

Mr A Maguire

# Adrian House - Leeds

## 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 was an unannounced inspection carried out on the 23 January 2015. At the last inspection in September 2013 we found the provider met the regulations we looked at.

Adrian House is a family run home for men with learning disabilities. It currently provides this service for seven men. The accommodation is in two joined terraced houses in the Chapeltown area of Leeds. The home is close to local shops and amenities.

At the time of this inspection the provider was registered as an individual who was in day to day control of the service and was not required to have a registered manager.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place. Staff received the training and support required to meet people's needs.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

# Summary of findings

Staff said people were supported to make decisions and where people did not have the capacity decisions had to be in their best interests.

Suitable arrangements were in place and people were supported and provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required which included appropriate referrals to health professionals when required.

Staff had good relationships with the people living at the home. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans included risk assessments.

A range of activities were provided both in-house and in the community. People were able to choose where they spent their time.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided.

# 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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust.

People's medicines were stored safely and they received them as prescribed.

Good



### Is the service effective?

The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend regular supervision. However, the manager told us a review of staff training was in process.

Staff we spoke with could tell us how they supported people to make decisions. The manager told us there was no-one subject to a Deprivation of Liberty Safeguards application. They told us if this changed then they would work with and seek advice from the local authority.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, opticians and attended hospital appointments.

Good



### Is the service caring?

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



### Is the service responsive?

The service was responsive to people needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's support plans had been updated regularly and when there were any changes in their care and support needs.

Good



# Summary of findings

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

## Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified and acted upon.

**Good**



# Adrian House - Leeds

## 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 23 January 2015 and was unannounced.

At the time of our inspection there were seven people living at the home. During our visit we spoke with five people living at the home, three members of staff and the manager. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We requested a Provider Information Return (PIR) This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. The provider had completed the PIR. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, “I’m safe here.” Another person said, “I let them know when I am in the house in case of fire and this makes me feel safe.” One person told us, “I feel safe enough.”

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Two members of staff had completed refresher safeguarding training in November 2014 and other members of staff were due to complete the training in February 2015. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed staff had received safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw there were safeguarding leaflets with the contact numbers for the local safeguarding authority to make referrals or to obtain advice. The staff we spoke with told us they were aware of these. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. We also saw an easy read safeguarding guide for people to refer to if they so wished.

We saw written evidence the manager had notified the local authority and CQC of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

We looked at two support plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included alcohol consumption and measures to reduce risk, emotions, not eating and working as a volunteer. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw the home’s fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw that emergency lights and fire panel checks had been completed in January 2015. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

There were several environmental risk assessments carried out, for example, visiting trades’ people, steps, equipment and windows. The manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. One person told us, “You can always get hold of a member of staff.”

On the day of our visit the home’s occupancy was seven. There were four members of staff on duty. The manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. The manager told us that each Sunday morning staff from a support agency helped at the home. They told us the same staff came each week which ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We spoke with two members of staff who told us they had a Criminal Records Bureau check and we saw evidence to this in staff files. Appropriate checks were undertaken before staff began work.

The provider told us they had not recruited any new members of staff for some time. However, we saw the provider had recruitment policies and procedures that the provider used when employing new members of staff. These included completion of employment practice, application form, the interview process and a contract of employment. There were robust recruitment and selection processes in place.

People we spoke with said that they received their medication on time and when they needed it. One person said, “I take my medication, two in a morning and one

## Is the service safe?

before bed every day.” Another person said, “I take tablets at breakfast and the staff are very good at it.” One person told us, “I take my medication every day and the staff never forget.”

We found that appropriate arrangements had been made in relation to obtaining and recording of medicines. The provider had clear guidance that outlined how medicines should be obtained and protocols that staff followed. We looked at medication stocks and found that there were sufficient amounts received by the home for each person who used the service. A system was in place to record all medications in and out of the home and medicines were kept safely and handled appropriately. We saw that the medication was stored in a locked cabinet.

The home had procedures for the safe handling of medicines. Staff who administered medication had been trained. However, when we looked at where medicines

were stored we found loose tablets in a pot on a shelf in the cabinet. A member of staff told us they were aware the tablets should not have been ‘popped’ until they were with the person. They said this would not happen again and the manager told us they would put procedures in place to make sure of this.

Medicines were prescribed and given to people appropriately. The support plans and medication administration records (MAR) contained information about each person's individual needs, for example, if medication was refused on a regular basis then the doctor would be contacted for advice. We looked at the medication administration records for two people and no gaps in recording were evident. We saw that people's support plans recorded the reasons why their medication was given by staff members.

# Is the service effective?

## Our findings

We looked at staff training records which showed staff had completed a range of training sessions. These included person centred thinking, support decision making, risk assessments and safeguarding. We saw staff also completed specific training which helped support people living at the home. These included introduction to autism. Staff we spoke with told us they had completed several training course during 2014. However, the manager did not have a fully operational mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. They told us they were in the process of creating a training matrix and identifying which mandatory and specific training was still required. They said this would be completed by the end of March 2015 or sooner.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Two members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received supervision on a six monthly basis. We saw staff had received an annual appraisal in 2014.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. The staff we spoke with told us they had completed Mental Capacity Act (2005) training as part of the safeguarding session. The records we looked at confirmed this. However, the manager told us Mental Capacity Act (2005) training would be included into the new training matrix and future training.

We saw documented information in people's support plans that included, 'making my decisions, 'how I like to make my decisions', 'who I would like involved' and 'what is the best time'. This helped staff support people to make their own decisions.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately.

These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager told us there was no-one subject to a DoLS application. They told us if this changed then we would work with and seek advice from the local authority.

We saw policies and procedures in place for the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This was accompanied by a Mental Capacity Act easy read summary.

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their support plan. We found drinks were available for people throughout the day and we observed staff encouraging people to drink to reduce the risk of dehydration.

We observed the lunch time meal in the dining room and saw this was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. The atmosphere was calm and relaxed. We observed staff working as a team and saw they indicated to each other where they had observed a person requiring support.

One member of staff told us everyone living at the home had a meeting to talk about what food supplies they need for the week ahead. They also said people sometimes helped with the food shopping and preparation of the meals.

We saw weekly menus were available in the home and these included healthy options. We also saw information regarding food area hygiene practice and food preparation information.

People living at the home told us they enjoyed the food. One person said, "Food is nice and we get a choice." Another person said, "I am having fish tonight." One person told us, "I like fish, it's my favourite and I have it a lot."

We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs, chiropodists, dentists and opticians. One person we spoke with said, "I have been to the dentist. If I am not well the doctor comes." Another person told us, "The doctors are up the road and I go there if I am not well."



## Is the service effective?

People had health action plans and these were up to date and evidenced people's health care needs were being appropriately monitored and met. These included dental visits, GP information and if people had received flu injection.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. One member of staff told us, "A chiropodist now comes in once a month."

# Is the service caring?

## Our findings

We received very positive feedback about the home from people living at the home. People told us they were happy living at the home. One person told us, "I like it here." Another person told us, "It's alright living here, they look after me well." One person said, "It is ok, I am happy. The staff are nice and they look after me." Another person said, "It's alright here, we get on with one another. I am happy."

Staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. The staff we spoke with told us, "The care is good."

The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. We observed staff giving support to people throughout the inspection and they were respectful and treated people in a friendly way. We saw positive interaction between staff and people who used the service. Staff spent time chatting with people and it was evident from the discussions they knew the people

they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information at one time.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During our visit most people spent some time away from the home. Within the home, the premises were spacious and allowed people to spend time on their own if they wished.

People living in the home were given appropriate information and support regarding their care or support. We saw copies of the statement of purpose and the terms of residency were available to people. We looked at support plans for two people living at the home. There was documented evidence in the support plans that the person and/or their relative had contributed to the development of their support and care needs.

Staff treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. One person told us, "I have my privacy." Another person told us, "My dignity is respected." One person said, "They always knock on my door."

# Is the service responsive?

## Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. One member of staff we spoke with told us, "We have monthly keyworker meetings and we talk about, finances, staff, how they are feeling and anything that is new." Another member of staff said, "We work as best as we can and we all talk together. Everyone listens to each other."

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. The provider told us the support plans were reviewed annually or sooner if required which ensured people's changing needs were met.

The support plans were written in an individual way, which included a one page profile, likes and dislikes. We saw sections that included 'about me', 'my abilities; and 'doing things for myself'. We saw support plans contained

guidance for staff about the way each person should be supported and cared for. They highlighted what people could do on their own and when they needed assistance from staff.

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. We saw some people spent time in the home watching television. One person had gone to see a family member and two people had gone out for a walk. One person told us, "I don't like to go out much these days; I like to watch TV and listen to my music." Another person told us, "I like to go out when it's nice and dry." One person said, "I go see friends." Another person said, "I go to college on a Tuesday and I enjoy it."

We saw the complaints policy was displayed in the home and also a copy was in each person's support plan. This was in a pictorial format. The manager told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. The manager said if they had any complaints they would look at what they could learn from it and make the necessary changes. One person told us, "If I have any concerns I can go see [name of manager]." Another person said, "They listen if I have any complaints."

People were able to maintain relationships with family and friends without restrictions.

# Is the service well-led?

## Our findings

At the time of this inspection the provider was registered as an individual who was in day to day control of the service and was not required to have a registered manager.

Staff spoke positively about the manager and they were happy working at the home. Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care. One person we spoke with said, "They manage the house alright."

We saw an annual quality audit for August 2014 which included medication, gas and electrical tests, garden area, decorating and staff training. A health and safety audit was carried out in January 2015 which included infection control, heating, fire safety and pathways. We saw evidence which showed that any actions resulting from the audit were acted upon in a timely manner.

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Staff told us they held daily meetings to discuss appointments, events or any house issues. We saw a record that staff attending the meetings, however, the content of the discussion was not recorded. The manager told us they would start to record these in the future.

We saw house meetings were held monthly. We saw the minutes from the January 2015 meeting which included maintenance of the home, fire safety, complaints and an open discussion. Actions and comments were recorded and actioned. One person living at the home told us, "We talk about life at the house meetings."

Any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. The manager confirmed there were no identifiable trends or patterns in the last 12 months. They also said that a record was kept in people's support plan and lessons learnt were recorded. We saw safeguarding referrals had been reported and responded to appropriately.

We found that people's needs and information about people's care and support needs was discussed at staff handover meetings with the support agency staff on a Sunday to ensure people got continuity of care throughout the day.