

Mr & Mrs A Rendall

# Alvony House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook this unannounced inspection on the 14 and 15 January 2019.

Avlony House is a 'care home'. People in care homes receive accommodation and nursing or 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. Avlony 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. Respite beds are also provided. The home had two lounges and a large dining room, which was also used for various functions.

The service had a registered manager in place. 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.

At the last inspection on 21 July 2016 we found the service was Good. At this inspection we found shortfalls and the rating is now Requires Improvement.

Notifications for incidents which had not been made to the CQC as required. The systems in place did not ensure risk assessments were adequately reviewed and actions taken to ensure the risk would not recur. Medicines were not managed safely. Audits were not fully effective in monitoring and improving the quality of the service provided. Not all areas of care and support were included and the audits in place were not detailed.

The care plans contained consent documents and mental capacity assessments to demonstrate the service was working within the principles of the Mental Capacity Act 2005. Best interest decisions were documented if required. People had choice and control over decisions that affected their lives. Both people and staff were happy in the service and all felt it was a homely positive environment which encouraged them to be as independent as possible.

People felt supported by staff who were kind and caring and who respected their privacy and dignity. They were given choice about what they would like to eat and were complimentary about meals provided. People were supported and encouraged to spend their time on activities of their choice and visitors were free to visit when they wished.

The provider had a safe recruitment procedure supported by an induction programme. They also carried out mandatory training. However, there was no training matrix to identify staff training needs. Staffing was kept at the level deemed safe by the provider. We received positive feedback and conducted observations where we evidenced that people's care and support needs were met in a timely manner.

The service ensured people had an assessment before moving into the home. Care plans contained important information relating to people's likes and dislikes, their previous occupation, families and routines. Care plans contained support plans which confirmed people's individual needs. Personal evacuation plans were in place in case of an emergency.

People and staff felt the registered manager was accessible and approachable. People and staff felt comfortable in raising any issues or concerns and these were listened to and responses given. Different systems were in place to effectively communicate and gain feedback from people and staff through meetings and surveys. Staff had daily handover meetings and staff meetings to ensure they were up to date with any changes to people's care needs. Where health needs had changed referrals were made to the appropriate health professionals. Where complaints had been made, their provider informed us they could not find the complaints record. We could not review how they had been investigated.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always Safe.

People's medicine had not been stored safely. Staff were not always administering medicines safely.

People were at risk of cross infection due to unsafe handling of medicine without gloves.

People were supported by staff that had checks undertaken prior to starting work.

People had risk assessments and support plans in place. However, these had not always been effectively updated to ensure the risks people faced were reduced.

People were supported by staff who had a good understanding of abuse and who to go to should they have concerns for people's safety.

### Is the service effective?

**Good** ●

This service remains Good

### Is the service caring?

**Good** ●

This service remains Good

### Is the service responsive?

**Good** ●

This service remains Good

### Is the service well-led?

**Requires Improvement** ●

The service was not always Well-led.

An incident had not been notified to the CQC as legally required.

Shortfalls found during the inspection were not always being picked up through the home's quality assurance system.

The home was part of the community and people and staff felt the manager was accessible and approachable.

People and staff had their views sought so that improvements could be made through feedback received.

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# 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 checked 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 14 and 15 January 2019 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We also reviewed if the service was displaying their rating.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used pathway tracking. This is a method of reviewing people's care and the associated records to check that their health and social care needs are met. We spoke with 11 people at the service.

We also spoke with three relatives, seven members of staff, including the registered manager, and the deputy manager. We received feedback from one health and social care professional. We reviewed five people's care plans and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

The service was not consistently safe as the recording of medicine administration was not always sufficiently detailed. Staff had handwritten some entries to the Medicine Administration Records (MARs). It is best practice for handwritten entries to be checked and countersigned by another medicine trained member of staff to confirm accuracy. However, the handwritten entries we saw had not been signed by the person writing them and had not been countersigned by a second member of staff. This could expose people to the wrong dose or medicine.

We reviewed all 28 MARs. There were five gaps for two people over a three-day period, where the MAR had not been signed to confirm the medicines had been administered as prescribed. There was nothing documented to indicate that staff had identified the gaps or that any action had been taken to check the medicines had been administered as prescribed. One person was prescribed a cream but their MAR had not been signed. There was nothing documented to indicate that the recording error had been identified. This meant by having incomplete records it was unclear if people had received their medicines as required.

Medicines were not administered safely as people were exposed to the risks of cross contamination. On the first day of the inspection we observed staff administering medicines to people. Whilst staff were administering medicines to people they were handling the medicines with their hands. In between administering medicines to three people the member of staff did not wash their hands or wear gloves. Up to date risk assessments for self-administration of medicines were not in place. We saw a care plan for one person who administered their own medicine had not been updated. This record was over seven years old and had not been reviewed.

People's medicines were not always stored correctly. There was no system in place to ensure medicines were being stored as required. For example, temperature in the medicine storage room was, at times, 28 degrees Celsius. This is above the recommended maximum safe storage of 25 degrees Celsius. There was no instrument to regulate the temperature. This could alter the effectiveness of the medicines. We also found a block of ice in the medicine fridge, however all recorded fridge temperatures were within the recommended range.

Incidents and accidents records did not always include investigation or actions to reduce the risks for the person. For example, one person had fallen five times over three months. The person was taken to hospital but there was no update in their risk assessment on what further support could be given to this person to avoid falls. Another person had fallen three times but falls record had "no further action" and the risk assessment had stated "no change". Incidents had been recorded but lacked detail to inform actions to reduce any associated risks. Three accidents recorded had no information about what the actual incident was, such as if the person had fallen. The third incident stated that the person fell but no detail around how this happened. None of the incident forms had information on what actions were taken to reduce further risks.

Risks to people's care were not always managed safely. Risk assessments had been completed for areas

such as falls, moving and handling, malnutrition, and skin integrity. When risks assessments identified specific risks to people there were not always detailed control measures on how to mitigate these. For example, the falls records highlighted that one person 'tumbled' and fractured their wrist in December 2018. However, there was no evidence to show that risk assessments had been reviewed after the fall. There was no documentation in the accident book or accident analysis for December 2018 regarding the fall. Another person was at risk of falls, the care plan stated, "no change." There was no guidance around what monitoring or support was to be given to the person to ensure the risks were reduced. There was no additional information on what actions staff needed to take.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Medicines were administered by staff who had received medicine training. A staff member said, "I was assessed as competent before I was allowed to give any medicines. I feel confident." During the inspection we observed staff wore a "Do not disturb" tabard to allow them to give medicines safely and with less disruption or distraction. The staff member ensured that people took their medicines before they signed the MAR. When the medicine trolley was unattended they made sure the trolley was locked and secured to the wall for security.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. Records confirmed this level of staffing. People told us, "Yes, I feel safe I don't have to worry about anything here. There seem to be enough staff." We observed that staff were visibly present and providing appropriate support and assistance when needed. We noted an air of calm in the service and staff were not rushed.

People and their relatives we spoke to felt safe and secure at Alvony House. One person told us "I like living here, there is plenty of rest. I like the food here. I feel very safe here, I feel they staff are well trained and they would always come to me if I needed them to." One relative told us "My [Person] is safer here than when they were at home."

People were supported by staff who had effective infection control procedures in place. Staff had access to personal protective (PPE) clothing at various points throughout the home and liquid hand soap and paper towels in people's rooms. People told us "Yes. Staff do wear gloves and aprons when they are supporting me." Procedures relating to food hygiene were followed. This included staff wearing disposable aprons when handling food and clear written guidance for staff entering the kitchen area was displayed.

The provider had safe recruitment processes in place. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people. A checklist was in place to ensure that all steps of the recruitment process were fully completed, this was dated when actions had been completed.

Staff had received training in safeguarding adults. Staff were knowledgeable regarding the provider's safeguarding and whistleblowing policy and the process they should follow should a concern arise. One member of staff said, "I would speak with [manager's name] and [other manager's name], CQC safeguarding and the police".



Regular safety checks were completed on equipment and the environment. For example, fire equipment, gas and electrical safety and mobility equipment. Staff carried out routine health and safety checks of the service including regular checks of fire safety equipment and fire drills. However, we saw wires on a bath lift were peeling off. We informed the registered manager who immediately moved the wire cables. Individual evacuation plans were completed to ensure people were supported in an emergency.

The registered manager continued to ensure the environment was safe for people. Environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances.

A business continuity plan was in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the service.

## Is the service effective?

### Our findings

People told us they received effective care and support. People commented that staff were skilled and competent. One person said, "They [staff] know what they are doing, they have the skill." Staff completed an ongoing programme of training which included infection control, medicines, nutrition and hydration, care of people living with dementia, moving and handling, food safety awareness and safeguarding. This helped to equip staff with the required skills to provide specific effective care. However, the provider did not have a training matrix or action plan to highlight staff who required an update to their training and when this was to be completed by.

An induction programme supported new staff to understand their role. The induction, which incorporated the Care Certificate consisted of training and competency checks. The Care Certificate was introduced in April 2015 and provides a minimum set of standards for workers new to health and social care to follow. This comprehensive induction helped to ensure staff were skilled to meet the needs of the people they were caring for.

Staff felt they were well supported and could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open-door policy, listens and acts on any issues required. We are a good team." Staff told us they had access to regular supervisions and an annual appraisal. Supervision is a meeting with a senior member of staff to discuss issues about a staff member's work performance and development. However, supervisions were not consistently recorded. We discussed this with the registered manager who explained they were carrying out supervision as part of the care certificate training. However, the care certificate supervision records we saw had limited information. For example, "[Staff] was supervised putting Christmas decorations up". There was no further information to confirm staff discussed topics such as, changes to people's support, staff conduct and performance and any training required. Clear records of supervision and the frequency had not been maintained to monitor this. However, we saw staff had received their appraisal where required.

We recommend that the provider review the recording systems around staff training and supervision to assure themselves that staff are receiving appropriate support.

People were asked consent before care and support was provided. During the inspection, we observed that people were asked for their consent before care was given. We heard questions such as, "Do you want to sit in the T.V. lounge or in the quiet lounge" and "Are you having your hair done today".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was meeting the requirements. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals; for example, how to support someone with their medication. One person had a family member with Lasting Power of Attorney (LPA) and the registered

manager told us they had seen the document and had a copy on file. An LPA is a legal document that allows a person to appoint others, usually a family member, to help them make decisions or to make decisions on their behalf.

Handovers were conducted at the start of each shift where any concerns were discussed. Staff told us these were a valuable tool for keeping informed about people, their healthcare needs and any service updates. The service worked with a range of health professionals to develop care plans that adhered to recognised guidance.

Where staff were concerned or had noted a change in people's health they made referrals to health professionals. Care records showed people had access to a range of health and social care professionals and these were named in people's records; such as GPs, district nurses, dieticians, opticians and dentists. For example, we saw the service referred people at nutritional risk to the speech and language therapy (SALT) team. Care plans and risk assessments were in place reflecting the advice provided by the SALT team.

The premises were undergoing upgrading, a new lift was being installed to allow access to all areas of the building. People's individual needs were met by the adaptation, design and decoration of the service. We saw the building was homely and spacious. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs.

There were two communal lounges, including a large dining room, which were used for a range of activities and as private space to meet with family and relatives. The outside area was accessible to the people who lived at the home.

## Is the service caring?

### Our findings

People told us they were supported by staff who were kind and caring. One person said, "Care staff are nice people, I can do my own thing. I can go out when I want to and I feel happy to be here." Another person said, "The management is kind and caring." A relative said, "They [staff] do a wonderful job."

People told us they had good relationships with staff. One person said, "I like living here, I think this is as good as it gets instead of living at home. Everyone is friendly and makes you feel welcome here." Another person said, "This place is easier for everyone to get on with, though I feel very lonely here being away from my family. Staff are all top notch, absolutely, kind and friendly. They have done a lot for me here, I can't dispute that."

People were offered comfort and support when appropriate. One person said, "I like living here, I couldn't ask for anything better. If you want anything, or talk to someone there is always someone around." We saw staff reassuring people and providing emotional support tailored to what people needed.

People were encouraged to maintain their independence. Staff told us, [Person] likes to bring down their own laundry, wash it and put it away". This was confirmed by their care plan and in their risk assessment. We observed at mealtimes that people were offered support but were encouraged to do things for themselves. People had their own room key if they wished.

The service had received several positive compliments since January 2017. One compliment said, "May I thank you for making [person's] life happy and bright and a life worth living" and another compliment read, "thank you very much for the care and support you have given [person] we know she is very much loved and cherished. Thank you for the personalised care you have given [them]. Another compliment from a current resident described how grateful they were to be in a safe place and where support is available if required.

Family and friends could visit when they wished. There were no restrictions on visitors. A person shared with us, "My family come most days there are no times when they cannot." The registered manager and staff confirmed visiting was open and flexible. This was confirmed by a relative who said, "They were always welcoming when I visit and staff always speaks to me." Another relative said, "I visit at all times of the day." We observed another visitor coming in the evening to tell their relatives some family news. The visitor said, "I can come in and out as I did when [person] was at home, our relationship has not changed."

We observed a staff member supporting a person to transfer safely on the stair lift. The staff members spoke calmly to the person, explaining what was happening and checking that the person was comfortable and felt safe. Staff sensitively prompted the person to press the correct button to move the lift down. The person thanked the staff saying they had forgotten which button to press.

People told us staff maintained their dignity and respected their privacy. This was reflected in people's care records and guidance was included for staff. One person said, "They treat me with care and dignity." Staff told us, I always knock on the door and I don't enter if I am not told to come in. Another staff said, "I cover

the bottom half when they are washing the top half to preserve their dignity."

People could spend time in communal areas or in the privacy of their own room. The registered manager told us, "Some people prefer to have breakfast in their rooms and others come down to the dining room and enjoy their breakfast with a chat." One person said, "I can have the privacy I want, I like using my iPad and staff let me have the quiet time I want." We observed people sitting in a lounge of their choice. One was called the T.V. lounge and people could watch what they wanted. Those who preferred a quieter atmosphere sat in a different lounge.

We found that advocacy services were available where needed. An advocate is someone who supports people to share their views. We found relative meetings were also taking place so people and their relatives could share their views about the running of the home or how things could be improved. A person said, "When we have resident's meetings we talk about what we would like to have on the menu, for example sardines were not on the menu, so it went on the week after when I asked so they definitely listen to you." Another person said, "I don't go to the resident meetings, though I feel staff are respectful of me and I can tell them what I would like."

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs. People's needs were assessed before moving into the service and care plans had been regularly reviewed. One person told us, "I think I have seen my care plan and would feel happy to ask for changes to my care if I wanted them." The care plans we reviewed showed that family had been involved in the reviews at least yearly and were kept updated with any changes. People's life histories had been included in the care plans. This meant staff had access to information about people's lives prior to receiving support at the home.

Care plans were person centred with easy to read information on people's individual support needs. The care plans contained up to date guidance for staff about how people's needs should be met and were accessible to staff. People's likes and dislikes were recorded. Personal preferences such as a preference for a female staff member only were documented and whether people liked to eat in their room or in the dining room.

Care plans had details about dietary preferences and requirements such as textured diets. However, the care plans did not detail people's individualised preference relating to their toiletries, whether gentlemen preferred a wet or dry shave or whether ladies liked to wear jewellery or make up. People's clothing preferences were also not listed. The lack of documented detail meant staff that were not familiar with the person wouldn't have full information to ensure they provided care within the person's preferred support. Despite this, staff knew people well and had become familiar whilst supporting people with their individual care needs. One staff member said, "I have been here for a long time and get to know people's quirks and mannerisms."

People's social, cultural beliefs and religious preferences were actively encouraged by staff. Staff were confidently able to describe and understood people's differing religious beliefs. There was a monthly Church service conducted by the Methodist church. Staff told us [Person] goes to church most Sundays."

People's communication needs were assessed and planned which helped ensure staff understood how best to communicate with each person. Records could be provided in alternative formats. Care records also contained information about what name people preferred to be known by, and we saw that staff used these names.

A variety of activities were available to be enjoyed by people at the service. This gave people choice in spending the day how they wished. During the morning of the first day of the inspection we saw people involved in an exercise activity, knitting, and others sitting quietly reading newspapers or watching television. One person said, "There are things for me to do. I join in games and things when I want to." Another person told us, "You can go to the pub on Tuesdays and there is a quiz at the end of the week which I enjoy, in fact a few of us do." The registered manager told us, "We have two vehicles to take people out. We go out for lunch on Tuesdays and out for a drive on Thursdays."

Staff recognised the importance of supporting people to maintain contact with friends, family and their local

community. Staff told us "[Person] likes to go out to the local church". One person showed us on their electronic device how they had been able to keep up to date with their football team and the news. People had mobile phones from which they could call and contact their family in the privacy of their rooms.

Ideas and suggestions from people were listened to and were put into practice where practicable. The registered manager told us a person had requested an outdoors smoking shelter. This had been built and we saw it.

The service had a complaints procedure which was given to all people and, where appropriate, their relatives when they were admitted. We saw a copy of the complaints policy and procedure displayed on the residents' notice board. It contained useful information and the contact details of staff who could assist in dealing with the issue. However, during the inspection we did not see the home's complaints record book as it could not be found. We asked the registered manager to send us a copy of the complaints they had received in the past two years. The deputy manager emailed us that they had not found the record but sent one they were dealing with. These had been investigated, appropriate action was taken and letters were sent detailing how the complaint or concern had been resolved.

People expressed they could make a complaint if they needed. People comments included, "I don't know how to make a complaint, though I would tell them. If I wasn't happy I would speak to someone in the Management", "I could make a complaint if I wanted to, though haven't felt I have needed to" and, "I would speak with the manager if I had a complaint. I don't have any complaints though." Staff we spoke with knew how to respond to complaints if they arose and knew it would be their responsibility to report any complaints or concerns to management.

The provider had developed an End of Life Care (EOLC) wishes document. However, these were not always completed in all care plans. We saw one care plan which stated, "I wish to die at Alvony house amongst people who know me." Other plans were blank. Records did not contain any information to show or demonstrate how the person's dignity and privacy would be maintained during this phase of their life or what impact this might have on their relatives. The registered manager informed us that they were unable to support people with demanding clinical and health needs. They said they work closely with the district nurses and the family to ensure the person secures an alternative placement. Staff also fed back that they had worked closely with a person and their relative to ensure they were comfortable during their final days. We saw a card from the relative which confirmed that staff had supported a person with respect and dignity at the end of their life.

# Is the service well-led?

## Our findings

The service was not always well-led. The systems in place to monitor and review the quality of the service were not effective. A monthly audit was conducted by the registered manager which reviewed areas such as complaints, safeguarding concerns, supervision and health and safety issues. The audit gave limited details of these areas and had not identified the shortfalls identified at this inspection. Improvement actions were not documented.

In addition, other areas of the service were not checked for quality and accuracy. Audits did not identify inconsistent temperatures in the medicine storage room, gaps in medicines documentation and risk assessments and a lack of recording and monitoring of staff training and supervision. This meant that areas that may require action to be taken were not always being identified and improvements made.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Notifications that were required to be made to the CQC had not been submitted and the systems that were in place did not ensure good governance. The provider made us aware of an incident that resulted in the person being taken to hospital and had a fracture diagnosed. However, this had not been recorded on an incident form in line with the provider's policy and had not notified the CQC as required. We talked to the registered manager and deputy manager about this and they confirmed they would submit this to the CQC after the inspection. Both the registered manager and deputy were aware that they needed to report safeguarding matters to the CQC, and not rely on the local authority to do this.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

Clear lines of communication had been established between the registered manager and the staff team and different communication methods had been developed. These included regular team meetings and written and verbal daily handovers. The handover covered staffing, activities, changes to people's wellbeing, visitors, getting feedback from staff and any issues of importance that day. This supported staff to keep up to date with any changes to the management of the home, people's care needs, and ensured they were familiar with their roles and responsibilities.

People and staff felt the management of the service was positive and the management was approachable. We observed people appeared comfortable in the registered manager's company and they had clearly developed a good rapport. One person said, I really rate the manager, she is the best she is excellent at what she does and is very approachable. Yes I do think the place is well managed." Staff told us, "The manager is approachable and available if we [staff] need any support." Staff confirmed that meetings were held every two months. Another member of staff told us, "Give [registered manager] their dues, [they] keep it all together. We have team meetings every two months, last month we spoke about the new Elk and how to use it safely." An Elk (Emergency Lifting Cushion) is a compact, portable, battery powered emergency lifting cushion that has been specifically designed to assist a user safely back to their feet after a fall.



Staff said they felt supported by the registered manager. One staff member said, "I feel supported, my shifts were changed when I had a personal problem, it made it easy for me to keep working". Another staff member said, "I am well supported." One staff member said, "The registered manager and team leaders are pretty good. They all make time to speak to staff."

Regular staff meetings were held. We reviewed recent minutes and saw that areas such as people's care and support needs who were new to the service, staffing and safeguarding were discussed. The meetings were also used as a learning opportunity to review policies and best practice. One staff member said, "We have regular team meetings and we are kept up to date."

A survey had been conducted in January 2019 to gain feedback from people about the service they received. Responses from the survey were in the process of being collated and analysed to identify if any areas needing change or improvement. We reviewed four of the returned questionnaires and results were positive. People said, "I have lived at Alvony for years, to me it's like home, but with someone on hand if I have a problem or under the weather." Comments by relatives gathered from the survey included, "My sister and I are both extremely happy with the care all the staff give our mother." The registered manager informed us the findings of the survey and actions being taken would be communicated to people.

The service was part of its local community. People were given the opportunity to remain part of the community and the community was encouraged to visit the home. The service had good links with church, local authority, provider forums and worked in partnership with other organisations. The service shared its training with two other providers. The service invited families to an annual Christmas party. During the inspection we observed a volunteer driving the providers mini-bus to a weekly lunch trip to the pub.

People, relatives and staff all had regular meetings. People and relatives had opportunities to attend meetings at the service. One person told us, "I have attended resident's meetings and always make a point of thanking staff for everything they do here." Minutes confirmed topics such as improvements to the service's decoration and carpets. Staff also had access to information from the provider on the staff notice board in their staff room.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  Notification of other incidences The provider did not notify the Care Quality Commission of an injury that resulted in the change in structure of a person using the service
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure people were prevented from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Risk assessments lacked detail and medicines storage did not follow published guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not ensure that systems and processes were established and operated effectively to ensure compliance with the required regulations Regulation 17(2)(a)(b)(c)