

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

We carried out an unannounced inspection of Alvony House on 21 July 2016.

The last inspection had been carried out in September 2013 and we did not identify any concerns with the care provided to people living at the home.

Alvony House comprises two, joined, single Victorian homes in Clevedon. It is registered with the Care Quality Commission (CQC) to provide care and support for up to 28 older people, some of whom are living with the early signs of dementia. Enablement and respite beds are also provided when available to give people the opportunity and confidence to relearn and regain some of the skills they may have lost usually after a spell in hospital. The home had two lounges and a large dining room, which was also used for various functions.

The home had a registered manager. 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. On the day of the inspection, the registered manager was on duty.

We found the home to be clean and tidy. There was on going redecoration carried out by the provider on a room-by-room basis. The registered manager told us that as one room became free, they would re decorate. We saw a recently re decorated room used for people on respite care.

All the people we spoke with told us they felt safe, as did relatives we spoke with. We saw the home had appropriate safeguarding policies and procedures in place, with detailed instructions on how to report a safeguarding concern to all local authorities who have contracts with the home.

All staff were trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report safeguarding or whistleblowing concerns.

Both the registered manager and staff we spoke with had knowledge and understanding of the mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their own best interest.

We saw staffing levels were determined by the needs of the residents, with a dependency tool devised by the registered manager, being used to ensure levels remained safe and effective. We saw the home had sufficient numbers of staff to meet residents needs and the residents agreed with this, saying they were well looked after and supported.

Effective recruitment procedures were in place to ensure staff working at the home met the required

standards. This involved everyone having a DBS (Disclosure and Barring Service) check, two references and full work history documented.

Staff reported they received a good level of training to carry out their role and were encouraged and supported to attend more if required. We saw all staff completed an induction training programme when they first started, and on-going training was provided to ensure skills and knowledge were kept up to date.

Staff also told us they felt supported through completion of regular supervision meetings and yearly appraisals. Team meetings were also held for all levels of staff, and staff were encouraged to attend and contribute towards the meetings.

We saw the home had systems in place for the safe storage, administration and recording of medicines. Some people who administered their own medicines kept it in a locked cabinet in their bedroom. All residents taking medicines had a medication administration record (MAR) in place. The home carried out medication audits monthly. During the inspection, all records we observed were filled out correctly and all medicine amounts tallied.

Throughout the day, we observed positive interactions between the staff and people who used the service. Staff were seen to treat people with kindness, dignity and respect. This was mirrored in the feedback we received from both people who used the service and relatives, who were very complimentary about the standard of care provided.

We looked at five care plans, which contained detailed information about the people who use the service and how they wished for staff to support them. The care plans also contained individual risk assessments, which helped to ensure their safety was maintained.

Everyone we spoke with felt the home was both well led and managed. The manager was reported to be approachable and supportive. Staff told us they enjoyed working at the home.

The home had systems in place to monitor the quality of the service. These included audits of staff competency, medication, health and safety, environment and infection control. We saw action plans were drawn up and implemented to address any issues found.

## 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 who used the service and relatives we spoke with said they were confident the home was safe.

People were protected by staff who were aware of different types of abuse and the steps they would take to report it.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw appropriate arrangements were in place in relation to the management and administration of medicines.

The home was clean and there was a record of essential inspections and maintenance carried out in the home.

### Is the service effective?

Good ●

The service was effective.

Staff had received sufficient training and support to enable them to provide people with effective care.

The service was meeting the legal requirements set out under the Mental Capacity Act and Deprivation of Liberty safeguards.

People received enough food and drink. Action was taken regarding concerns or risks relating to people's diet.

People were supported to maintain their health and access relevant health care professionals.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People were encouraged to be as independent as they could be.

People's privacy was protected.

### Is the service responsive?

Good ●

The service was responsive.

People were able to take part in a range of activities

Peoples' care plans were person centred and provided details about people's likes and preferences.

People knew how to make complaints if they wished to. No complaints had been received since 2014.

### Is the service well-led?

Good ●

The service was well led.

Staff told us they felt they were part of a good team. Staff said the registered manager and senior staff were approachable and communication was good within the home.

There were quality assurance and audit processes in place which meant areas for improvement were quickly identified and acted on.

The service had a full range of policies and procedures available to staff.

# Alvony House Residential Care Home

## **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 inspection took place on 21 July 2016 and was unannounced, which means that neither the home or provider knew we would be visiting.

The inspection was completed by an adult social care inspector and an expert by experience. An expert by experience is someone who has used this type of service or knows about this because their relatives have received this type of care or support.

We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events, which the provider is required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider supplied us with a range of documents, which gave us key information about the service. Prior to our inspection, we spoke with the local authority safeguarding and contracts and commissioning teams.

During the course of the inspection, we spoke to the registered manager, the deputy manager and three staff members. We also spoke with 13 people who lived at the home, six visiting relatives and one outside visitor. We contacted five healthcare professionals following the inspection.

We looked around the home and viewed a variety of documentation and records. This included six staff files, five care plans, a policies and procedures file, and audit files, covering areas such as care plans and infection

control.

# Is the service safe?

## Our findings

The service was safe.

People using the service told us they felt safe at the home. They told us "The staff are very attentive and there are plenty of them" and "I like to leave my door open at night – so I must feel safe. If you are in any sort of trouble, you press a button and someone comes to help. I haven't had to do that very often, but when I do they come quickly. I feel very safe and secure here" and another said, "I always sleep well so I must feel safe. There are people around all the time. You are never completely alone. They know what they are doing. The standard of care is good." One relative told us, "I am very happy with the care here. I feel [person] is safe here. It is very good."

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. Staff were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed. One staff member told us, "Of course I would whistle blow on bad practice, it's all about the residents not us".

People's care needs had been assessed. Care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow scoring tool and falls risk assessment. There were no pressure sores at the time of our inspection. It was evident that the service had identified individual risks to people and put actions in place to reduce the risks. These included preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. A care plan for each area of people's care had been drawn up based on the risks identified for each person. Risk assessments were reviewed monthly and we saw documented evidence that these were updated when there was a change in a person's condition. Records showed one person had experienced a fall. We noted there was a falls management plan in this person's care record and they were being monitored to ensure they were not at risk of falling again.

Risks were reviewed to ensure any underlying themes were identified and appropriate action was taken to minimise the risk and re occurrence of risks to people in the home. For example, records showed that the number of falls was monitored on a monthly basis. The registered manager was in the process of looking for patterns of where falls occurred and what action they needed to take to make sure people were safe.

We observed people had call bells in their rooms, which were accessible to them. All the people we spoke with said call bells were answered very promptly and we observed this during our visit. A relative said, "She rings the bell for assistance and they come quickly". The registered manager stated they did not have a formal system for monitoring call bell response times. Both the staff and the registered manager continually checked with people and relatives regarding this and had not had any complaints about people having to



wait for long periods. They also said this was the case at night.

During the inspection, there were sufficient staff to attend to people's needs. We looked at the staff rota and discussed staffing levels with the registered manager. On the day of the inspection there were 22 people using the service. The home had four floors and staffing levels usually consisted of the registered manager, deputy manager and three care workers plus a house keeping staff member and volunteer twice a week. No one living at the home needed two members of staff to mobilise and the service did not use any lifting or moving equipment. During the night shifts there were two care staff covering all floors, one staff member who was awake and another who was sleeping but on call.

On the day of the inspection, the atmosphere in the home was calm and staff were not rushed. We received positive feedback from people using the service, relatives and staff about the staffing levels. One relative told us "Yes there is enough staff. They try their best to accommodate people and make sure someone is always here" and "the staff work as a team and fill in for one another so it all runs very smoothly". People using the service told us "There are enough staff – excellent". One person told us the staff were "Wonderful". Positive feedback was also received from staff. They told us "We have more than enough time to spend with people. Three care workers is enough. Teamwork is good though and we have not used agency staff for at least the 10 years I have worked here", "The night staff finish at 8am so they get some people ready as they like to get up earlier and we come and do the rest", "We cover each other. Sometimes it is busy but we have good teamwork" and "There is enough staff here. Always well-staffed."

We noted staff worked long shifts for example 8am until 8pm; although staff told us they were happy with the shifts and they had breaks throughout the day. We were informed the staffing levels were reviewed using the registered managers' dependency assessment tool and the home had sufficient staff deployed to meet the needs of people. The registered manager and deputy manager were also on call at all times.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for six care workers. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. Two written references and evidence of their identity had also been obtained.

There were suitable arrangements in place to manage medicines safely and appropriately. Medicines were ordered on a 4 weekly basis, when levels reach a 1-week supply, the deputy manager was in charge of this process. This ensured avoidance of using medicines that have passed the expiry date. The home had a medicines storage room. The storage room was locked at all times. We accompanied a staff member on the midday medicine round. We observed the staff member gave medicines to people in a timely, unhurried and professional manner. The staff member checked that the residents had taken the medicines correctly. We noted the good practice of blister-packed tablets and capsules in envelopes that are colour-coded for the appropriate round: light pink for the early mornings, yellow for the morning, green for lunchtime, red for supertime and blue for the evening. We also noted the good practice of photos of the residents on the Medicines Administration Records (MAR), as well as a clear indication of people's allergies. The MAR charts were appropriately and diligently initialled. There were appropriate arrangements for medicines that required extra security.

We were told that some people, especially those people on respite care in the home were able to self-administer their own medicines. There were policies and procedures in place for the self-administration of medicines and people who self-administered had been assessed to have the mental capacity to do so.

There were no insulin-dependent diabetics in the home. We enquired about blood glucose checks, and the deputy manager told us the care workers do not do finger-prick checks with a Glucometer. A district nurse performed these checks on a regular basis and records seen confirmed this. The home was due to be audited by their dispensing pharmacist.

Records showed medicines competency assessments had been completed for staff who administered medicines to ensure they were competent to do so, and showed staff had received medicines training. However, the registered manager told us they needed to assess more long-standing staff and they said these would be completed within the next month. The registered manager explained she would send us the evidence and this has been done.

Records showed the fire alarm was tested weekly to ensure it was in working condition and monthly fire drills took place. The home had recently had its fire check by the local fire service and the outcome was positive. The home had a fire risk assessment and a general evacuation plan in place. Fire equipment was appropriately stored and easily accessible in the home. The home also had an emergency grab bag near the entrance area.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, lifts, gas boiler and electrical installations. The hot water temperatures had been checked weekly and recorded. There was a notice in the two assisted-bath rooms to alert care workers for the need to check the water temperature before people entered the bath. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. The laundry room though small was well equipped and clean. This meant people were living in a safe and clean environment.

Records showed a premises audit had been completed to ensure the home was maintained and any risks to people's health and safety were identified and addressed. Areas such as checking food hygiene, Control of Substances Hazardous to Health [COSHH] and fire arrangements were also covered. The service also had a Contingency Plan in place to ensure there were arrangements in place to ensure people were kept safe in the event of instances such as a power cut, adverse weather, chemical spills and emergency evacuation.

## Is the service effective?

### Our findings

The service was effective.

People and their relatives told us they felt staff had the skills and knowledge to carry out their roles. People we spoke with and their relatives said they thought staff were trained to be able to meet their needs or their family member's needs. One person said, "I trust people here". One relative said, "You can't ask for more from the staff" and another stated, "No complaints here about anything". One healthcare professional said, "The staff are exemplary, professional and caring and immaculately dressed. They take very good care of their residents and I see examples of this every time I visit." Another stated, "I visit Alvony House Residential Home in Clevedon on a weekly basis and have always found the staff to be well informed about their residents and eager to assist. They are always very proactive around the residents' physical care and social needs. They will readily liaise with myself if they have any queries around care or management and always have the resident's best interests at heart. The residents are always very positive about the homely environment and the level of care that they receive."

The staff we spoke with told us they felt supported to deliver effective care to people. Staff told us they received regular and effective supervisions and appraisals of their work. They also said they felt able to approach the management team at any time to request additional support from them. One member of staff told us, "[The registered manager] is very approachable." Another member of staff told us they had requested additional training in order to understand how to manage a person's specific health care needs. They told us this had been arranged and provided for them. This demonstrated the service took a positive approach to training, which ensured staff had the knowledge to effectively meet people's needs. New staff completed an induction, which included mandatory training sessions and shadowing experienced staff.

All staff said they had received plenty of training which had helped them understand their role and how to meet people's needs. One member of staff said they had, "Training days all the time" whilst another told us the service had, "A really good training programme." Records showed staff received training in a number of areas such as moving and handling, fire safety, dementia awareness, food and nutrition and mental capacity act. Records showed staff were up to date with their training and the registered manager had identified when staff would need to renew their training. The registered manager told us they were keen to ensure training was embedded in staff's every day practice. They had put regular supervisions in place to encourage staff to reflect on their learning. Staff we spoke with confirmed this helped their learning. One staff member told us how staff worked together to help each other's understanding and share ideas about how best to meet people's needs. The meant people were looked after by staff who were trained to meet their needs.

Everyone spoken with confirmed that permission was always asked for before any care given, before entering rooms or when they were being moved from place to place. They also confirmed their choices were respected. One person told us, "[Staff] are always polite and always ask me if it's alright to do things for me and if I would like something." Another person said, "[Staff] always ask before they do anything for me." The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack 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 home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No one living at Alvony House was subject to a DoLS. People said they were free to leave the home when they wanted but some chose not to – mainly because of mobility problems and the steep hills in the surrounding area. One person said, "I am free to roam and go as I please – as long as I tell staff before I leave". Even though no one was subject to any deprivations, the staff and management we spoke with were knowledgeable about the MCA and DoLS. Staff could tell us about some of the key principles of the MCA and how they followed the MCA in their practice. Staff gave us practical examples of how they supported people to make decisions. For example, one member of staff told us it was important to work with the person and go through the decision-making process one-step at a time.

We observed lunch being served. We saw the tables were laid with linen cloths, napkins, glasses, cutlery, and condiments. Menus were on the table but were for the whole month and not specific for that day. We noted the print was quite small and brought this up with the registered manager, who told us they would change this straight away. We have seen the improved menu and it is easier to read. Drinks were in plentiful supply and offered frequently. The food was hot and smelt appetising. People appeared to enjoy the meal very much and many thanked the staff before they left the table.

We saw that people were supported to maintain a balanced diet. The majority of the people we spoke with were happy with the food provided in the home. One person told us, "The meals are very good and I am very happy with the choice I get, it's just what I like." Another person said, "The food is very nice and I do enjoy it." Whilst a third person said, "I really like the food here and there is always a good choice which suits me." We noted staff were very attentive to people's needs and appeared to know their likes and dislikes. People interacted well with one another with many conversations about the meal taking place. We saw one person remind a staff member that another person had not had their pudding, which staff then got for them. One Healthcare professional told us "The premises are clean and the residents are very happy, they always compliment the food they are given, saying it is and I quote 'good home cooking'. They often go out for local pub grub which they also enjoy."

The service ensured that care plans were in place to manage and monitor people who had nutritional risks. Guidance was available for staff to ensure the person had the right support regarding their nutrition. Where necessary people were weighed monthly and specialist health care professionals had been contacted when required. Records showed the deputy manager looked at each person at nutritional risk every month, in order to check the risks were being managed and actions taken appropriately. Staff we spoke with demonstrated they understood people's individual dietary needs and knew how to manage them. For example, one person was unable to eat certain foods due to their condition and staff and the cook knew exactly what that person could eat.

People told us they received the health care they needed. One person told us, "I know I can always see a doctor when I need to by just asking." Another person said, "If I need the doctor or the dentist then all I need to do is speak to the office and they arrange it." Another person we spoke with said, "They look after you here and if anything is wrong they send for a nurse or doctor. They've been very good to me".

Records showed people had regular visits from the dentist, optician, and chiropodist and referrals were made to appropriate health and social care professionals when required. The service had a system in place so staff could record when referrals to health care professionals had been made. This ensured the registered manager had an oversight of who required input from health care professionals. They also told us they checked this regularly in order to chase up any lengthy delays.

The registered manager had recently been involved in getting Sepsis diagnosed (sepsis is a potentially life-threatening condition, triggered by an infection or injury) rather than a urinary tract infection. This meant that the service was proactive in managing and ensuring people's health care needs were met.

## Is the service caring?

### Our findings

The service was caring.

People told us that staff cared about them. One person said, " Staff are brilliant , caring " another said, " No complaints at all" and "they ever so good. They look after you" . A third person said "I can't say anything wrong about the place, staff are first class, genuinely nice people". Relatives told us, " Don't think you could get better care anywhere" and "Can' t ask for more, the best place for mum" People told us they felt listened to and one person told us, "They listen to what I am saying; they treat me as a person". A relative told us, "[Relative] asked to move rooms, as it was easier to be downstairs and they [staff] listened and moved her as soon as they could". We observed care interactions that were kind, patient and sensitive. Staff knew all the people very well and the people responded well to the staff. There was lots of lively banter between them all.

People told us they were able to make their own choices and decisions and one person told us, "I make my own decisions on clothes, food, if I want to go out". Another person told us, "When the staff help me dress they ask for my choices and my clothes always match, they take time to make sure I look nice". A relative told us, "The carers always ask [person's name] what she wants to wear or eat". A member of staff told us, "People are encouraged to make their own decisions ".

We saw that people actively made their own choices and for some people this included leaving the premises and returning when it suited them. We found that people were encouraged to be independent wherever possible and one person told us, "I am encouraged to do things for myself, I probably walk more here than I did at home" another said, " I like to potter round the kitchens in the evening". A staff member told us, "We support people safely and promote independence". We saw a staff member assisting someone to mobilise and heard them tell the person they were supporting that they would not let go of them until they were ready.

Staff told us the registered manager usually signposted people to local advocacy services should they require them. The registered manager was able to confirm this and told us they would use local advocates for people.

People told us staff cared about their privacy and dignity needs and one person told us, "They [staff] always keep our dignity and never come in without knocking the door first and being told to come in". A second person shared, "Even though the staff have a lot to do they remember to be respectful and keep our dignity. I am always covered up in the bedroom". A third person told us, "They [staff] respect me and always call me by my chosen name". We saw staff being respectful of people and knocking the door before entering even when the bedroom door was wide open with the person in view.

## Is the service responsive?

### Our findings

The service was responsive.

We asked people how they passed their time. One person said, "I can go out any time; I like to get on a bus and go to town", another person said, "I like to go out as much as I can and arrange nights away booking hotels myself using my mobile phone."

There was no dedicated member of staff who arranged activities at Alvony House. Instead, all staff arranged activities themselves. There were regular trips to a local pub for lunch once a week and on the day, we visited; the local cinema was showing a film in the dining room after lunch. This was well attended and everyone seemed keen to attend. Staff made an effort to encourage people from their own rooms to come and watch. Day to day, we were told there were quizzes and games. Some people said they preferred not to participate in activities. One person said, "I prefer to stay in. I'm happy to sit and snooze". Another person said they loved dancing but there was no opportunity to do so. We spoke with the deputy manager about this and they told us they used to attend a local tea dance arranged by the Alzheimer's Society but these had stopped so they continued the dances at Alvony House. Unfortunately the person who facilitated these had had an accident earlier in the year and had stopped coming, but they were hopeful they would be back soon. We spoke to a visiting Minister from the local church who had come to give Communion. They said they visited monthly usually in the morning.

People told us their loved ones were able to visit daily with one person saying, "My family are welcomed anytime except lunchtime, as it is busy then and we are eating". Another person told us, "I have no complaints about the staff, my son is always made very welcome". A relative told us, "Visitors are made fantastically welcome and can go into the garden or bedroom if you want some privacy with your relative". A staff member told us, "We have lots of visitors here and lots of grandchildren come". We saw a number of visitors visiting family members and they were made welcome.

The care plans we reviewed recorded the care and support people needed. They were person centred and reflected individuals likes and preferences. For example one care plan recorded how the person liked their hair to be done and informed staff what aspects of care the person could do for themselves. Having detailed care plans is important, particularly if people have memory impairments and are not always able to communicate their preferences. We reviewed the records for one person who was malnourished when they came to live at the home. . There were detailed instructions from the dietician how to support this person to gain the weight needed. On the records we reviewed we found the recording thorough and staff had used the correct paperwork to record the information. We saw staff recorded meals and drinks, including instances where the person had declined. Staff had consistently recorded where the person had been given mid-day snacks or drinks. We saw the person had gained weight and maintained it because staff had followed the instructions given by the dietician.

We saw care plans were regularly reviewed. The deputy manager told us they tried to involve people and/or their families in the review of their care plans. Most people we asked said they had seen their care plans.

Where people couldn't remember, relatives confirmed they had been involved in making their care plans. Relatives we spoke with felt they were involved in their family members care plan, one relative said, "I'm involved in her care it's both ways and I'm involved in her reviews." Reviews help in monitoring whether care records are up to date and reflect people's current needs.

We asked people if they knew how to raise a complaint and if they would feel comfortable doing so. One person said, "Any problem I would see the manager and they would sort it out". Other people said they had no complaints and seemed surprised to be asked this question. They all said they would speak with the Manager. Relatives also said, "We have no complaints at all". We saw the service had received no formal complaints since 2014.

Staff told us people complained to them but they were usually little niggles that could be sorted out there and then. Staff also said they always offered to write out the complaint and make it more a formal process but people and relative refused. We asked relatives about this and they confirmed this was the case.



## Is the service well-led?

### Our findings

The service was well led.

People living at Alvony House told us they knew the registered manager well and found them approachable. Comments included, "We know who she [the registered manager] is, of course we do. She is a nice person" and "They [staff] are all nice. [Name of registered manager] is the one in charge." Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home and staff freely approached the registered manager to speak with them. The registered manager also spoke highly of the staff team and told us, "I couldn't run without the team they do a fantastic job."

Relatives told us staff were approachable, friendly and supportive. One relative told us, "The staff are really good, always friendly." Staff told us the registered manager was approachable and supportive. The staff members we spoke with told us they were provided with regular supervisions and were able to put forward suggestions and ideas. We saw a positive and inclusive culture in the home. All staff said they were part of a good team and could contribute and feel listened to. They told us they enjoyed their jobs and they would be happy for a relative to live at Alvony House. One health professional told us "[Name] the registered manager, is by far one of the best managers I have met, always there for her staff, always coaching her staff and giving good constructive feedback when necessary. She is always on hand when she is needed and her staff and the residents speak very highly of her. She looks professional and is very knowledgeable" and "I have other elderly customers out in the community and often recommend Alvony House to them and their families if they have to look at care homes."

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We saw checks and audits had been made by the registered manager and deputy manager at the home. These included care plan, health and safety and infection control audits, and identified where improvements needed to be made. We saw evidence that this had happened where needed. We saw records of accidents, incidents were maintained, and these were analysed to identify any ongoing risks or patterns.

We saw records of a 'monthly walk around' that the registered manager completed to check and audit the environment to make sure it was safe. Health and safety checks were also undertaken as part of the registered manager's monthly walk but if any people, staff or relatives saw anything wrong the registered manager told us they would report it and it would be put right straight away if possible. We were told that a bath seat had been broken for some time and the registered manager explained the part had been ordered. The person it affected most had been offered a bath on another floor but had declined, saying they were happy having a shower until it was fixed.

Staff spoken with said staff meetings took place so that important information could be shared. Records showed staff meetings took place to share information relating to the management of the home. All of the

staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know, in order for people to be supported and looked after in the most up to date manner.

People and relatives we spoke to said they had never been approached to give feedback on the service and we found questionnaires had been not sent to people living at the home, their relatives and professional for some time. We queried this with the registered manager and they told us they would begin this again but felt the residents meetings, which were open to relatives, were a way of gathering opinions on the service offered. We discussed the fact that some people may want to record their feeling anonymously and not in front of people in an open meeting. The registered manager acknowledged this and again stated they would send the questionnaires out as soon as possible.

There were regular monthly residents meetings and all the people we spoke with said they felt involved in the running of the home. Staff told us they used the meetings to discuss trips and activities. The menu was also discussed and any requests for personal favourite foods were taken on board by staff and implemented depending in dietary requirements etc. We spoke with people about the meetings and they said " I always support the meetings" and "I try and get involved". When asked if there was anything that could be improved about living at Alvony House. One person said, "I would like more interaction with my keyworker [name].I would like her to speak with me more." They said they had not discussed it with anyone but would feel happy to speak to the registered manager.

The home had policies and procedures in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant any changes in current practices were reflected in the home's policies and ensured that good standards of care and support were being delivered.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.