

Mrs S L Clayton

Adalena House

Inspection report

186 Reads Avenue
Blackpool
Lancashire
FY1 4JD

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

This inspection visit took place on 20 July 2017 and was unannounced.

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. 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. All had lived there for a number of years.

At the last comprehensive inspection on 21 January 2015 the service was rated overall as good.

At this inspection we found the service remained good.

People we spoke with said staff were kind and caring and they felt safe and were happy at Adalena House. There were procedures in place to protect people from abuse and unsafe care. The local authority were investigating a possible safeguarding concern. Senior staff were cooperating with this and providing information to the local authority. Staff had received training in safeguarding adults.

We saw risk assessments were in place which provided guidance for staff. These measures minimised risks to people.

Staff managed medicines safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

There were sufficient staff available to provide people with personal care and social and leisure activities.

Staff received training to support and care for people. They had the skills, knowledge and experience to provide care that met people's needs.

Infection control practice was good and staff had received training in this area.

Peoples' consent and agreement were sought before staff provided care.

People were supported 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.

People told us they enjoyed a variety and choice of meals. Staff knew people's food likes, dislikes and any allergies people had.

Care plans were personalised and in a semi pictorial format to help people understand them.

People and where appropriate their relatives were involved in making decisions about their care. Where people were unable to make their own decisions independent advocates were available.

People knew how to raise a concern or to make a complaint. The complaints procedure was available in text and easy read formats. People said they were encouraged to raise any concerns.

People were encouraged to give their views at informal 'residents' meetings over Sunday lunch. They and where appropriate their relatives were invited to complete surveys about the quality of their care.

Senior staff monitored the support staff provided to people. Audits of care and support records and risk assessments were carried out regularly.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 20 July 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 20 July 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received.

We spoke with five people who lived at Adalena House. We also observed staff interactions with people who lived at the home. We spoke with the care manager and a member of staff. Prior to our inspection visit we contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building to ensure it was clean, hygienic and a safe place for people to live. We looked at care and medicine records of two people and arrangements for meals. We looked at staff rotas to check staffing levels, looked at staff recruitment, and training records and records related to the management of the home. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People who spoke with us said they felt safe at Adalena House and liked the staff who supported them. They said the care they received was 'as they wanted it'. One person said, "I am happy. I like it." Another person told us, "Of course I am safe here. It's my home. We all like living here."

There were procedures in place to minimise the risk of unsafe care or abuse. Staff knew the actions they needed to take and had received training on safeguarding vulnerable people. There was an on-going safeguarding concern. Senior staff were working in cooperation with the local authority to provide information and improve any systems that needed adjusting.

Risk assessments were in place to help to keep people safe while enabling them to be as independent as possible. They included activities, mobility and equipment use. These were updated regularly.

We discussed accidents and incidents. There had been no accidents or incidents since the last inspection. Staff observed people for any deterioration in health or mobility and put additional checks and support in place where needed. They amended peoples' care, care plans and risk assessments.

People said staff supported them with their medicines safely. Their care and support records identified the support they provided. Records showed staff received medicines training and competency checks to ensure they administered medicines safely. Staff spoken with confirmed this.

People told us they had enough staff to provide personal care and social and leisure activities. They said they did not have to wait for support and staff came to them quickly if they called. Staffing levels were sufficient during the inspection. They were altered according to people's needs. Agency staff were not used as the staff team worked together to provide any additional staffing needed. One person said, "We have the staff we need to look after us. We wouldn't want strangers in here."

There was good infection control practice and staff had received training in this. There was a rolling programme of refurbishment. We saw maintenance and repairs were carried out promptly. There was a fire safety policy and procedure, fire safety risk assessment and frequent checks of equipment so the risk of fire was reduced as far as possible. There were also fire drills so people knew what to do in case of a fire.

Is the service effective?

Our findings

People told us they enjoyed the meals at Adalena House. One person said, "Who is the best cook? They are all good. I can't pick a best." People informed us all staff were involved in food preparation and cooking and knew each person's likes and dislikes. They told us they were involved in making the menu up each week. At mealtimes they could have a different meal if they didn't want the planned one.

The care plans we looked at described people's food likes and dislikes and any allergies they had. Staff knew people's cultural and health needs in relation to their diet. Staff said they had received training in food safety and were aware of safe food handling practices. Training records seen confirmed this. This knowledge helped staff to provide healthy meals that each person liked.

We saw people could be involved in the preparation and clearing away of meals and washing up with support as needed. We saw mealtimes were flexible and were social and unhurried with people chatting as they ate.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff had maintained records of food and appliance checks to ensure the effective management of food safety. Adalena House had recently been awarded a rating of five for food handling, the top rating following their last inspection by the 'Food Standards Agency'.

We looked around the building found it was appropriate for the care and support provided. People had personalised their rooms with their own choice of belongings. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

We saw staff monitored people's health and supported people to attend healthcare appointments and to remain in the best possible health. People said staff supported them on health appointments made referrals for health problems and provided support to attend.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected.

We saw staff were trained and knew how to support people. Records seen and staff spoken with confirmed they received regular training, supervision and appraisal of their performance. We looked at training records and certificates and spoke with staff. All staff were working towards or had achieved national qualifications in care. Staff told us they were encouraged to complete any training relevant to their role. This assisted them to provide care that met people's needs.

Is the service caring?

Our findings

People we spoke with told us staff looked after them well and were kind and patient. One person said, "This is my home and the staff my friends." Another person said of the staff, "They help me do things I enjoy."

We observed how staff supported people. The staff team had worked with in Adalena House with people for a long time. They were familiar with people's individual needs and were person centred in their approach. People were eager to tell staff about their day and were animated when chatting to them. We saw staff spent a lot of time interacting with people and shared affectionate and caring relationships with them.

Staff had a good understanding of protecting and respecting people's human rights. They respected people's family and personal relationships and assisted people to meet with families and friends and encouraged and supported them to keep in touch.

Staff were aware of people's individual needs around privacy and dignity. They knew and responded to people's diverse needs and treated people with respect and care. We saw staff were considerate and tactful when individuals needed personal care. We also saw staff knocked and waited before entering people's bedrooms. There were privacy screens in shared rooms. People looked cared for. They dressed appropriately to their age, personality and individual choice and were well groomed.

People's end of life wishes were recorded so staff were aware of and where possible met these. The care manager told us people were able to remain in the home as they headed towards the end of life. This would enable them to be supported by familiar staff in homely surroundings.

We looked at two people's care records. People said they were involved in choosing the things they wanted to do and this was in their care plans. One person said, "We often discuss the things I want to do and staff write it down for me." Care plans were personalised and easily accessible to people.

Before our inspection visit we contacted external agencies about the service. They included health and social care professionals. Although they felt some improvements in record keeping had been needed, they confirmed this had been completed. They had no concerns about the care in the home.

Is the service responsive?

Our findings

People had lived at Adalena House for between six and twenty eight years and felt that it was very much their home. We saw people received care that met their needs and wishes and provided meaningful work, social and leisure activities. One person had worked at the local park and had been made redundant. This left them without the working day and companionship they were used to. Staff sought new opportunities for similar activities and opportunities to work in a team. The person tried out some voluntary work, gardening with a local charity. They enjoyed this and saw the work was valued by people in the local area. The person decided to increase the time they spent doing this work and was proud of the improvements they made to local outdoor spaces.

People said they were able to choose when to get up and go to bed, what to do and daily living, social and leisure activities they wanted to be involved in. They told us staff listened to them and helped them to do the things they wanted to. People showed us the home pets, two birds and a cat. They said they enjoyed caring for their pets. One person told us, "We are one big family, all of us." We saw people went out on activities as well as being involved in activities in the home. They chose to attend a local day centre on three days each week. They told us they enjoyed this and they were involved in different activities there. There was good and frequent communication between the home staff and the day care centre.

We looked at two people's care and support records. These had been agreed with the person, and where appropriate their relatives. They had been updated and made more informative and easier for people to understand since the last inspection. They provided guidance to staff on people's daily routines, personal care and choices. People were involved in regularly reviewing them. Each person had a brief one page document with the most important information about them recorded, and a hospital passport. These provided information to other social and healthcare professionals on how to support the person where Adalena House staff may not be present.

We looked at the complaints information which was in text and in easy read versions to help people understand what to do if they had a concern. People told us they knew how to make a complaint if they were unhappy with their care or had concerns. They said staff listened to them and responded quickly if they were not happy about something. One person said, "I would just tell [Staff] and they would sort it out. I could also tell [my family member] but I am really happy here. This is my second family."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and that the people in their care were safe. This included the local authority, GPs and other health and social care professionals.

Is the service well-led?

Our findings

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. Staff told us they found her supportive and approachable.

People told us the home was well led and the registered provider and staff team were friendly, approachable and willing to listen to people. At the last inspection the registered provider told us she was going to be gradually handing over the day to day running of the home to the care manager, although she would continue to be involved in the home. On this inspection the care manager told us the changes would be happening soon and she would apply to CQC to become the registered manager.

Senior staff had regular informal 'chats' with people over meals to seek their views and discuss any thoughts, ideas or concerns. They also asked people who lived at Adalena House and their relatives to complete surveys about the home and care provided. Responses to surveys were complimentary about the leadership and care provided.

There was a clear management structure in place. They showed leadership and encouraged staff to develop skills and knowledge. They were 'hands on' and involved in care and activities on a daily basis. They demonstrated they understood their roles and responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations. Where there were errors or omissions, they rectified these as quickly as possible and learnt from them.

Systems were in place to effectively govern, assess and monitor the quality of the service and the staff. These had been updated and improved upon since the last inspection. Audits were frequent and included, care plans, health and safety, medication and infection control. The outcome of audits and checks were documented and any issues found on audits were actioned.

We saw the management team supervised and encouraged staff and assisted them to develop their skills and knowledge. Where there were errors or omissions, they rectified these as quickly as possible and learnt from these. Supervisions and occasional staff meetings as well as daily handover discussions were held to involve and consult staff. Staff told us they were able to contribute to the way the home ran through these.