Sirona Care & Health C.I.C.

Avondown House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an inspection of Avondown House on the 31 January and the 2 February 2018. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. The service registered to provide a regulated activity with the Care Quality Commission in October 2011.

At the last inspection the service was rated as Good. At this inspection we found the service remained Good.

Audits were undertaken although some changes to the management structure meant that shift leaders were now responsible for the auditing of care plans and medicines administration. Audits undertaken had identified shortfalls and actions although we found some shortfalls during the inspection.

The service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

At the time of the inspection there were five extra care buildings. These were Avondown House, Hawthorne Court, St Johns Court, Greenacres Court and The Orchard. During this inspection we visited Avondown House and Hawthorne Court.

We raised with the registered manager that the other sheltered housing schemes where the provider supported people with care could be a location and require registering with us. This matter is being dealt with separately from this inspection.

A registered manager was in post at the time of our inspection. 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.

People felt they were not always familiar with the staff who visited them however people received their calls when required.

People were supported by staff who had checks undertaken prior to starting their employment.

People felt safe and were supported by staff who were able to identify abuse and knew who to go to should they have concerns. Risk assessments identified any concerns and any actions to reduce the risk.

Staff had access to personal protective equipment and wore an ID badge and uniform.

People were supported by staff who had received training to ensure they were competent in their role. Additional training was identified and provided as and when required.

People's care plans confirmed if people had capacity in different areas of their care.

Staff received supervision and an appraisal. People were supported by staff with their nutrition and hydration although people had mixed views on what was available to them.

People felt supported by staff who were nice and kind staff demonstrated a good understanding of equality and diversity and how to promote people's independence.

People felt respected and confirmed they felt they had choice in their care although some people expressed a different choice in the gender of their carer this was not always respected.

People felt able to complain, no formal complaints had been received. Positive compliments had been received from family and staff who had left the service.

People and staff felt the management were supportive and accessible and felt able to raise concerns with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Avondown House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector and an expert by experience made telephone calls to people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the service two days' notice of the inspection visit because the registered manager was often out of the office. We needed to ensure the registered manager was available to support the inspection.

Inspection site visit activity started on 31 January and ended on the 2 February 2018. We visited Avondown house on the first day and on the second day we visited Hawthorne court and Avondown house.

We spoke with the registered manager, three shift leaders, and seven care staff. We visited four people in their own homes, two were in at the time of the visit. We also made telephone calls to nine people of whom we were able to gain views from six.

We looked at five 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, meeting minutes, recruitment and training records, policies and procedures, audits and complaints.

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.

Good

Is the service safe?

Our findings

People did not always have up to date and accurate records relating to the safe administration of medicines. For example, one person required a cream to be administered twice a day. Their Medicines Administration Records (MARs) confirmed they had received their cream twice daily on four out of 12 days. They were also prescribed another type of cream to be administered twice a day. The MARs confirmed they had received their cream on nine days out of 12 day. The MARs also confirmed the same for the three other creams. All five creams were required to be administered 'Twice daily' as recorded on the MARs record. This meant the provider could not be certain people were receiving their external medicines as prescribed due to incomplete records.

Where people were administered medicines from a medicines compliance aid, records only confirmed how many tablets were administered not which individual medicines. For example, one person required three tablets in the morning and three at night. There was no record that confirmed what the member of staff had administered and when, only the total amount of tablets recorded on a, 'compliance record'. Medicines records should be an accurate reflection that confirms what was administered and what was declined. We fed this back to the registered manager who confirmed they would review guidance and seek advice.

We recommend the service review the safe administration of medicines for adults receiving social care in the community taking account of published guidance.

People were supported by adequate numbers of staff to keep people safe and respond to their care needs. However, people's views across all five sheltered housing schemes were mixed and some people felt staff were inconsistent and could benefit from staff they know. One person told us, "They are two down at the moment, it's not affected me at all". Another person said, "They are stuck for staff. The bank and agency do the best they can, but they don't know us. Our own girls are good. Another person said, "Not always the same staff". Another person said, "Oh yes enough staff, sometimes they have to rush. Some people are from the bank. I know all the regulars and the bank staff as well". Another person said, "There is enough staff to help mornings and evenings. They are not always the same ones". The registered manager confirmed they were in the process of recruiting new staff which was ongoing at the time of the inspection. Visits were planned and allocated by an electronic system called, 'CM2000'. During the inspection we observed staff using their work phone to review their work schedule. Messages and changes to people's times and wellbeing could be logged as an observation so that all staff were aware of any changes before they visited. Staff arrived to people at their scheduled time.

People were supported by staff who had checks completed on their suitability to work with vulnerable people. For example, the service had a dedicated Human Resource (HR) team that undertook a Disclosure and Barring Service check (DBS), identification checks and reference checks prior to starting their employment. 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 vulnerable people. All staff files checked during the inspection confirmed, references, employment history and a current DBS.

People had risk assessments completed within their care plan. These identified any risks and what measures were in place to support the person. This included any environmental risks and moving and handling requirements. People wore pendent alarms and were able to summon care staff should they find they required assistance.

Staff wore personal protective equipment such as gloves and aprons when providing personal care and supporting people with their meals. We observed staff wash their hands before and after administering medicines. Staff wore an identification badge and uniform.

The provider had an electronic system that logged all incident and accidents so that any trends could be identified and action taken to prevent similar incidents from occurring.

People felt safe and staff were able to demonstrate a clear understanding of abuse and who to go to inform. One person said, "Yes, I feel safe. We have locked doors. Nobody can come in. The doors are monitored. People have to let you know if they're coming to visit. Yes we have call bells and pendants". Another person told us, "Yes, I feel safe". Another person said, "Yes, very much so. I feel very safe. I wear a pendant". One member of staff said, "It is making sure the resident is safe on all grounds. Money situation, verbal and sexual abuse. I would go to the shift leader, a social worker or manager".

Good

Is the service effective?

Our findings

People were supported by staff who had received training to ensure they had the skills and competence in their role. For example, staff had received training in moving and handling, medicines, safeguarding, mental capacity and infection control. The service had a refresher day where staff could attend a full days training covering all the services mandatory training. The registered manager had a training matrix that confirmed what staff required this update to their training. This meant the registered manager had identified the shortfalls and was booking staff on the training when required.

Staff had access to bespoke training which meant they had additional skills and competency to support people's individual needs. For example, staff had access to dementia training, mental health, diabetes and epilepsy. New staff were also supported to achieve The Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector. Staff files confirmed this.

People were supported by staff who had regular supervisions and an annual appraisal. Staff had a supervision agreement in their staff file. This confirmed how often supervision would be, the confidentiality of the supervision and what would be discussed. Staff received a combination of one to one supervisions and 'on the spot' supervisions. 'On the spot' supervision was an opportunity for supervisors to observe staff practice whilst supporting people in their homes. For example, staff had their competency checked whilst administering people's medicines. Records confirmed this. Staff felt well supported and able to go to the shift leader or manager in between these supervision sessions.

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's care plans confirmed if people had capacity. Where people lacked capacity a mental capacity assessment and best interest decision was in place.

Staff gave examples of how they provided people with choice about the care they received. One member of staff told us, "We give choice and prompt a shower. We give choice on clothes and what to wear". Another member of staff told us, "We always ask if they want help or support in anything".

People were supported to have a good varied diet which met their needs and preferences. People had a care plan that confirmed any specific requirements they had. Each service provided a hot cooked meal at lunch time should people wish this. The daily menu had an option of two hot cooked lunches including a vegetarian option. The chef said people could also have, "A salad, a jacket potato, or omelette". The chef was able to confirmed if people a specific dietary requirement, for example Diabetes.

During lunch there was a selection of drinks including juices, squash and water with tea and coffee afterwards. People could have their meal taken to their room if they wished. Staff provided this assistance. Some people had mixed views about the starter. They felt they either had to have soup or juice but could not have the two. People told us, "You can have one or the other". Another person told us, "Soup or juice only option". The soup was a popular choice and we observed various people asking for more. The registered manager and staff confirmed people could have the soup and the juice. We observed that the way staff asked people may not always be clear. For example they said, "Would you like soup or juice?". Therefore suggesting that people could have one or the other, rather than both options. We fed this back to the registered manager who confirmed the meal was only supposed to be a two course meal and did not include soup. Other comments were positive. One person said, "They can always do something else". Another person said, "Oh yes very good". Another person told us, "Oh yes good".

Where people had an allocated lunch visit from a member of staff. We observed the member of staff give choice about what they wanted to eat including the size of their portion. This meant staff supported people with their food and drink and had choice about what they wanted each day.

People were supported to have access to health care professionals when their day to day health and well-being needs changed. During the inspection we observed staff arranging a medical review for one person. People also received a visit from a doctor when their needs had changed. People's care plans included records of appointments and reviews where people's health had changed. One person told us, "Yes, I get support for health appointments. They ring the doctor or an ambulance straight away. They look after my appointments and make sure I get a flu jab. They catch a problem before it gets too late. I can then be treated at home and get back to normal more quickly."

Good

Is the service caring?

Our findings

People spoke positively about the support they received from staff. All people felt staff were good and they described staff as kind and nice. People told us, "Everyone is very kind". Another person said, "The staff are all very nice girls". Another person told us, "They are always very nice and courteous. They have a sense of humour. They are all marvellous. I can't fault any of them".

People felt staff respected their privacy and dignity. People told us, "They treat me as one of their friends, always polite – lovely". Another person said, "I am treated politely and with dignity". Another person said, "Privacy – fantastic. Confidentiality dealt with fantastically, I have never heard them talk about me. No problems with confidentiality". Very important to be able to talk to somebody who's not going to repeat it unless it's necessary".

People described staff as polite and respectful. One person told us, "Yes, they speak politely". Another person told us, "Yes respectful". Staff were able to demonstrate how they gave examples of dignity and respect. One member of staff told us, "It is about treating people and their family with respect." Another member of staff told us, we "Ask if they want help and support. Make sure doors are closed and curtains".

Staff promoted people's independence. Staff were able to give examples of how they encouraged and enabled people to maintain their independence. One member of staff told us, "I always encourage the person to wash areas they can themselves. Like their hands, face and top half". The registered manager confirmed the aim of the service was to promote independence as long as possible. They told us, it's about, "Staying able as long as possible and staying in control of your life. Providing support where you need it". The provider's statement of purpose confirmed the service aimed; 'To support people to maintain independence in their daily lives for as long as they are able'. This meant the service aimed to support and encouraged people to maintain their independence.

People felt confident in the care they received. People told us, "They give me confidence. They know when I'm not feeling too good. They recognise my mood swings. They always seem to know what they're doing". Another person told us, "I am confident with the staff, they are all pretty good". Another person said, "I am quite confident. Excellent care, no problems". Another person said, "Yes, I do have confidence in the staff."

People were supported by staff who had a good understanding of equality and diversity. Staff were able to demonstrate their knowledge. They told us, "To make sure people are treated individually. Regarding their race, gender, religion". Another member of staff told us, "Ensure everyone had the same opportunity regardless of their sex, age, race, gender". People told us, "Diversity, yes I think so. I don't hear anything out of place. Everyone has a laugh. We get on well together". Another person told us, "Diversity, I think so". Another person told us, "Yes, they are respectful of diversity".

The service recognised when people required additional support to express their views independently. This was done through an advocate or support agency. People we spoke with were happy with the support they received from staff. One person told us, "The key worker usually do all the advocacy for me. Brilliant".

Another person said, "No don't need advocacy services". Where people did have additional support through advocacy this was documented in their care plan.

Good

Is the service responsive?

Our findings

People felt able to complain and a copy of the complaints policy and procedure was in people's care plans. People told us, "I have made a complaint. They told me the procedures when I first came. It was all handled brilliantly". Another person told us, "I have never had to complain. I am happy with all the care staff".

No formal complaints had been made in the last 12 months. Were informal complaints had been raised we found no record of actions taken. For example, some people had complained about the meal at Christmas. People we spoke to confirmed they had been unhappy with the quality of the food at this time. We shared this feedback with the registered manager who confirmed the actions that had been taken to prevent this from occurring again. No log had been made of these informal complaints. This is important as keeping a record of any complaint made and actions taken demonstrates what the provider has done to prevent a similar incident from occurring.

The service had received various positive compliments about the care and staff team. Examples from one relative included, 'Thank-you so much for all the kindness and support that you give mum'. Another compliment from a relative was, 'To all the staff at Avondown. Thank-you to all for what you all did over the Christmas time'. Where staff had left the service they had also complimented their time at the service. One staff member said, 'Thank the day staff for being so giving'. Another member of staff said, 'Privilege to work with you all'.

People's care plans had information relating to the person's individual's wishes and needs although some people did not always receive care that respected their wishes. For example, one person told us, "They keep sending men. I'm not having a man give me a shower!". One member of staff confirmed two people had raised with them they wanted female care staff to support with personal care although at times they received male care staff. The member of staff confirmed they had raised this in their staff meeting although the person was still having male care staff at times. The registered manager confirmed following the inspection what actions they had taken however at times they were still receiving male care staff. This meant people's wishes relating to the gender of their carer was not always respected. Care plans contained other important information relating to the individuals family, their occupation, where they lived, hobbies and interests, wellbeing and emotional needs. Where required people also had a 'hospital passport'. This gave hospital staff important information such as the support the person has, any medicines being taken, any communication needs and the person's likes and dislikes.

Care plans were reviewed every three months or when people's support needs had changed. People felt involved in the planning of their care. People told us, "Yes, I can change my mind. I just have to make an appointment with my key worker and my care plan can be changed. It is changed as necessary. My pain killers were changed this week". Another person said, "Oh yes. I can change my mind. I can communicate with them alright". Another person said, "Care plan reviewed every 3 months. I am involved. Any changes, new meds etc. the care plan is changed straight away".

People were encouraged to maintain their independence with using assistive technology. For example, the

service had purchased some mobile devices where the person could set up an account and order their shopping themselves. If required staff were also able to support people with this online service. The registered manager confirmed people were also able to order daily items to be delivered to their door and that people could choose if they wanted this service. They also confirmed that some people had door sensors and bed sensors which meant staff could support them if they were alerted that the person required their assistance. This meant people were supported to be independent with the use of technology.

The service was responsive when people's health needs changed. During the inspection we observed when a person's health had deteriorated alternative options were sought in line with the person's needs and wishes. The shift leader gave recent examples of when this had occurred. The problem was quickly resolved to prevent a possible crisis.

The service liaised with other specialist when required. The registered managed confirmed they worked with other professionals such as palliative care professionals and district nurses. They gave recent examples where people's wishes had been to remain at home whilst receiving end of life care from the service and other professionals.

People were able to come and go within the building as they wished and undertake activities and routines important to them. Some people choose to spend time in their rooms and others choose to access the community, go shopping or entertain visitors. One person told us, "I can access the community".

People were able to follow their religious or spiritual beliefs and either attend services in the local community or access the religious services provided within the building.

Good

Is the service well-led?

Our findings

At the time of the inspection the provider was registered to provide care and support to people from Avondown House extra care housing.

The registered manager confirmed the management structure over all five sheltered housing schemes had recently changed with shift leaders now being responsible for ensuring care file audits and medicines audits were undertaken. We reviewed the recent audits sent following the inspection. We found shortfalls and actions had been identified however due to the changes with the management structure not all people's medicine records had been audited as required. The registered manager confirmed going forward, "Each scheme there is a shift leader who leads as a key worker, for operational and team management it will be the shift leader and key worker who will now use the care folder audit tool." They also confirmed, "The three Care Managers will continue to spot check medication records and use the medication audit tool to monitor previous audits and ensure compliance. They will work with the team and address any competency concerns immediately and work with the individual accountable for any errors with the arrangements agreed."

The registered manager confirmed they monitored incidents and accidents including the quality of the service including complaints.

People spoke positively about the management and that they were accessible and supportive. One person told us, "I think they are open managers. I have a great relationship with them. If I've had a problem, I've spoken to them and it's been resolved. Nice management style. Another person said, "I find them very good". Another person said, "The management style is very good. Very pleased with it. I am quite satisfied".

Staff spoke positively about the culture within the staff teams. One member of staff told us, "The support from the team is very good". Staff felt the management was supportive and accessible. One member of staff told us, "I get a lot of support from [Name]. They are very knowledgeable. No problems going to them should I need to".

The provider sought feedback through customer satisfaction surveys. Each scheme had an overall satisfaction of the care people received and positive comments about the service had been made. People during the inspection told us, "I am quite happy with everything". Another person told us, "I am happy". Another person said, "Quite satisfied".

Staff attended team meetings. These were an opportunity to review people's care and support, any changes to people needs, staffing levels and recruitment. Staff confirmed these were every three months. One staff member said, "We have a staff meeting every three months. We can discuss anything at these". Records confirmed this.

The provider worked in partnership with district nursing teams and other health care professionals. The registered manager spoke positively about these relationships. During the inspection, records confirmed

various partnership working with learning disability nurses, epilepsy specialists, district nurses, social workers and mental health teams.

The registered manager understood the legal obligations relating to submitting notifications to the Care Quality Commission. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated. This explained what the service was doing well and the areas it planned to improve upon.