

Mrs S L Clayton

Adalena House

Inspection report

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Tel: 01253391655

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Adalena House is registered to provide accommodation with personal care, to a maximum of six people who have a learning disability or autistic spectrum disorder or physical disability. Six people lived at Adalena House. It is a large house with single and shared bedrooms and shared communal areas. There is outdoor space for people to enjoy.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

People told us they felt safe and looked after by staff. Staff assessed and managed risks to keep people as safe as possible. Staff were recruited safely and there were enough staff to meet people's care and support needs. They supported people with their medicines as they needed. The home was clean and maintained and staff practised good infection control.

Staff supported people to see healthcare professionals promptly to help their health and wellbeing. People had sufficient nutrition and staff were familiar with their dietary needs. People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions. The design of the home met people's needs. Staff had been suitably trained and supported and had the skills, knowledge and experience to provide good care.

Staff provided care that met people's different needs and preferences. People and their relatives were involved in planning their care and encouraged to make decisions. People told us they enjoyed living at Adalena House and were treated with respect and consideration.

Staff had assessed people's specific communication needs and were familiar with the ways people communicated. People were involved in a variety of activities independently or with staff support. Staff encouraged people or their families to tell them about any concerns or complaints. People could remain at Adalena House when needing end of life care, with familiar people to support them.

People told us they could make their views known and make decisions about their lives. They said staff listened to and acted on these. The management team monitored the service to check on the quality and make sure staff were providing good care. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations. The registered manager worked in partnership with other services and organisations to make sure they followed good practice and people in their care were safe.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 06 September 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Adalena House

Detailed findings

Background to this inspection

The inspection

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

The inspection team

This inspection was carried out by an inspector.

Service and service type

Adalena 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. This was because the service is small and people are often out. We wanted to be sure there would be people available to speak with us.

What we did before inspection

We completed our planning tool and reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with all six people who lived at Adalena House. We spoke with the provider and one member of staff, the registered manager.

To gather information, we looked at a variety of records. This included medicines records and one person's care records. We also looked at other information related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We walked around the building to check the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from the risk of abuse and avoidable harm. They said they felt safe because they knew and trusted the staff, and security of the house was good. People knew to talk to senior staff at Adalena House or their day centre or an advocate if they had worries.
- Staff were trained and knowledgeable in safeguarding vulnerable adults. They knew the action to take if they felt someone was being harmed or abused.
- The registered manager completed risk assessments to make sure they kept people safe. Staff supported people to be as independent as possible, while reducing unnecessary risks.
- Staff had arrangements in place to support people in emergency or unexpected situations.

Staffing and recruitment

- Staff recruitment remained robust and safe. Staff vacancies were rare as most staff had worked at Adalena House for a long time. However, if there was a staff vacancy, people were asked for their views of each applicant. The registered manager made recruitment checks before any new staff member could work at Adalena House.
- There were sufficient, suitably skilled and experienced staff to meet people's needs. Although only one member of staff was on shift when we inspected, this met people's needs. More staff were on duty when people were involved in an activity or going out. People told us there were enough staff to help them.

Using medicines safely; Preventing and controlling infection

- Staff continued to manage medicines safely, as prescribed and in line with good practice guidance. The registered manager checked staff were giving medicines safely. There were few errors but if they did happen, they dealt with them promptly.
- Staff had training in managing medicines. This helped them give medicines correctly and to learn about the uses for and effects of various medicines.
- People supported, staff and visitors were protected from potential infection because staff were trained and followed safe infection control practices. Staff told us they had access to disposable gloves and aprons when they supported people with personal care. This reduced the risk of cross infection. All areas of the home were clean and hygienic.

Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as planned. They reported and documented accidents, incidents and near misses. The registered manager reviewed these for lessons to be learnt, and took action

where needed. This reduced the risks of similar incidents.

- The registered manager was aware of their responsibility to report any issues to the relevant external agencies and did so promptly.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The building met the needs of the people who lived there. As people got older, the provider and staff team made changes to the environment. This included a recent modification to a downstairs bathroom to provide a disability friendly shower room. Mobility equipment was personalised and met individual's needs. Bedrooms were personalised to people's individual taste.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff continued to provide people with sufficient food and drink and any help they needed. This assisted people to receive effective and safe nutritional care and support.
- The staff team worked closely and effectively with health and social care professionals. They helped people to receive health care promptly to improve their health and wellbeing. One person said, "[Registered manager] gets us a doctor if we are ill. We all visit the dentist as well." Adding "They look after us very well."
- We saw staff listened, provided information and followed advice correctly. This helped other professionals provide the right treatment. Staff responded quickly to emergency situations so help was provided fast.
- Staff helped people to live healthy lives, by making sure they had good healthcare, encouraging exercise and activity and providing suitable food and drink.

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

- The same people had lived at Adalena House for over twenty years with many of the same staff. Care records had been developed and improved throughout this time. The registered manager had further personalised and expanded these since the last inspection. This meant even if there were staff changes in the future, there would be enough information to provide continuity of care.
- Staff reviewed care plans with people to make sure information was up-to-date and changes made promptly.
- Staff applied learning effectively in line with best practice. This helped them to provide care that met people's needs.

Staff support: induction, training, skills and experience

- Staff completed training in care to help develop their skills and knowledge. People told us staff 'knew what they were doing'. The staff team had training sessions, occasional staff meetings and frequent informal discussions and supervision.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made applications for DoLS where people did not have capacity and restrictions were placed upon them for their safety. Staff met any conditions where DoLS had been authorised.
- People had been asked for their consent to decisions where they were able to give this. Where people were unable to make a particular decision, relevant people were involved in best interests' decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff continued to be respectful of people's rights and differences. They were familiar with people's individual and diverse needs which helped them provide the right support.
- People told us staff were kind and patient and treated them in a caring way. One person said of the staff, "They are all brilliant. We all think so."

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

- People were able to give their views about their care and support. They were involved in care planning and with making decisions. Staff involved relatives, where appropriate in discussions about their family member's care.
- People and their relatives had information about advocacy services, so an independent person was able to act on their behalf, if needed.
- Family and friends were encouraged and welcomed to visit. Visits could take place in private if people wished.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. One person told us, "The staff always knock on our bedroom doors before coming in." Where people shared rooms they dressed and changed clothing separately or used privacy curtains to assist with privacy.
- Staff encouraged people to be independent. They assessed risks and reduced unnecessary difficulties so people remained safe while developing their independence.
- People's care records were kept securely, and their confidentiality respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff gave people care that met their needs, respected their choices and improved their wellbeing.
- People said they enjoyed a range of social and leisure activities including meals out, shopping, shows, days out and holidays. These helped meet people's social, spiritual and emotional needs.
- People had informative, person-centred care plans which informed staff how the person was being cared for.

Meeting people's communication needs

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

- Staff were aware of the AIS. They made sure people with a disability or sensory loss were given information in a way they could understand.
- The staff team knew and understood each person's communication needs, including speech, hearing, sight or understanding. This information was also written in people's care plans.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and complaints information was available for people and their representatives. This included an easy read version. The provider was usually at Adalena House several times a week, so was available if anyone had any concerns.
- People said they hadn't needed to make a formal complaint and had no complaints about their care. They told us any problems were dealt with quickly and to their satisfaction.

End of life care and support

- Staff understood the importance of supporting people and their families with high quality end of life care. The registered manager told us they had not needed to provide end of life care yet but intended to support each person to remain at Adalena House when the time came.
- People had lived together at Adalena House for at least twenty years and saw each other as friends and Adalena House their home. Staff knew they would need to support the other people carefully when one of their friends needed end of life care.
- Staff had explored people's preferences and choices in relation to end of life care where people were

willing. They had recorded this in care plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection, the care manager had become the registered manager. This had allowed the provider to step back a little, from the day to day running of the home. The registered manager routinely worked with the staff team and carried out frequent informal monitoring checks on the quality of the service. They were developing more formal audits to provide evidence of checks, assist with monitoring care and keep the provider informed about the care and management of the home.
- The registered manager and provider worked effectively together and met frequently to discuss management plans. The registered manager had further improved care and management records since the last inspection. There was a clear staffing structure and lines of responsibility and accountability.
- The registered manager followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team involved people and their representatives in their care and any changes in the service. People said they could talk with the provider or registered manager anytime and they listened and acted on suggestions.
- The management team encouraged people to say the way they wanted to be supported. They sought their views in informal group and one to one discussion, as well as formal reviews.
- Staff had occasional formal meetings and frequent informal opportunities to share ideas and suggestions. There were few changes of staff or managers and they remained a stable support and influence on people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager, provider and staff team were open and transparent. They were clear people they supported were their priority. Staff said the registered manager routinely worked closely with them and encouraged and motivated them to give the best possible care.
- The registered manager and provider met their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. They told us there had been no recent events that had required such a response.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had systems to check people had good care and were supported as they should be. They sought people's views, and reviewed care and records. They evaluated any accidents and incidents to see if lessons could be learnt and to reduce risks of similar events.
- The registered manager looked at current legislation, standards and evidence-based guidance. Where improvements could be made these were discussed and acted on.
- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals. They were involved in the local community and made sure people were part of this.