Avens Ltd

The Ferns

Inspection report

43-45 Marshalls Road
Raunds
Northampton
Northamptonshire
NN9 6ET

Tel: 01933624406
Website: www.avens.co.uk

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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 16 March 2016. This residential care service is registered to provide accommodation and personal care support for up to 14 people with learning disabilities. At the time of the inspection there were 10 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 felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped 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 and medicines were obtained, stored, administered and disposed of safely.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person and 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 and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain good health and had access to healthcare services when they were needed.

People received care from compassionate and supportive staff and people and staff had positive relationships with each other. Staff understood the needs of the people they supported and used the information they had about people to engage them in meaningful conversations. People were supported to make their own choices and when they needed additional support the staff arranged for an advocate to become involved.

Care plans were written in a person centred manner and easy read format and focussed on giving people choices and opportunities to receive their care how they liked it to be. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities 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. People were able to raise complaints and they were investigated and resolved promptly.

People and staff were confident in the management of the home and felt listened to. People were able to provide feedback and this was acted on and improvements were made. The service had audits and quality monitoring systems in place which ensured people received good quality care that enhanced their life. Policies and procedures were in place which reflected the care provided at the home and the staff had worked to develop strong community links and share best practice.

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 in the 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 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) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples 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 living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people through the use of pictorial aids.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

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 were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

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 complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

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

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

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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 16 March 2016. The inspection was unannounced and was undertaken by two inspectors.

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 five people, four relatives, two team leaders, three care staff, head of care, deputy manager the registered manager and the provider.

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 "It is lovely here, staff look after me well." 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 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.

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 epilepsy, mobility and 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 guide us in trying to make sure activities are safe". When accidents had occurred the manager and staff had taken appropriate timely action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

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 enough staff to help us when we need them." Staff felt that there was enough staff available to meet people's needs and to ensure people received good support throughout the day. Some people were assesses 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's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. 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 a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on learning disability, autism awareness, 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 "We have a good induction where we go through emergency procedures for the home, policies and procedures, care plans and what standards are expected of us." New staff were also required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards.

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed annually. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of online and classroom based training.
Training was also available from the Community Team for People with Learning Disabilities (CTPLD) for individual needs specific to learning disabilities. 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 received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, 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 feel listened to."

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. Best interest decisions had been recorded in care plans and people had been included in these decisions. 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.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People

were relaxed at shared mealtimes and had made choices about their menu using picture cards. One person said "I love the food, we had a lamb roast dinner today it was lovely." Monthly meetings took place to discuss the menu choices provided in the home and there was a daily menu showing the choice of food available at mealtimes. A pictorial aid was also used, which contained photos of the choices available to support people to make a more informed decision about what they wanted to eat. People were also able to choose where they had their meals with some people choosing to eat in their rooms rather than sit in the dining room or lounge.

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. All people using the service had individual nutritional plans which were detailed and gave staff information on how to support people. People had access to crockery and cutlery purchased specifically to meet their needs and to promote their independence and maintain their dignity. 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. One family member told us how they had advised the staff team on the best way to support their relative with drinking from a beaker and the staff took on board this advice and successfully supported the person.

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 were happy with the care and support they received. They told us they liked the staff and said staff were 'great'. One person said "All the staff are great, we always have a little joke and I am really happy about living here." One relative said "[My family member] has really positive relationships with the staff; overall the care is good"

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 staff in the home. 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.

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 by 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, visible, culture which focused on providing people with care which was personalised to the 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 and we talk about my plans and what sort of things I want to buy."

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 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. People also had reviews of the service they received by the local authority and this was documented in their personal files.

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, DVD 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 had been supported to the circus that was

visiting the town 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 person said "If I had a complaint or I wasn't happy I would just speak to the staff; 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 good, very approachable and easy to talk to."

Communication between people, families 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, they always return my calls and e-mails and always update me with [my relatives] progress; I am really happy."

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 menu's. 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 and accurate. 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.