helping for a long time. I really like it; actually no I love it; it's the best job in the world and I'm good at it!"

Staff spent time with people and responded quickly if people needed any support. They were always on hand to speak and interact with people and we observed them checking that people were comfortable and asking if they wanted any assistance. Where appropriate, staff used pictorial aids to communicate with people to help them to express their needs.

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. The provider had also developed an easy read complaints procedure. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. We saw the provider had completed full investigations of any complaints that had been made and they had followed their own policy and processes. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. One family member told us "We get the occasional concern but it always gets sorted promptly; they [the provider] is always very quick at sorting anything like that out."

The provider had received many compliments regarding the service; for example how the staff go the 'extra mile' and how caring and quick they are to respond to peoples changing needs. An advocate told us "The registered manager and all of the staff team respond really quickly to any suggestions that we have made and they really do support people to be as independent as they can be." A relative told us "We can't fault the service, it is absolutely brilliant."

Is the service well-led?

Our findings

People, staff and families told us the registered manager was passionate about ensuring people could live the life they wanted to live, which empowered them and gave people control and choices in their life. It was clear to see that this value was embraced throughout the whole team giving people the support they needed to be in control of their lives.

The provider's mission statement 'Avens Ltd. believe that care should be provided by those who truly care' was shared by the whole team. Staff spoke about person centred ways of working, demonstrated ways of being inclusive, empowering people and people owning and having control of their own life and aspirations. Staff were motivated and engaged to provide care and support that was based on a person's goals and achievements and we saw when staff spoke and engaged with people that they really did care.

Communication between people, families and staff was encouraged in an open way. Relative's told us that they worked with the provider to ensure everyone was working for the best outcome for people who used the service. One family member said "I know the care [my relative] gets is excellent because [my relative] is really happy and mainly because they communicate with us, in the past with other services this is where it has fallen down; but the staff and manager here are brilliant." The registered manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the registered manager was very approachable and proactive and considered best outcomes for people in everything they did.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Where required people were provided with an easy read format of the questionnaire to ensure they could be fully involved in providing feedback. In a recent staff survey the staff team said they felt consulted and involved in decisions about future plans for the service. People who used the service raised an issue that they would prefer the office base to be in Kettering; it would make them more accessible and people wanted to 'pop in' and see the office based staff. We saw the provider had listened and responded to people's opinions and was in the process of re-locating the office base to Kettering.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and empowering people, they told us that they received excellent support from their managers. One staff member said "I never have concerns about going to my manager or the registered manager with any issues; we are all clear it is about wanting the best for people." Another care staff said "I feel fully supported, the registered manager welcomes our feedback and I know I feel listened to." Staff meetings took place on a monthly basis and minutes of these meetings were kept and referred to. 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 registered manager and senior care staff regularly worked alongside staff, they were able to observe staff practice and monitor their attitudes, values and behaviour. Feedback was provided through

supervisions and through team meetings and good practice was shared.

Quality assurance audits were completed by the registered manager and senior members of the team to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them. The provider had recruited a consultant who has experience in driving quality and standards in health and social care and this consultant was being used to enhance the overall quality and monitoring of the service.

The registered manager kept up to date with new legislation, ways of improving care delivery and innovative technology to support people by attending many health and social care events, reading health and social care publications and by sharing good practice with other local providers.

The providers own training department called Tailored Training, won the 'Business Matters' award in 2014 for 'Education and Training; it is accredited with City and Guilds and affiliated to many health and social care companies.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose.