

Ablegrange (Wembley) Limited

Ablegrange Supported Living

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?

Requires Improvement ●

Summary of findings

Overall summary

We undertook this announced inspection on 3 and 4 May 2017. Ablegrange Supported Living was newly registered in October 2016 to provide personal care for people living in their own homes. At the time of our visit, the service provided care to five people with learning difficulties living in a supported living scheme.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

People informed us that they were satisfied with the care and services provided. They had been treated with respect and felt safe with care workers. There was a safeguarding adult's policy and suitable arrangements for safeguarding people. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. People's care needs and potential risks to them were assessed and care workers were aware of these risks. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. This ensured that care workers were aware of action to take to ensure the safety of people.

Infection control measures were in place. Care workers assisted people in ensuring that their bedrooms and communal areas were kept clean and tidy. The service kept a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, staff fire training and risk assessments.

Care workers were carefully recruited and there were enough care workers deployed to meet people's needs. They had received essential training and were knowledgeable regarding the needs of people. Teamwork and communication within the home was good. There were arrangements for support and supervision of care workers.

People's healthcare needs were monitored and arrangements had been made with healthcare professionals when required. The service had suitable arrangements for assisting people with their dietary needs.

There were arrangements for encouraging people to express their views and experiences regarding the care provided and management of the service. Care workers prepared appropriate and informative care plans which involved people and their representatives.

Regular meetings and one to one sessions had been held for people and the minutes were available for inspection. Care workers were able to meet the needs people. One person whose needs could not be met was awaiting transfer to appropriate accommodation.

The service assisted people in accessing suitable activities in the community. This ensured that they

received social and mental stimulation. People knew who to complain to if they had concerns.

Care workers worked well together and they had confidence in the management of the service. They were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible. Audits and checks of the service had been carried out by the operations manager and the registered manager. We however, noted that these audits were not sufficiently comprehensive and have made a recommendation in respect of this.

Further information is in the detailed findings below.

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. Care workers were carefully recruited. The required documentation and checks were in place. Care workers were aware of the safeguarding policy.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines.

The service had an infection control policy. Care workers were aware of good hygiene practices.

Is the service effective?

Good ●

The service was effective. Care workers had been provided with essential training and support to do their work.

Staff supervision sessions had been provided.

Care workers supported people in accessing healthcare services when needed. The nutritional needs of people were attended to.

Is the service caring?

Good ●

The service was caring. People were treated with respect and dignity. Care workers were able to form positive relationships with people.

The preferences of people had been responded to. People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives. The service listened to people's views.

People knew how to complain. One complaint was recorded and this had been responded to.

Is the service well-led?

One aspect of the service was not well-led. Audits and checks had been carried out by the registered manager and the operations director. We however, noted that these audits were not sufficiently comprehensive. We have made a recommendation in respect of this.

People and care workers expressed confidence in the management of the service. Care workers worked as a team and they were aware of the aims and objectives of the service.

Requires Improvement 

Ablegrange Supported Living

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.

The inspection took place on 3 and 4 May 2017 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications from the home and reports provided by the local authority. Prior to the inspection the provider completed and returned to us 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.

There were five people living in the supported living scheme. We spoke with all of them and a healthcare professional who visited the premises. We also spoke with the registered manager, five care workers and the operations director. We observed care and support in communal areas and also visited people's bedrooms with their agreement. We obtained further feedback from a healthcare professional.

We reviewed a range of records about people's care and how the home was managed. These included the care records for four people and this included their medicine administration record (MAR) charts. We examined four staff recruitment records, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

People who used the service told us that they were well treated and there were enough care workers to attend to their needs. One person told us, "I feel safe with them (staff). They are very good and hygienic. They give me my medicine." A second person said, "I am happy here. I feel safe. There is enough staff." A third person said, "I like it here. So far, alright. The staff are clean and hygienic."

We observed that care workers had ensured that people were cleanly dressed and appeared well cared for. Care workers were pleasant and they interacted warmly with people. We saw that people went into their communal kitchen and had access to food and drinks. We saw care workers assisting in preparation of food for people. Some people stayed in their bedrooms while others had gone out to participate in community activities.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the office and at the entrance of the supported living accommodation. However, the safeguarding policy had not been updated to clearly state that all allegations of abuse needed to be notified to the CQC and the local safeguarding team. There was also no reference to state that staff implicated in abuse would need to be reported to the Disclosure and Barring Service (DBS) for inclusion in their register of people who should not work with vulnerable adults and children. The registered manager sent us their updated procedure soon after the inspection.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with smoking, mental health concerns, antisocial behaviour and self-neglect. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency. At least two fire drills had been carried out in the past six months. Care workers had been provided with fire safety training. There was no fire risk assessment for the supported living accommodation. The registered manager stated that this would be carried out by a professional who was due to visit the service the next day. Soon after the inspection, the operations manager sent us the risk assessment. A number of recommendations for improving fire safety within the supported living accommodation were made. The operations director informed us that they would send us their action plan by the end of May 2017.

Care workers had been carefully recruited. The required checks and documents were in place. The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of four records of care workers. We noted that all the records had the necessary documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom.

We looked at the staff rota and discussed staffing levels with the registered manager. On the days of inspection there were a total of five people who used the service. The staffing levels consisted of the registered manager and two workers during the day shift and two care workers on duty during the night shift. There were additional care workers to provide one to one support to people when needed. People we

spoke with informed us that there were enough staff to care for their needs. Two relatives we spoke with stated that the staffing levels were adequate. One indicated that perhaps there could be more. With one exception, care workers we spoke with told us that there were usually sufficient numbers of care workers on duty for them to attend to their duties. One care worker stated that sometimes they may be a little short staffed. This care worker also stated that there should be extra staff available when they have to escort people to appointments. The registered manager stated that extra care workers were usually provided when there were escort duties. She agreed to keep the staffing levels under review. She also informed us that when a person required extra assistance, they had requested and obtained funding for extra staff. This was also confirmed by a care worker we spoke with. Our findings indicated that the service had sufficient care workers to meet the needs of people.

The service had a medicines policy which provided guidance to care workers. There were suitable arrangements for the recording, storage, administration and disposal of medicines. The temperature of people's bedrooms where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by care workers and the pharmacy staff involved. There was a system for auditing medicines. This was carried out by registered manager. There were no gaps in the five MAR charts examined. People we spoke with told us they had been given their medicines. We spoke with the visiting pharmacist and he informed us that he visited the service regularly and was satisfied with the arrangements for medicines.

Care workers assisted people in keeping the premises clean and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy. Care workers who assisted people with their laundry were aware that soiled laundry needed to be washed at a sufficiently high temperature. Care workers checked the hot water temperatures prior to assisting people with showers. Documented evidence was seen by us. A record of accidents had been kept and where appropriate guidance was provided to care workers on preventing re-occurrences.

Is the service effective?

Our findings

People using the service told us that care workers were capable and they were satisfied with the care provided and when needed, their healthcare needs had been attended to. One person said, "I am happy here- all lovely staff!" A second person said, "The staff have helped me to be more independent and to improve my life." Feedback we received from two relatives indicated that care workers were mostly capable, knowledgeable and able to meet the needs of people.

There were arrangements for monitoring the healthcare needs of people. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. This was also confirmed by people we spoke with. Two healthcare professionals informed us that the service co-operated well with them in caring for people.

The service ensured that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. Care workers we spoke with were aware of people who needed special diets such as vegetarian and diabetic diets. These were documented in the care records. To ensure that people received sufficient nutrition, monthly weights of people were recorded in their care records. People informed us that they could discuss what meals they wanted at meetings with care workers. They said they could buy food they wanted to cook and care workers assisted in preparing their meals. We observed people having their lunch and breakfast. People told us they were satisfied with the meals they had. One person informed us that staff had assisted her in getting the food she liked to eat. We observed that she was enjoying her meal.

Care workers had been provided with essential training to enable them to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, first aid, equality and diversity, safeguarding adults, health and safety, fire training and the administration of medicines. Care workers we spoke with confirmed that they had received the appropriate training for their role.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. They had signed their induction programme. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. One of the care workers had completed the 'Care Certificate'. The registered manager informed us two other care workers had started on the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Care workers said they worked well as a team and received the support they needed. The previous manager and senior staff had carried out supervision and annual appraisals. Care workers confirmed that this took place and we saw evidence of this in the staff records. We observed that care workers had their allocated duties such as cleaning the premises and administering medicines. They went about their duties calmly and in an orderly way. Care workers worked well and co-

operated with each other.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had guidance on the MCA. We found the service worked within the principles of the MCA and where needed authorisation had been sought or obtained from the Court of Protection.

Is the service caring?

Our findings

People told us that they were well treated and care workers listened to them. One person said, "The staff understand me-they do. All the staff are kind to me. They do listen to me. They are respectful. They knock on the door before coming in." Another person said, "The staff show respect for me. They talk nicely to me. They look after me nicely. They know about what I like to eat and drink." One relative said, "The staff are caring. My relative is settled and has also made friends."

We observed positive interactions between care workers and people. We saw that people were able to approach care workers and talk with them. There were respectful and pleasant interactions between care workers and people who used the service. We noted that one person on several occasions was restless and agitated. The registered manager and care workers responded calmly and spent time talking and reassuring this person. The person concerned responded well and soon calmed down. The registered manager and care workers told us that they were familiar with the needs of people and knew how to respond to sudden outbursts by them.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The service had a policy on ensuring equality and valuing diversity. Care workers had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. One person did not eat meat and the service assisted people with preparing vegetarian meals for them.

Care workers said they were aware of the importance of treating all people with respect and dignity. They were also able to tell us what they did to ensure people's privacy. They said they would knock on bedroom doors and request permission to enter. They stated that when they provided personal care they would ensure that doors were closed. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering.

There was detailed information in people's care plans about their life history, interests and how to communicate with people. Care workers we spoke with could provide us with information regarding people's background, interests and any special needs they had. They informed us that they knew people's daily routines and their likes and dislikes. When we discussed the care of a person with a care worker, they demonstrated a good understanding of what the person enjoyed doing and what they liked to eat. This was confirmed by the person concerned. Another care worker was able to tell us about the activities that people participated in and where these activities were held. People told us that they got on well with care workers and found them caring and helpful. They said care workers communicated well with them.

Regular meetings had been held so that people could express their views and make suggestions regarding the running of the service. The registered manager informed us that there was opportunity for people to express their views privately. This was carried out in weekly one to one sessions with people's individual keyworkers. People could discuss their progress and problems with care workers. People we spoke with stated that this took place and they found the sessions helpful. The minutes of these sessions were kept in

the care records. The registered manager stated that progress of people and feedback from them were also discussed in each of the team meetings. The registered manager also had a thirty minute slot for people who would like to see her in her office on some days.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. One person said, "They have reviewed my care. I have met with my social worker." A second person said, "I have no complaints. I can talk to the manager if I have complaints." A relative told us that their relative who was in the home had felt settled and their care needs were met. This relative stated, "The staff know about my relative's medical condition and they monitor it. His condition is stable and my relative has seen the doctor. The staff know about his special diet." Another relative stated that when they had a concern the registered manager listened to their concerns.

The service had a complaints procedure and this was on display on the notice board in the supported living accommodation. The procedure was also in people's care folder. This was seen by us. The registered manager stated that a copy of the procedure was also given to relatives. People and two relatives informed us that they knew how to complain if they had concerns. One complaint had been recorded since the service started. The date when this complaint was responded to was not recorded. The registered manager stated that it was responded to on the same day and stated that in future the date of response would be documented. Soon after the inspection she stated that a column had been added to the complaints book to ensure that care workers record the date when the complaint was responded to.

The service provided care which was individualised and person-centred. People's needs had been carefully assessed before they moved into the supported living accommodation. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. The registered manager stated that people were encouraged to take the lead in the planning of their care. Signatures of people were evident to indicate they had agreed to the care plans prepared. People and relatives confirmed that they had been consulted and their views were taken account in the delivery of their care.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person's care plan showed that they had a medical condition which required regular monitoring. Care workers were aware of this and the special dietary arrangements. The care records contained evidence of medical appointments and blood tests carried out. This person spoke with us and confirmed that they had attended medical appointments and care workers were aware of their medical condition and their specific needs.

We noted that a person had exhibited behaviour which challenged the service. There was guidance to care workers on how to meet their needs. This person's care was carefully monitored by care workers and extra care workers were available to assist this person. Reviews of care provided had been carried out with them and documented. Key worker sessions were recorded. We spoke with a care worker who was providing one to one support. This care worker was able to tell us the specific problems which may be encountered and how they would manage the person reduce risks to this person.

The service had assisted people in accessing appropriate activities within the community. People we spoke with informed us that there were activities available for them to participate in. Activities arranged for people included cookery sessions, visits to community centres, day centres and religious places of worship. The registered manager stated that people had individual pictorial activity plans. These enabled people to better understand their activity plans. These were seen by us. A healthcare professional stated that care workers encouraged people to be as independent as possible and they had been engaged in a variety of activities which reflected people's wishes and appear to be person centred.

Is the service well-led?

Our findings

One aspect of the service was not well led. The service had the necessary checks and audits for ensuring quality care and these were seen by us. These audits and checks had been carried out by the deputy manager, registered manager and operations director. Checks had been carried out weekly and monthly in areas such as cleanliness of premises, fire exits, medicine administration charts, care documentation and maintenance of the supported living accommodation of people. The operations director visited the service monthly to carry to check on progress and the management of the service. We however, noted that these audits were not sufficiently comprehensive as two incidents reported to the police had not been promptly notified to the CQC. The initial failure to send us a notification can have important implications because it is an offence. The only complaint documented in the complaints book did not include the date when it was responded to. The safeguarding policy needed to be revised to include certain important details such as promptly notifying the CQC of allegations of abuse. The fire risk assessment was not available until after the inspection. We further noted that audits done by the operations manager were not documented separately to inform on the findings.

We recommend that the service evaluate and improve their audits so that deficiencies are promptly identified and responded to.

People expressed confidence in the management of the service. They informed us that they were well cared for and could approach both care workers and management if they had concerns. Two relatives said they were satisfied with the care provided and expressed confidence in the management of the service. A relative stated that so far they were pleased with the management of the service. This relative said, "My relative is happy there. The manager is approachable – definitely."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, medicines, safeguarding and health and safety. Care plans were up to date and well maintained.

The service had a clear management structure. The registered manager was supported by a deputy manager. The operations director of the company visited the home at least once a month to support the registered manager.

One relative informed us that communication with the service was good. However, a second relative said they observed that communication may not always be good. This person did not give us any details other than that the matter was not serious. One healthcare professional informed us that communication with the service was good. However, a second healthcare professional stated that sometimes communication

difficulties were experienced with care workers not always following their recommendations.. The registered manager stated that she was unaware of any such instances.

The registered manager informed us that the service had a robust communication system. She stated that care workers read and signed the communication book before starting their shift. Care workers had five to ten minutes verbal hand over at the beginning and end of each shift. In addition, there was an appointment diary with information on what was happening each day. The registered manager stated that she would discuss effective communication with care workers and also inform relatives of their communication policy. Care workers informed us that communication amongst care workers was good and there were meetings where they regularly discussed the care of people and the management of the service. The minutes of these meetings were seen by us.

Care workers stated that senior staff and management staff were approachable and listened to their views. Care workers said they had confidence in the way the service was managed. They were aware of the values and aims of the service and this included treating people with respect and dignity, providing a good quality service and encouraging people to be as independent as possible.