

Mrs S L Clayton

# Adalena 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 

### Overall summary

This inspection took place on 21 January 2015 and was an announced inspection. This meant the staff and provider knew 24 hours before the inspection we would be visiting. This was because as a small home for people with learning disabilities, people are often out during the day.

Adalena House is a large detached house in a residential area of Blackpool. There are no features which identify Adalena House as being somewhere that provides adult social care, and the house looks the same as others in the

neighbourhood. The home is registered to accommodate up to six adults, with a learning disability who require assistance with personal care. At the time of our visit six people lived at the home.

There was a mix of single occupancy and double rooms. None were en-suite. Some people chose to share rooms. Communal bathing facilities and toilets were available throughout the home. There was a garden area to the front of the building and an area for people to sit out in at the back of the house. There was wheelchair access from the rear of the home and the ground floor of the home was wheelchair accessible.

# Summary of findings

The service was last inspected in September 2013. They met the requirements of the regulations during that inspection.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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.

Risks to people were minimised because the registered provider had procedures in place to protect people from abuse and unsafe care. People told us they felt safe living at Adalena House and were very happy there. One person said, "I like it here – I have always felt safe". Another person told us, "I do feel safe here – yes – enough people work here to make me feel safe – they are good at their job".

We looked at how the home was being staffed. There were enough staff available to provide support to people in the home, on activities, appointments and holidays. Most people were quite independent around the house and needed a low level of supervision within the home. More staff support was provided when people went out in the community.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

People's health needs were met and any changes in health managed in a timely manner. Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

People were offered a choice of healthy and nutritious meals. People told us they enjoyed the food. Mealtimes were flexible. Some meals were eaten as a group, others separately, according to what people were doing each day. One person told us, "We get loads to eat – loads and loads. All good. We usually eat together in the dining room." Another person said, "I enjoy living here – I am happy with the food and drink here. Food choice and quality are fine."

People we spoke with told us that staff were kind and caring. They told us they were happy and satisfied with life at Adalena House. One person told us "I have lived here for a few years now and we all enjoy living together. The staff are all good." Another person said "It's nice here. We have a good life here."

Staff were aware of people's individual needs around privacy and dignity. They spoke with people in a respectful way. People felt they could trust staff and they were friendly and respectful. One person said, "The staff treat me with respect – all the time."

People attended day centres several times a week. Staff supported people to engage in activities of their choosing, in the home and local community. They were very welcoming to people's friends and relatives and were proactive in making sure that people were able to keep relationships that mattered to them.

There was a positive culture in the home. There was informal quality assurance in place to monitor the quality of the service. The provider routinely worked in the home and dealt with any issues of quality quickly and appropriately. The staff team had frequent informal chats with people about their views of the home. They made sure these were passed on to the registered provider at shift handovers.

# Summary of findings

## 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 was safe.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so that people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. They were able to provide care and activities in the home and the local community.

Medicines were managed safely and people were given their medicines as prescribed. One person managed their own medication. Staff monitored that this was managed safely.

Good



### Is the service effective?

The service was effective.

Procedures were in place to enable staff to assess people's mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. In turn this helped them to support people in the way people wanted.

Good



### Is the service caring?

The service was caring.

People we spoke with told us that staff were kind and caring. They told us they were happy and satisfied with life at Adalena House. Staff knew and understood people's history, likes, preferences, needs and wishes.

People were satisfied with the support and care they received and said that staff respected their privacy and dignity. We saw staff spoke with people in a respectful way.

Staff took into account people's individual needs. We saw staff encourage people to give their views in discussions.

Good



### Is the service responsive?

The service was responsive.

People experienced a level of care and support that promoted their wellbeing. There was a calm and relaxed atmosphere when we visited and people said they enjoyed being together. The home had good links with the local community.

Staff were very welcoming to people's friends and relatives. They were proactive in making sure that people were able to keep relationships that mattered to them, such as family, community and other social links.

Good



# Summary of findings

Staff responded in good time to people's health needs. They made referrals to other health and social care as needed and supported people with appointments and treatments.

## Is the service well-led?

The service was well led.

There was informal quality assurance in place to monitor the quality of the service. The provider routinely worked in the home and dealt with any issues of quality quickly and appropriately.

People told us the provider and staff team were approachable and available and willing to listen to people. People, their relatives and staff were encouraged to give their opinions on any issues. Any issues found were quickly acted upon.

The staff team had developed and sustained a positive culture in the service. Staff were motivated and supported people well.

**Good**



# Adalena 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.

This inspection took place on 21 January 2015. The registered provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day. We needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector 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. The expert by experience for the inspection at Adalena House had experience of services that supported people with learning disabilities.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affect the

health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make..

We spoke with a range of people about the service. They included the registered provider who was in day to day control of the home, one member of staff on duty and six people who lived at the home

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

We looked at the care records of two people, the medicine records of six people, the previous four weeks of staff rota's, staff training records and records relating to the management of the home.

# Is the service safe?

## Our findings

Risks to people were minimised because the registered provider had procedures in place to protect people from abuse and unsafe care. People told us they felt safe living at Adalena House and were very happy there. One person said, “I like it here – I have always felt safe.” Another person told us, “I do feel safe here – yes – enough people work here to make me feel safe – they are good at their job.”

There was a transparent and open culture that encouraged people to express any ideas or concerns. People said they were always listened to. Risk assessments were in place to reduce risks to people’s safety. Restrictions were minimised so that people were safe but had the freedom they wanted.

There had been no safeguarding alerts raised about the service in the previous twelve months. Staff we spoke with said they would have no hesitation in reporting abuse. They were able to talk through the steps they would take if they became aware of abuse. This showed us that they had the necessary knowledge and information to reduce the risk for people from abuse and discrimination.

People were able to spend time around the home, in communal areas of the home and their bedrooms as they wanted. People were supported to access the local community as they wanted, on a regular basis. Most people needed staff support when going out. One person travelled on specific journeys alone. Staff had carried out risk assessments, and then supported them on the journey, gradually withdrawing their presence. Steps to reduce any risks were in place. The person said they enjoyed this independence.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support people. We talked to staff about how they supported people whose behaviour may have challenged services. They described how they had considered the best staff action to take in order to provide good support. This kept people safe and respected their rights.

Accidents or incidents, complaints, concerns, whistleblowing and investigations were discussed and evaluated for lessons learnt. Any changes to care needed were made to reduce risks which helped keep people safe.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support

people throughout the day and night. There were one or two staff on shift when people were in the home, with additional staff provided as needed for activities, appointments and holidays. There was one sleeping in staff at night. Most people were quite independent around the home and needed a low level of supervision within the home. More staff support was provided when people went out in the community.

People attended day services for three days each week. Staff were not in the home when people were at the day services. However if people were unable to attend for any reason, staff were then made available to provide care. We saw there were enough staff to support people safely and provide individual attention and activities in the home and the local community. One person said, “We always have staff here to chat to and go places.” Another person told us, “Yes – enough people work here. If I do ask for support they always come quickly – I never have to wait a long time.”

The staff we spoke with told us that there were enough staff to meet people’s needs. They said they had time to support people in the home and on activities, outings and holidays. One staff member told us, “We always have the staff we need.” Staff said agency staff were never used and staff would agree to work additional hours if any additional staff cover was needed. They told us the staff team had been together a long time, morale was high and they worked well as a team.

We looked at the recruitment and selection procedures for the home. There had not been any recent staff appointments as all staff had been in post for a long time. However the registered provider and deputy manager explained the processes they would follow when recruiting staff, to reduce any risks of employing unsuitable staff.

We looked at how medicines were managed. Medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. One person managed their own medication. Staff monitored that this was managed safely.

Staff had been trained in the management of medicines. This meant they had the skills and knowledge to manage medicines safely. There were medication audits to check medication was given safely. Where any errors were made these were discussed and monitored.

# Is the service effective?

## Our findings

People were happy that their needs were being met by the staff team and confident that the staff team knew what they were doing. People told us that they were able to choose the things they wanted to do and what they didn't want to do. They said they were able to say how they wanted their care to be provided. One person said, "If I want any help – it's there. We all get help, but we all get different help – I think [the registered provider] has it all written down on a rota." Another person told us, "we talk about what we want to do and the way we want things done, then [staff] writes it down so they all know."

The registered provider told us about regular meetings with relatives, where with agreement from the person who lived at Adalena House, they discussed care and future plans. From this we could see that people and their relatives, where appropriate, were involved with planning their care.

Specialist dietary, mobility and equipment needs had been identified in care plans, following current good practice for people with learning disabilities and dementia. The registered provider told us of the good links with health professions to ensure the most effective care and support for people. The registered provider said although there had been recent changes at the local health centre they always asked for the staff who people knew to reduce any anxieties. People told us of regular health care visits. One person told us, "We all go to see the dentist and doctor every now and then."

The staff team made sure that people's dietary and fluid intake was sufficient for good nutrition. There was information about each person's likes and dislikes in the care records and staff were familiar with each person's dietary needs. Staff told us how they encouraged people to eat healthy foods where possible.

Mealtimes were flexible. There was not a set menu but staff recorded the meals served, so a balanced diet was served. Some meals were eaten as a group others separately according to what people were doing each day.

People told us they enjoyed their meals. They told us they always received as much as they wanted to eat and the meals were good. One person told us "Sometimes we go for dinner or tea to the pub at the end of the road. It makes a nice change. The dinners are nice – both here and the

pub." Other people said, "We get loads to eat – loads and loads. All good. We usually eat together in the dining room" and "I enjoy living here – I am happy with the food and drink here. Food choice and quality are fine"

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Recent training included autism awareness, safeguarding vulnerable adults, food hygiene, Mental Capacity Act and epilepsy training. This meant that staff had the skills and experience needed to care for people and were able to meet their needs.

Staff received regular supervision although this was not recorded. Staff told us this was one of the ways that the management team supported and encouraged them. They also said that as a small team they worked very closely together so discussed any issues regularly.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Relevant staff had been trained to understand when an application should be made. Staff demonstrated awareness of the code of practice and confirmed they had received training in these areas. The management team showed us copies of DoLS applications they had recently made.

Staff determined people's capacity to take particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk. People told us that they had the freedom they wanted to make decisions and choices.



# Is the service caring?

## Our findings

People we spoke with told us that staff were kind and caring. They told us they were happy and satisfied with life at Adalena House. One person told us “I have lived here for a few years now and we all enjoy living together. The staff are all good. Another person said “It’s nice here. We have a good life here.”

The home had a maximum of six service users with a long standing staff team. Staff knew and understood people’s history, likes, preferences, needs and wishes. They knew and responded to each person’s diverse cultural, gender and spiritual needs in sensitively treating people with respect. One person told us of the staff who worked in the home, “We get on nicely with them. They are a bit like friends.” Another person said, “The staff know how we like things doing and work hard to help us.”

Staff took into account people’s individual needs and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual’s unique qualities, abilities, interests, preferences and needs. We saw that some people shared bedrooms and asked them if they were comfortable with this. They told us they wanted to share their room with each other. They said they had tried sleeping in separate rooms but that they had been unhappy and swapped back. One person told us which person shared a room with whom. They added, “We are all happy with this and would not want anything changed.” The other people who were involved in the conversation vigorously agreed.

Staff were aware of people’s individual needs around privacy and dignity. They spoke with people in a respectful way. There were privacy screens in shared rooms. Staff knocked on bedroom and bathroom doors to check if they could enter. People felt they could trust staff and they were friendly and respectful. One person said, “The staff treat me with respect – all the time”

We saw staff encourage people to give their views in discussions. They sensitively encouraged some people to give others a chance to answer questions and share in conversations.

There was evidence that independent advocates had been involved in specific decisions for people in the home. One person worked at a local self-advocacy group and this assisted their ability to advocate for themselves. This link also benefitted other people in the home and helped them have information about the services provided by the group.

We had responses from external agencies including the social services contracts and commissioning team and local district nursing teams. Links with health and social care services were good. Comments received from other professionals were very supportive of the service. They told us they were pleased with the care provided and had no concerns about the home. These responses helped us to gain a balanced overview of what people experienced living at Adalena House.



# Is the service responsive?

## Our findings

People experienced a level of care and support that promoted their wellbeing. People had lived at Adalena House for between five and twenty seven years and felt that it was very much their home. One person said, "I have two homes now, here and my mum and dad's and everyone here is also my family."

Staff recognised the importance of social contact and companionship. They were careful when introducing new staff or potential residents to people in the home as they felt this could easily change the atmosphere in the home. They took time to make sure that people would 'fit into' the home.

There was a calm and relaxed atmosphere when we visited and people said they enjoyed being together. People spent a lot of time together by choice. One person said, "I am never lonely. How can I be here with all my friends here?" The staff spent a lot of time chatting with people and supported people to engage in activities of their choosing, in the home and local community.

We saw people involved with craft activities and jigsaws, colouring and looking at magazines. People said they played with games and watched TV and DVD's together. They also enjoyed caring for the pets in the home. People told us of their activities at the day services they attended and said how they enjoyed them. They also told us of their activities in the home and the local area. One person said, "I go to the park – I go to the pub – I like doing jigsaws – we go together to the day centre – 3 days a week."

Another person told us, "We go to [the day centre]– we play domino's there and they have different daily entertainment. We go to Botcha (like bowls). We also have a fella who sort of does a circus."

The home had good links with the local community. People said they regularly went to the local shops. They also went out on different outings such as for meals at the local pub, visits to the beach and to town shopping.

Staff were proactive in making sure that people were able to keep relationships that mattered to them, such as family, community and other social links. Staff were very welcoming to people's friends and relatives. They made

sure that visits to people's family homes were able to take place, if people wanted this. Staff assisted people to visit where this made it easier for families to meet up. Where someone did not want to meet with particular family members, staff were equally supportive, assisting them with dealing with that.

People told us their relatives were always welcome and always able to become involved in the care planning process, one person said; "I like going to the pictures with my mum – she comes to see me here and I go to her house for tea sometimes." Another person told us, "I go and visit mum and dad once a fortnight – they come to visit me too."

Staff were familiar with the needs of people. They showed us how they completed care plans and risk assessments. We looked at the care records of two people we chose following our discussions and observations. Each person had a care plan and risk assessments in place that gave details of their life history, likes and dislikes and the care and support they received. We saw these were reviewed.

We saw that staff responded in good time to health needs. They made referrals to other health and social care services and supported people with appointments and any treatments. The registered provider said they were developing the care plans to provide more informative person centred plans. These would show greater evidence of service user involvement.

One person had had a recent health scare. They had requested a monitor in their room at night so staff could hear if they were ill. They turned the monitor on when they retired for bed, checking that they could be heard, before they settled. They turned it off in the morning. Staff had checked that they were aware that this reduced their privacy but the person was adamant that they felt safer with the monitor and did not want the alternatives offered. This decision was reviewed with them regularly.

We asked people if they knew how to make a complaint if they were unhappy with something. They told us they did not need to complain but knew how to if they ever needed to. One person said, "If we were not happy we would tell [the registered provider]." Another person said, "If I didn't like something the staff were doing I would tell my mum, staff here or at the day centre."

# Is the service well-led?

## Our findings

People told us the registered provider and staff team were approachable and available and willing to listen to people. One person told us, “I can tell [The registered provider] about anything and she will always help.” People said they were well looked after by the registered provider and staff team.

The registered provider is an individual who has been assessed by CQC as fit to manage the day-to-day running of the service. The registered provider has the legal responsibility for meeting the requirements of the law. She had owned the home for over twenty five years and worked in the home most days. Staff told us they found her supportive and approachable. On the inspection she told us she was going to be gradually handing over the day to day running of the home to her deputy, although she would continue to be involved in the home.

The home had a clear management structure in place. The registered provider and management team were experienced, knowledgeable and familiar with the needs of the people who lived at the home.

Adalena House provided traditional residential care for people learning disabilities, where staff did the cooking and most of the cleaning and people attended day services. The service met the needs of the people who were living in Adalena House when we inspected and they were happy with this service. They clearly valued the care and support they received and would not want this changed in any way. However if they moved on, the service may need to change and incorporate recent ideology, where people are encouraged to be more independent in daily living skills.

There was informal quality assurance in place to monitor the quality of the service. The provider routinely worked in the home and dealt with any issues of quality quickly and appropriately. However she told us she planned to be less ‘hands on’ and pass the day to day management onto a member of staff. We discussed that if this occurred she would need to develop formal quality assurance and communication systems to ensure the home was being managed effectively.

The registered provider routinely spent significant periods of time talking with people and checking what they wanted from the service. The staff team had frequent informal chats with people about their views of the home. They made sure these were passed on to the provider at shift handovers. People felt that their needs and wishes were met and they could easily talk with the provider. They told us they were involved in planning any redecoration of the home, choosing colours and décor for rooms. They clearly felt that they were listened to and were involved in any changes in the home.

The staff team had developed and sustained a positive culture in the service. Staff were motivated and supported people well. People, their relatives and staff were encouraged to give their opinions on any issues. Any concerns were always listened to and acted upon. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in people’s care and support.