

Ablegrange (Wembley) Limited

Ablegrange Supported Living

Inspection report

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Wembley
Middlesex
HA9 7QP

Tel: 02089030952

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ablegrange Supported Living provides personal care to people with learning disabilities living in their own home. People live in a home shared with others but have their own self-contained rooms.

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

During our last inspection we found that the service was not always managing behaviours that challenge the service appropriately. We found that there was a lack of robust behaviour intervention plans and there has been a lack of training for staff in how to manage such behaviours safely and pro-actively. During this inspection we found the service had addressed these shortfalls.

Staff knew how to report allegations of abuse and people told us that they felt comfortable and safe with staff. Risks in relation to receiving personal care and behaviours that challenge the service had been assessed and guidance was provided to staff in how to minimise such risks. People told us that enough staff were deployed, and records confirmed that appropriate checks had been carried out to ensure staff employed was safe to work with vulnerable adults. People who used the service did receive their medicines safely and medicines were administered as prescribed. The service followed appropriate infection and prevention control procedures and people who used the service were protected from COVID-19. The service ensured that they learned from accidents and incidents and systems were in place to minimise such events.

People who used the service received person centred care. The registered manager was respected by the staff team and we were told that she was visible, supportive and easy to talk to. The registered manager was clear about their duty to notify the Care Quality Commission (CQC) of particular incidences in relation to the care people who use the service received.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People using the service receive person centred care and were supported to maintain their independence. People were encouraged to comment on the care and support they received. Staff demonstrated a good understanding of the needs and challenges people with learning disabilities and autism have.

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

Rating at last inspection

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 25 January 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ablegrange Supported Living on our website at www.cqc.org.uk.

Follow up

We will 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ablegrange Supported Living

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedures and care records. The service has also provided us with further evidence in regard to the administration of liquid medicines.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- During our last inspection we found that the service did not have adequate and comprehensive arrangements for managing incidents of behaviours which challenged the service and was not doing all that was reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- During this inspection we saw that the service had made considerable improvements and worked closely with external stakeholders to develop guidance and risk management plans to support people who demonstrated behaviours that challenged the service were supported pro-actively and safely.
- We saw that staff had received training to manage, diffuse and de-escalate behaviours that challenge the service. Staff told us that they were supported by the registered manager and debriefing sessions were arranged after there had been incidents of behaviours that challenged the service, to support staff and discuss and learn from them to reduce similar incidents from happening in the future.
- The service worked closely with the local commissioner, local behavioural support team and relative to find better ways in meeting people's needs and supporting them around episodes of behaviours that challenged the service. The registered manager gave us an example of one person being funded for additional hours, which resulted in the person's behaviour to settle down and a reduction in the person being administered medicines to manage their behaviours.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us that they were safe. One person, when asked if they were safe at the service, said, "Yes, staff are good, I am happy here."
- Care workers told us that they would report any concerns in relation to allegations of abuse to either a senior member of staff or the registered manager. One member of staff said, "I would first speak to the member of staff and then report it to the manager, the CQC or the police."
- The service had a robust safeguarding policy in place, which provided staff with guidance and support on what to do in case they witnessed any abuse or if people who use the service made allegations of abuse.

Staffing and recruitment

- We found that the service followed safe recruitment practices, all prospective candidates were vetted and appropriate recruitment checks which included a disclosure and barring check (DBS) was carried out prior staff were allowed to work unsupervised with people who used the service.
- People who used the service and staff told us that there were enough staff deployed to meet people's needs. One staff member said, "We have sufficient staff most of the time, but sometimes when colleagues call in sick it can be difficult, but there is always someone to help out."
- The registered manager told us that she reviews staffing levels regularly and these depended on funding

and people's needs.

Using medicines safely

- We found that people could be assured that they were administered their medicines as prescribed.
- We found that people's medicines had been stored safely in a lockable medicines cupboard in their rooms.
- Care workers assisting people with their medicines had received training and their competency had been assessed to ensure safe medicines support.
- People told us that they received their medicines safely. One person told us, "They [staff] help me with my tablets, but I do know what I have to take, never a problem."

Preventing and controlling infection

- The service had a comprehensive infection control procedure in place. Staff had received training in the prevention of infections internally but were also able to access training provided by the local authority.
- The registered manager told us that the service had a enough supply of personal protective equipment (PPE) and we observed staff using masks throughout the day and an apron when supporting people around their personal care.
- The service had undertaken COVID-19 risk assessments and management plans for people who used the service.
- The service maintained restricted visiting arrangements for people who used the service and people were able to maintain contact with relatives using social media and information technology.

Learning lessons when things go wrong

- There were systems in place to monitor and record accidents and incidents. The system alerted the manager and provider if there are any increases in particular events. This allowed the service to respond swiftly and make improvements to reduce the risk of similar accidents and incidents happening again.
- Staff told us that they would report any incidents and accidents to the registered manager who would record it and also talk about during staff meetings.

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 Requires Improvement. At this inspection this key question has improved to Good. 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

- During our last inspection we found that the service did not have effective quality assurance monitoring systems in place. During this inspection we saw that the service had made improvements. We saw that the service had implemented an effective quality assurance monitoring system.
- The registered manager told us that they had received regular support from their line manager. In particular around the management of behaviours that challenged the service and the current COVID-19 pandemic. The regional manager undertook quality assurance monitoring visits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found that the service empowered people to achieve the best possible outcomes. People told us that they still would go for walks and were able to talk to relatives. They said that the service offered in-house activities, but they also understood that due to the current lockdown day services were closed.
- Care records viewed showed that these focused on the person's needs and took their wishes and interests into consideration. One person said, "I speak to staff and tell them what I want to do."

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

- Care staff spoke positively about the help and support they received from the registered manager. They said that the registered manager was visible and very supportive.
- A recent staff survey completed by 10 staff was very positive about the manager and staff commented positively on the support they received from the registered manager and the overall atmosphere in the service.
- During a recent survey undertaken for relatives we saw that comments were positive and included, "We are positive about the manager and the COVID -19 response" and "I give the manager 10 out of 10."
- The manager understood that she had to notify the CQC of events. Information viewed prior to this inspection showed that the service was transparent and open and has informed the CQC and local authorities if required to do so.

Continuous learning and improving care; Working in partnership with others

- The registered manager regularly participates in providers forums arranged by the local authority during

which they exchange information in relation to supporting people and improving services for people.

- The service worked together and with other health and social care professionals to understand and meet people's needs and to assess and plan ongoing care and support.
- There were meetings with other health care professionals to review care.