

Mr & Mrs A Rendall

# Alvony House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Alvony House is a residential care home. People in residential care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Alvony House accommodates up to 28 people. At the time of the inspection 21 people were living there.

People's experience of using this service:

We have made a recommendation to the provider about undertaking suitable checks prior to staff working with vulnerable people.

People were happy and staff felt it was a nice place to work. Medicines were administered when required and records were accurate and up to date. People's care plans contained risk assessments. People were supported by enough staff to meet their individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training to ensure they had the skills and competency to undertake their roles. Staff received supervision and an annual appraisal, and all felt well supported. People had their nutritional needs met and care plans confirmed people's dietary likes and dislikes. People's views were sought including where they spent their time throughout the day.

People were supported by staff who were kind and caring and who knew them well. Care plans contained important information relating to the person's routine and their goals and aspirations.

People felt able to raise a complaint should the need arise, and complaints were logged including actions taken. People's views were sought with surveys and residents' meetings. Referrals were made when required to health care professionals. The registered manager worked in partnership with people and their families as well as health and social care professionals.

Quality assurance systems were in place and incidents and accidents were logged including actions taken.

Rating at last inspection: The last rating for this service was Requires Improvement (published 6 March 2019). There were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating. At this inspection we found

the overall rating had changed from Requires Improvements to Good.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

# Alvony House Residential Care Home

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team:

It was carried out by one adult social care inspector.

### Service and service type:

Alvony House is a residential care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service at the time of the inspection had a registered manager in post. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

The inspection was undertaken on the 5 and 6 March 2020. The inspection was unannounced on the first day.

### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with seven people, three relatives, four members of staff and the registered manager. During the inspection we reviewed four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines records were accurate and medicines were administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 12.

### Using medicines safely

- People received their medicines safely and when required.
- People's medication administration records (MARs) were accurate and up to date.
- The storage of medicines was safe and fridge temperatures were monitored and records confirmed they were within safe parameters.
- Staff administering medicines to people used effective methods to prevent the risk of cross infection.
- Medicines had recorded their opening date. This is important as it enables staff to monitor the date when the medicines would require disposing of.

### Staffing and recruitment

- People were not always supported by staff who had checks completed in line with the providers recruitment policy. For example, one staff had no reference from their previous employer. Another member of staff had a DBS from a previous employer. The providers recruitment policy confirmed, 'At least two satisfactory references are obtained in the respect of the applicant, one of which must be from a current or most recent employer'. It also confirmed, 'When recruiting new staff the service will refer the Disclosure and Barring Service (DBS) for an enhanced check'. They also provided proof of correspondence where they were seeking references for the member of staff. This meant the providers recruitment policy was not always being followed to ensure staff had completed satisfactory checks prior to starting work. The registered manager following the inspection confirmed all other existing staff had a completed DBS undertaken by the provider.
- People and staff felt there was enough staff to meet their individual needs. One person told us, "I ring the bell if I need help. They come fairly quickly". One member of staff told us, "Very good team we all support each other. Any problems we go to the manager. You never feel by yourself".

We recommend the provider considers current guidance on recruiting staff safely prior to working with vulnerable adults.

### Preventing and controlling infection

- People and staff had access to liquid hand soap, paper towels and personal protective equipment (PPE). Hand sanitisers were available throughout the home and the entrance. This was so people, staff and visitors could prevent the risk of cross infection.
- Staff had a good knowledge of how to use (PPE). One member of staff told us, "First thing I do is wash my hands and put on an apron and gloves. Once done I then wash my hands again".
- Staff had a good knowledge on handling laundry safely. One member of staff told us, "I bag up laundry straight away. Red bags are for soiled laundry which go straight into the machine".
- The home was clean and odour free.

### Systems and processes to safeguard people from the risk of abuse

- People and staff felt the service was safe. One person when asked if they felt safe. Told us, "Oh yes. I feel safe". One member of staff told us, "I feel people are very safe here".
- People were supported by staff who had received training in safeguarding adults.
- Staff had a good understanding of abuse and who to go if they had concerns. One member of staff told us, "Abuse can be physical, mental, sexual, emotional, financial. I would go to my manager, the police or the Care Quality Commission".

### Learning lessons when things go wrong

- The registered manager was responsible for the monitoring and management of incidents and accidents. Records confirmed what had happened including actions taken.
- An overview of all incidents and accidents identified any patterns and trends. This was so action could be taken to prevent similar situations from occurring.

### Assessing risk, safety monitoring and management

- People's care plans contained risk assessments. These identified people's individual risks and guidelines for staff to follow to mitigate the risks. Risk assessments included, managing people's medicine, moving and handling, and risk of falls including equipment. One person told us, 'I use my frame to mobilise. I'll also use my wheelchair if needed'.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to ensure they had the skills and competencies within their roles.
- Staff felt current and up to date with the training they received. For example, one member of staff told us, "I've received training in moving and handling, first aid, safeguarding, mental capacity and deprivation of liberty safeguards, health and safety and infection control."
- The service had a training matrix. This identified training due dates along with training already provided.
- New staff received an induction that oriented them to working in the service and to the provider's policies and procedures.
- Staff received supervision and an annual appraisal. Records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People felt happy with the menu available. People could choose to eat their meals in the dining room or in their rooms. One person told us, "I wanted sardines on the menu. I raised this and now we get sardines on the menu. Another person when asked what the food was like replied, "Great". Another person said, "The food is very nice".
- Staff offered people a variety of hot and cold drinks.
- During lunch we observed staff giving people choice and offering larger portions or second helpings should people want them.
- The dining room tables were presented with flowers, salt and pepper and napkins. People positively participated in conversations with staff and each other.
- People's care plans included their likes and dislikes.

Adapting service, design, decoration to meet people's needs

- The home was well presented and was clean and odour free. People's comments from the last survey included. 'Yes, very clean' and 'Nice room'.
- Within the building people who were unable to use the stairs could use the stair lift to get to the floor they needed. The service also had a lift in the extended part of the building. The registered manager confirmed they undertook individual assessments prior to people coming to the home. They continued to monitor the suitability of people's rooms and the lay out of the building to ensure people could remain as independent as possible.

- People's rooms were personalised. For example, people had things that were important to them such as furniture, books, pictures and photographs.
- The building had ramps so that people could access the front and the rear of the property. Within the rear garden was a patio area with seating and a variety of plant pots and shrubs.

Staff working with other agencies to provide consistent, effective, timely care;  
Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people were supported with their individual health needs. This included referrals to health care professionals such as GP's and district nurses. One person told us, "I find them very attentive all good. If I have a problem, they sort it". They went on to tell us about when they needed the district nurse to visit. This had worked well for them.
- The registered manager had explored people having a home visit from a dental practice. This offered people the opportunity to have their teeth examined and a polish.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager delivered care in line with the required standards. For example, they carried out an assessment of the person's needs. The assessment covered areas such as their mobility, past medical history, communication needs, medication and important relationships.
- Care plans were developed with people and their families when appropriate.
- People's care plans explored their individual equality and diversity such as religion and sexuality.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Care plans contained important information relating to people's capacity and information where people had lasting power of attorney decisions in place.
- Staff offered people choice and consent was sought prior to people being supported with their individual care needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All people and relatives we spoke with felt staff were supportive and demonstrated a kind and caring approach. One person told us, "I have a good relationship with all the staff". Another person told us, "It's very nice here. We're very well looked after. Staff are easy to talk to. I can't fault them all get on very well together, very nice". When asked if staff were kind and caring they told us, "Very". One relative said, "It's all very positive, yes staff are kind and caring".
- The home had received various thank-you cards and compliments from relatives in relation to the care their loved one received. One compliment included, 'Thank-you all so much for the loving care you have given to my mother over the last four years. She was very happy here and I know that she felt safe and cherished. I have been so impressed by the personalised support and kindness that mum has received during her time here. We are so grateful for all that you have done'. Another compliment included, 'A big thank-you for all the kindness and care you showed my mother during her recent stay at Alvony House'.
- Staff demonstrated an attentive and supportive approach. During the inspection staff spent time talking to people asking them how they were and if they would like anything.
- Staff treated people with respect and people's equality and diversity was explored and recorded within their personalised care plan.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. Care plans were person centred and reflected people's wishes.
- People were able to choose how they spent their time and were able to come and go freely within the home. If people wished to have their meals in their rooms instead of the dining room, they could.
- Staff offered people choice such as what they wanted to wear or eat and drink. One member of staff told us, "We give people a choice, asking people would you like some help. Everyone has a choice".
- People were spoken to by staff in a polite respectful manner.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a good understanding of how to promote people's privacy, dignity and independence. For example, one member of staff told us, "Say good morning, how are you. Always ask people never tell them. You are just here to help them".
- One person said, "I can have a bath or a shower. I mostly choose a shower".

- People's care plans recorded people's wishes to remain independent. For example, one care plan confirmed, 'Try to do as much as I can myself. Wash my face and dress myself'. Another care plan confirmed the desired goals and outcomes. 'Remain as independent as possible. Staff to apply toothpaste to the toothbrush. [Name of the person] is able to brush their own teeth'.
- People were supported to maintain relationships that were important to them.
- People spent time in their rooms with their doors either opened or closed. This respected people's wishes and privacy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

Supporting people to develop and maintain relationships to avoid social isolation;

- People's care plans were person centred and contained important information relating to people's individual needs. Such as if the person enjoyed a wet or dry shave and if they required assistance from staff and if so with what tasks. Where people required assistance with clothing such as undoing buttons or using zips support plans confirmed the level of support required.
- Care plans confirmed people's individual routines. Such as when they liked to go back to their room in the day and what time they normally liked to go to bed.
- Important information relating to people's spiritual wishes and medical histories were available to staff.
- People could participate in activities. These included a church service, carol singing, quiz's, reading books, listening to music, bingo and reminiscing over old photos. People spent time in their rooms or the communal areas of the home.
- People were supported to maintain relationships with families, friends and others. This included people attending shopping trips in the community, phone calls, access to the internet and receiving visits.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's individual communication needs. Such as if the person wore glasses, or a hearing aid. Should people require information in an accessible format this could be provided.

Improving care quality in response to complaints or concerns

- All people were happy with the service and felt able to raise a complaint should the need arise. One person told us, "No reason to complain". Another person told us, "I'm really happy here. I can't fault it at all".
- The provider had a complaints policy in place. The registered manager was responsible for reviewing complaints, investigating them and sending a response.

End of life care and support

- No-one at the time of the inspection was receiving support with their end of life care. The registered manager confirmed when people's needs changed this was reviewed to ensure their needs could be met at

the home. Copies of 'Do Not Attempt Resuscitation' forms were retained and available for people within their plan of care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems were in place to identify shortfalls found during the inspection. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had also failed to notify us when required. This was a breach of regulation 18 (notification of other incidents) of the Registration Regulations 2009.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17 and Registration Regulations 18.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider following the last inspection had reviewed and implemented new audits. These audits monitored fridge temperatures, medicines management and their storage, buildings, health and safety, care plans and records. Actions plans identified shortfalls and actions required. One audit we reviewed relating to the safe recruitment of staff had failed to identify the lack of checks in place for two new staff. The registered manager confirmed they would review this audit and make any necessary improvements required.
- Staff were clear about their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager made notifications when required. This is when certain changes, events or incidents occur that affect the service or people.
- The service had a positive culture that identified people's individual needs. The registered manager and staff knew people well. They had a good understanding of how to promote people's independence and empower them to achieve their individual goals and outcomes.
- The service had a supportive culture. Staff felt supported and positive about their colleagues and where they worked. One member of staff told us, "Nice colleagues, nice management". Another member of staff told us, "Good team, can always go to the manager even when they're not here they are on the end of the phone".

- Prior to our inspection the service was not displaying the rating on their website in line with our requirements. The registered manager following the inspection took the necessary action. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The provider sought feedback from people. These included sending a survey to people and attending resident meetings. People's feedback was an opportunity for the service to make improvements to people's care and experience.
- People and staff were supported by the provider in relation to their equality and diversity. Policies and procedures were in place and care plans covered people's protected characteristics such as religion and sexuality.

#### Continuous learning and improving care; Working in partnership with others

- The provider was open when things went wrong, this helped to drive improvements. For example, the registered manager kept a log of incidents and accidents including improvements and lessons learnt. When required they liaised with other professionals and people's family so that the culture was open and transparent.
- The registered manager worked in partnership with others. This included other registered managers, district nurses, a local community nurse, families and the local authority. The providers PIR confirmed 'We do try and provide home care pending beds and re-ablement if we can and are always promoting independence as much as possible'.
- The PIR confirmed, 'Staff have gone through further training and have done qualifications to enhance their knowledge to better their leadership skills'.