

Sirona Care & Health C.I.C.

# Avondown House

## 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



### Overall summary

The inspection took place on 16 September 2015 and was announced. We gave the service 48 hours notice of the inspection. This was to ensure that people who lived at the service were available to meet with us and also that the registered manager and staff were available.

The service was last inspected in July 2014 and met with legal requirements at that time.

Avondown House is a sheltered housing service. Sirona are registered to provide a domiciliary care service to

older people who live there. People are tenants in their own flats and receive personal care according to their needs from staff. We inspected the care service provided by Sirona.

There was a registered manager for the service. 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.

# Summary of findings

The provider had systems in place to minimise risks to people and to protect them from abuse.

People told us that all of the staff who visited them were always kind and caring in manner. People who lived at the service interacted in a positive and warm way with the staff who provided them with personal care and other support.

People were assisted with their needs by staff who were monitored and supervised in their work. People also benefited because they were supported by staff who were well trained to understand their needs.

People spoke highly about the care and support they received from the staff. Examples of comments we were told included, "They're adaptable, they're great" and "We are very happy, the carers are respectful that this is my home".

Care records were informative and clearly showed what to do to effectively assist people with their personal care needs.

People were well supported to make complaints about the service the agency provided if they needed too.

There was a system in place to ensure that regular checks on the quality of care and service were carried out. If it was needed actions were put in place to improve the care and service people received.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People received care and support from staff who knew how to protect them from abuse.

People were supported to take their medicines when they needed them and they were helped to manage them safely.

The provider had a safe system in place to recruit safe and suitable staff.

There was enough staff to ensure people received safe care that met their needs.

Good



### Is the service effective?

The service was effective.

People felt the staff provided care that was of a high standard that met their needs.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring.

People felt that staff who visited them were always caring kind and supportive.

Staff supported people with their range of needs in a respectful and caring way.

The staff team who visited people had worked with them for many years and knew them well.

Good



### Is the service responsive?

The service was responsive

Peoples care records clearly showed how to support people to meet their care needs.

People spoke highly of the service and the flexible way they were supported with their care.

Surveys were regularly undertaken to seek the views of people who used the service. The results of these were used to improve the service.

Good



### Is the service well-led?

The service was well led

The quality of care and service people received was checked and monitored to make sure it was safe and suitable. People were consulted as part of this process and the feedback they gave was very positive.

The organisations visions and values were understood by the team. The staff team followed the visions and values in their work. They included providing personalised care that ensured people were treated as unique individuals.

Good



# Avondown House

## 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.

The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with us.

Before our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

The inspection team consisted of two inspectors. During the inspection we spoke with 16 people who used the service. We also spoke with eight members of staff, the registered manager, and two managers who have day to day management responsibility for parts of the service.

We looked at six people's care records. We observed care and support in people's homes and also looked at records that related to how the service was managed.

# Is the service safe?

## Our findings

Every person we spoke with told us if they felt unhappy in any way about a member of staff they could contact the manager or any of the senior staff. People also said they had never had any reason to do this. They told us staff were always respectful, and they had never had a problem with any of the staff.

People were supported by staff who knew how to keep them safe from abuse. The staff knew about the agency's procedure for safeguarding people from abuse. They told us they were given their own copy of the procedure in the staff handbook so that it was available to them in the event of an allegation of abuse being made.

We saw a copy of a procedure and other relevant information to guide and assist staff to know how to keep people safe from abuse. Information in training records confirmed staff had been on training courses to learn more about the subject of safeguarding people from abuse.

The staff were able to tell us about whistleblowing at work. They knew it meant reporting dishonest or abusive activities at work to relevant authorities.. The whistleblowing procedure was up to date with contact details for the organisations people would use if they needed to report concerns.

The registered manager and staff kept a record of incidents and occurrences that had happened. Staff also wrote down what actions had been put in place after an incident or accident. Risk assessments had been updated or rewritten if needed after any incident where a risk was identified. For example, one risk assessment had been updated to support someone after they had experienced a number of falls.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to provide safe care. The

registered manager told us that they tried to use the same staff who worked for the provider if cover was needed. This was to ensure people were supported by staff who they knew.

The registered manager told us the numbers of staff needed to meet the care needs of people were increased whenever it was required. They told us how staffing numbers were increased recently when a person had been unwell and needed extra care. There was documentation confirming that staff numbers were worked out based on people's needs and how many people they were providing care to.

People were supported to look after their own medicines safely and were given them when they needed them. Medicine charts were accurate and up to date and confirmed when people were given their medicines or the reasons why not. People kept their medicines securely and regular checks of the supplies were carried out. Staff went on regular training to ensure they understood how to support people with their medicines safely.

One person told us that although they were able to take their tablets themselves, they couldn't get their tablets out of the dosette box, and so staff assisted them with this. They said "They get my pills out for me, pour me a glass of water and leave me to take them in my own time".

Checks were undertaken on the suitability of all potential new staff before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were recruited.

There were checking systems in place to monitor the safety and suitability of the service. Health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, if people needed support with bathing, action was taken to ensure there were no trip hazards.

# Is the service effective?

## Our findings

The people we spoke with said that when they had moved into their flat and started using the services of the agency, the manager had met with them. This was to work out with them what sort of care they would like to receive.

People were assisted with their personal care by staff who understood how to provide them with effective support. The staff we spoke with had an understanding of how to effectively support the people they visited in their own flats. The staff told us they read each person's care records before they first visited them. They also said they were told by the manager and senior staff when it had been updated if a person's needs had changed.

The registered manager and the staff told us that everyone they currently supported had mental capacity. The staff demonstrated they knew about the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise.

People were effectively supported to meet their physical healthcare needs. Each person had a health action plan. People told us they were able to see their GP if they were concerned about their health. The action plans contained information that showed how people were to be supported with their physical health needs. People said they had access to medical services when needed. One person said "The GP surgery is just round the corner, and if I need to see a doctor, they come quickly".

People were supported to eat nutritious food and drink that they enjoyed. Some people we spoke with said the staff helped them to prepare and cook their own food. Staff told us they sometimes helped people who required special diets by going shopping for them for the food they needed available.

Information in care records explained how to support people with their nutritional needs. The staff team had

been on a training course to help them support people effectively with their nutritional needs. One person with specific nutritional needs was being supported by a healthcare specialist.

The staff told us that regular spot checks were carried out on them while they were supporting people. These were carried out to observe how they assisted people with their care. The manager and a senior care worker told us the aim of a spot check was to ensure people were assisted with their needs in a professional and suitable way.

The staff told us there was always someone they could contact if they needed guidance and support. They told us there was an out of hours telephone number they could use. This was to be able to speak to someone for support and advice.

Staff spoke positively about the training opportunities they were able to go on to help them to support people effectively. They told us they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about care of older people, dementia care health and safety matters, food hygiene, first aid, infection control and medicines management.

New staff were properly trained and supported in their work. There was an induction-training programme for all new employees. The staff induction programme included areas such as how to support people with complex learning disabilities and safeguarding adults. Completed records showed that the registered manager had ensured staff had received proper training before they began work with people at their home.

Supervision records showed that staff were supported and guided in their work. The staff confirmed that they met with their supervisor regularly to talk about work matters and review their performance. Training needs and performance related issues were also discussed at each meeting.

# Is the service caring?

## Our findings

Feedback from people who used the service was universally positive. In particular, the majority of people spoke positively about the care staff they met. Comments included “All of the carers are good”, “It’s been brilliant; they do anything I ask of them and they are all a very big part of my life”, and “It’s been super. The team are all very professional, but we also have a laugh”. One relative said “The care staff are really lovely and do a great job. I feel my mum is in safe hands”.

People said they felt the staff knew them well, and that the staff were kind and caring. One person said “The staff really do seem to care about me; they will always help me if I’m ill” and another said “When I fell in the early hours, they came very quickly to help me. The carer even wanted to stay with me until the ambulance came even though it was her time to go home”. They said staff were respectful, for example, one person said “They always knock before they come in, and they call out to let you know who it is. They are respectful of the fact this is my home too”.

The level of care people received was dependant on their personal needs. For example, some people said staff helped them with personal hygiene, some only needed help with their medication. One person said “I’m trying to

be as independent as possible, so when I’m having a good day, I ask the staff to just watch me and make sure I’m ok. On other days, if I’ve had a bad night, I might need a bit of help from them. They’re adaptable, they’re great”.

People said they had been involved with their care plan before they started using the service. One person said “They came and assessed me in hospital to talk through the support I would need, and I did feel involved in that”.

Every person we spoke told us that staff who visited them in their flats were always respectful to them and assisted them in the way they wanted to be supported with their care needs. Care records showed people had helped to plan what sort of care and support they received. For example what time their visit took place and what gender of staff they wanted to have support them.

Staff knew the people that they visited very well and spoke positively about how much they enjoyed their work. Comments from staff included, “I love working here”, and “This is the best job I have ever had”.

The manager explained that new staff were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual. Staff told us the importance of person centred care was discussed at team meetings and during their one to one supervision meetings.

# Is the service responsive?

## Our findings

Care plans were person centred and contained information for staff on people's personal preferences. For example, one care plan we looked at stated "X likes to sit on the perching stool and attend to their personal hygiene" and "X has sensitive skin and likes to be washed with Johnson shower gel".

Within the sheltered accommodation buildings, people had access to activities. People also said they could choose to go and eat in a communal dining room if they wished to. One person said "I prefer to cook my own lunch here, so I don't bother, but I know I can if I want to". Two people told us they were going to attend a bingo session that afternoon, and another said "I really enjoy the book group and some of the other activities. I can't walk as I'm in a wheelchair, but I just mention to the staff when they come in the morning that I'd like to go, and they always send someone along to push me down to the lounge".

People who used the service were provided with emergency pendants. All of the people we met were wearing their pendant, and all said they had used it in the past. All of them said that when they used their pendant, staff responded quickly and dealt with the issue or query.

We saw the provider's complaints and compliments folder. The care manager told us there had been one formal complaint this year. Everybody we spoke with said they had never needed to complain. People were not familiar with the provider's complaints procedure, but all said they would speak to the manager directly. Comments included "I can't speak highly enough of the staff; I've never had to complain" and "I've never had to complain, but if I did need to I would go to the manager, she's delightful" and "No need to complain, it's all wonderful".

Everyone we spoke with said they felt confident they could make a complaint to the manager or any of the staff. There

had been one complaint made about the service over the last year. The complaints procedure had been followed. A letter was to the person and this told them what course of action was taken to investigate their complaint.

People told us they were given their own copy of provider's complaints procedure when they first started using the services of the agency. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

Everybody we spoke to said they saw a team of care staff and that they never knew who was due to visit them. They said "A different carer comes each time, but I've got to know them all over time, so I don't really mind" and "I get somebody different most days, but I don't mind seeing new faces".

People told us they had been given a folder that contained information about the services the agency provided. This was to help them decide if they felt it was suitable for their needs.

The information people were given was clear and it fully explained in detail the services the agency offered. This information meant people were able to make an informed choice about whether the agency was suitable for their needs.

We saw that surveys were sent to people at least four times a year. People were asked in the survey if they had any complaints about the service. Where people had raised concerns in the survey form we saw detailed actions were taken by the manager to address them. The latest responses from people during August 2015 was overwhelmingly positive and comments included "The carers are the life and blood" and "I never feel rushed by the carers".

# Is the service well-led?

## Our findings

People told us that the manager came to see them on a regular basis. They said they were asked to give their views of the service the staff provided and what they felt about the way their needs were met. They told us the manager and other staff based in the office listened to them and took their views seriously.

The service had an online system used to track the times staff arrived at people's flats and how long they spent with each person. The manager told us that they found the monitoring system very useful as it allowed them to track if people's visits were completed in the allocated time.

People approached the manager throughout our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them and were very warm, accommodating and friendly.

The registered manager told us they kept up to date with current matters that related to care for older people by going to meetings with other professionals who also

worked in social care. They told us they shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

Health and safety audits and quality checks on the care people received were undertaken regularly in their flats. Actions were implemented where risks and improvements were needed. For example an assessment of people's bathroom and kitchens were carried out to ensure they were safe.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people they visited.

All staff were asked to complete a staff survey which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.