

Avens Ltd

ASLS (Avens Limited)

Inspection report

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Date of inspection visit:
06 January 2017

Date of publication:
16 February 2017

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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

We inspected ASLS (Avens Limited) on 6 January 2016. The service provides support and personal care to adults with learning disabilities in their own homes. At the time of our inspection there were 25 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 they were safe. This was also the view of their relatives. Staff were knowledgeable about how to recognise the signs of abuse and report any concerns. Care was planned and delivered to ensure people were protected against abuse and avoidable harm. People had risk assessments which gave staff detailed information on how to manage the risks identified.

Staff were recruited using an appropriate recruitment procedure and relevant checks were carried out on staff before they were allowed to work with people. There was a sufficient number of suitable staff allocated to people to help keep them safe and meet their needs.

The provider supported staff through relevant training, supervision and appraisal which enabled staff to provide safe and effective care. People received their medicines safely. Staff controlled the risk and spread of infection by following the service's infection control policy.

People were satisfied with the quality of care they received. Care plans provided information to staff about how to meet people's individual needs. People were supported by staff who had the knowledge, skills and experience to deliver their care effectively. Staff worked with a variety of healthcare professionals to support people to maintain good health.

People spoke fondly about the staff and said they were kind and caring. People were treated with respect and were at the centre of decisions about their care. The provider listened to and learned from people's experiences to improve the service.

Staff understood their roles and responsibilities. People felt able to contact the service's office to discuss their care and staff were in regular contact with the registered manager. There were comprehensive systems in place to assess and monitor the quality of care people received.

The registered manager had worked in the adult social care sector for many years and understood what was necessary to provide a quality service.

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.

The provider had policies and procedures to minimise the risk of people facing abuse and these were effectively implemented by staff. Risks to people were regularly assessed and staff had appropriate guidance on how to manage the risks identified.

Staff were recruited using a thorough recruitment process which was consistently applied. There were sufficient numbers of staff to keep people safe.

People's medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through induction, relevant training, regular supervision and appraisal.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with respect. People's privacy and dignity were maintained. People felt involved in the care planning process and in control of the care they received.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and felt able to express their views. People received personalised care that met their needs.

People were supported to follow their interests and spend their time day-to day in the way they preferred.

Is the service well-led?

The service was well-led.

There was a clear management structure in place at the service which people using the service and staff understood. Staff knew their roles and accountabilities within the structure.

People, their relatives and staff felt able to approach the registered manager with their concerns. Staff felt supported by the registered manager.

There were comprehensive systems in place to monitor and assess the quality of care people received which the management and staff consistently applied.

Good ●

ASLS (Avens Limited)

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 6 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a care to people in their own homes and we needed to be sure that a senior member of staff would be at the registered office. The inspection was carried out by a single inspector.

Before the inspection we reviewed information we held about the provider. This included their statement of purpose, the previous inspection report and the Provider Information Return (PIR). The PIR is a form submitted by the provider giving data and information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people using the service and four people's relatives. We spoke with three staff members as well as the registered manager and operations director. With their permission, we visited two people in their home.

We looked at six people's care files and five staff files which included their recruitment and training records. We looked at the service's policies and procedures and the systems in place to assess and monitor the quality of care people received.

Is the service safe?

Our findings

People told us they felt safe from abuse and knew what to do if they had any concerns about their safety. People commented, "I'm not worried" and "I feel safe. If I didn't I would tell." Relatives told us, "I think [the person] is safe", "They help to keep [the person] safe and I think they do a good job" and "I keep an eye on things but I've never had any reason to think [the person] isn't safe. If I did I'd be straight on to the manager."

The provider had taken appropriate steps to ensure staff knew how to keep people safe and protect them from abuse. The service had policies and procedures which gave staff information on what constituted abuse and guidance on how to report any concerns. Staff had received training in protecting people from abuse. They had good knowledge of how to recognise abuse and how to report concerns. We saw confirmation the service had acted appropriately to deal with allegations of abuse or concerns about a person's safety. Referrals were made without delay to the relevant local authority safeguarding team and the CQC. The registered manager and staff fully co-operated and participated in local authority safeguarding investigations.

Care was planned and delivered to protect people from avoidable harm. Staff arrived at the time they were due and stayed for the time allocated. People had individual risk assessments and care plans gave staff information on how to manage identified risks such as, how to keep people safe when they were out in the community. People's risk assessments were conducted to help ensure their safety whilst respecting their right to independence. The risk assessments we saw covered a range of daily activities and their associated risks including escorting people while in public, preparing meals and medicine administration. The registered manager visited people in their homes to observe staff practices and check staff were taking into account people's risk assessments in the way they provided care.

Staff assessed people's needs before they began to use the service. The number of staff required and their relevant experience to deliver care to people safely was also assessed. People told us they received care and support from the right number of staff. The number of staff a person required and staff experience was reviewed when there was a change in a person's needs.

The service operated an effective recruitment process which was consistently applied. Appropriate checks were undertaken before staff began to work with people. These included an application form and interview to check whether applicants had the required experience and aptitude; criminal record checks; obtaining proof of their identity and their right to work in the United Kingdom where appropriate. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff had been trained in how to administer medicines. Staff were required to complete medicine administration record (MAR) charts. The records we reviewed were fully completed which demonstrated that people received their medicines at the right time,

in the correct dosage.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff told us they had an ample supply of personal protective equipment (PPE).

Is the service effective?

Our findings

People were cared for by staff who had received relevant training and support from the provider which enabled them to carry out their role effectively. People commented on the staff, "They are very good" and "I think they know what they're doing." Relatives told us, "I have complete confidence in the staff. They are very professional" and "They have a good bunch of staff."

Staff told us they were well supported by the provider and registered manager. Staff told us, "We get a lot of training" and "If a problem arises, I can get support from someone straight away."

New recruits were required to complete an induction during which they were introduced to the people they would be supporting and the staff they would be working with. They also had to familiarise themselves with people's care plans and the provider's policies and procedures. Staff were required to complete mandatory training as part of their induction. This included essential training such as health and safety and safeguarding adults.

The provider employed a training co-ordinator whose role was to ensure that staff training was up to date and that staff received regular refresher training. Staff told us they could access other training they felt would improve the support people received. Records indicated that staff received regular, relevant training and that their understanding of their training was checked.

Staff also attended regular supervision meetings where they discussed issues affecting their role and their professional development. Individual staff performance was reviewed during an annual appraisal. At staff meetings staff received guidance on good practice and discussed ideas on how the care they provided could be delivered more effectively. The provider supported and encouraged staff to obtain further qualifications relevant to their 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 people lack mental capacity to take particular decisions, any made on their behalf must be made 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. Any application to do so must be made to the Court of Protection. We checked that the service was working within the principles of the MCA. Staff had received training on the MCA. Staff we spoke with understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that

staff assessed the support people required to eat and drink as part of the assessment process before they began to use the service. For example, some people's assessment stated they required support with the preparation of their meals. People's preferences were catered for. One person told us, "They do the nice dinners I like." Staff knew what represented a balanced diet and told us how they encouraged people to eat and drink healthily where support was required.

Staff supported people to maintain good health and have access to healthcare services. People had Hospital Passports. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them. People also had Health Action Plans. These are people's personal plans setting out what they have to do to keep healthy.

People were supported to attend their healthcare appointments and outcomes from these visits were documented. Changes or additional support needed as a result of these visits were communicated to staff. Staff were in regular contact with people's specialists and GP. Records indicated that where there was a change or deterioration in a person's health staff promptly involved the relevant healthcare professional.

Is the service caring?

Our findings

People told us the staff were kind, caring and treated them with respect. People commented, "I'm happy with the carers, they're nice to me" and "I like them. They are kind." A relative commented, "It's a difficult job and I think they are very good." Relatives told us staff interacted and engaged with people in a positive and supportive way. Relatives said of the staff, "They are so patient with [the person]" and "They are really good with [the person]."

Many of the staff had been employed by the provider for several years and spoke positively about their roles. Staff spoke about people in a caring way and said they enjoyed working for the service. Staff commented, "I enjoy this job and I like the people I work with", "I'm happy here" and "The people make this job worthwhile. I find it rewarding."

People's diverse needs in respect of their age, disability and gender were understood by staff. People were supported by staff in a way that maintained their dignity. We observed staff interacting with people in their own homes. One person told us, "They make me feel good." People and staff were comfortable and relaxed in their interaction. We observed that staff spoke to people in a kind and respectful manner.

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us staff respected their privacy. We observed that staff knocked doors and asked for people's permission to enter their rooms before doing so. Care plans reminded staff to support people to be as independent as possible and made clear whether people needed to be prompted or assisted. A staff member said of people using the service, "We encourage them to do as much as they can for themselves."

People were as involved in their care planning as they wanted and were able to be. Their views were listened to and respected. One person told us, "I do what suits me and they're ok with it." The registered manager and staff knew people well, including their preferences and how they liked to be supported. They demonstrated good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them.

People were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and registered manager. People said they knew who to speak to if they wanted to discuss their care plan or make a change to it.

Is the service responsive?

Our findings

The service was responsive to people's needs and people were satisfied with the quality of care they received. People commented, "I'm happy here. The carers are good" and "They are a great help." Relatives told us, "They have been exceptional. [The person] has flourished in every way - health, well-being and safety. I cannot praise them highly enough" and "I have no complaints. I'm very happy with them and [the person] seems to be happy and thriving."

People and where appropriate, their relatives told us they were involved in the care planning process. People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessments considered their personal goals as well as their personal care, dietary, social and health needs. Care plans had instructions for staff on how the person wanted their care to be delivered, what was important to them and information about how to meet people's individual needs. Staff had access to an up to date copy of people's care plans in people's homes.

There was continuity of care. This meant that people were supported by the same staff who knew their needs and how they preferred their support to be provided. All aspects of people's care was provided flexibly so that where there was a change in a person's circumstances, routine or preference, staff were able to meet their needs without delay.

People were supported to spend their time at home and in the community in the way they preferred. People's social lives reflected their age, interests and gender. People told us they were supported by staff to spend time participating in activities they enjoyed and to spend time with the people who mattered most to them.

The registered manager routinely sought people's views on the care they received by conducting weekly visits to get their feedback and check the care was meeting their needs. People and their relatives were also encouraged to contact the registered manager by telephone or email if they had comments, suggestions or concerns. People and their relatives felt the staff and registered manager were receptive to their opinions. One person commented, "I can speak to any of the staff if I have a problem and they will help me to sort it out right away." A relative commented, "The staff are very responsive and helpful."

However, a community adult social care professional told us, "We have some concerns that when healthcare professionals have put a plan in place or made recommendations to improve the support people receive, the service is not consistent in implementing our recommendations." We raised this with the registered manager who told us that he was aware of this issue and had asked his staff to record and report advice from professionals to him, so that implementation can be monitored. We will check on this when we next visit the service.

There were appropriate arrangements in place to record, investigate and monitor complaints. The service gave people information on how to make a complaint when they first began to use the service. The service had not received any complaints but people told us they knew how to make a complaint and would do so if

the need arose. People were confident any complaint would be dealt with appropriately.

Is the service well-led?

Our findings

People and staff told us the service was well organised and managed. One person told us, "It's very good." A relative commented, "I can always get hold of someone if I need to." Another relative told us, "I'm very happy with how everything is managed." Staff told us the registered manager was approachable. They felt able to express their views and felt they had the registered manager's support when they needed it.

The registered manager displayed good management and leadership in relation to the way the service operated. There was a clear management structure in place which people and staff were familiar with. Office and care staff understood their roles within the structure and their responsibilities. There was regular interaction between care staff, the registered manager and senior management in the form of unannounced visits, supervision and staff meetings.

There were additional checks to ensure staff providing support delivered care as planned. For example, records of care provided were returned to the office and reviewed by office based staff to ensure they were accurate and up to date. If people's needs had changed, the service liaised with the local authority in order to organise an amendment to their care package so they received appropriate support.

There were appropriate arrangements in place for checking the quality of the care people received. As part of their regular checks, the registered manager observed staff interaction with people. With the assistance of office based staff they also checked people's care and medicine records and that staff training and supervision were up to date. There was a system of regular staff meetings where staff discussed any issues affecting people using the service and the quality of care they received.

The senior management team also conducted audits of a variety of aspects of the service to check that they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The service used the information gathered from its internal audits to make improvements to its policies and procedures and to improve the quality of care people received.

We found that people's care and medical records and staff records were comprehensive, well organised and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located.

Registered providers must notify us about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.

The registered manager was committed to improving the service. They were kept informed about relevant local and national developments in health and social care through guidance supplied by the provider and this information was shared with staff. Appropriate action was being taken to develop the service. The provider and registered manager were looking at ways of making relevant documents more accessible for people

