

ABL Care Ltd

Hadley House

Inspection report

26 Hadley Wood Rise
Kenley
CR8 5LY

Tel: 07476000457
Website: www.ablcare.com

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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

About the service

Hadley House is a supported living service providing personal care and support to up to five people. Supported living is where people live independently in specifically designed or independent accommodation but need some help or support to do so. There were five people living at the service with mild to moderate mental health and learning disability needs when we inspected it. The accommodation was provided by another organisation and as Hadley House is not registered for accommodation with the CQC, the premises and related aspects were not inspected.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and autistic people. We considered this guidance as there were people using the service who have a learning disability and who are autistic.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

People were kept safe. Staff demonstrated they knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe. Risks to people were identified as part of the assessment and care planning procedure. Risk management strategies were in place to assist staff to manage these risks and to identify triggers for behaviours that may challenge, for people they were supporting.

There were sufficient numbers of staff to meet people's needs.

The administration of medicines was managed in a safe way. There were policies and procedures in place for staff to follow and staff told us they found them useful in ensuring people received their medicines safely.

People's dietary needs were being met, and they had access to healthcare services where needed.

People were supported by staff in a kind and caring way. People were supported and encouraged to be as independent as possible in all areas of their lives where-ever possible. Staff knew the people well and care

records detailed people's preferences, likes and dislikes. People had access to social activities that met their interests and needs.

A complaints procedure was available and displayed to enable people to access it if they or their relatives had a need.

People received personalised care and support to meet their needs and wishes.

People using the service, relatives and staff were given the opportunity to provide feedback on the service. Audits took place to ensure the quality of the service was maintained.

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

Rating at the last inspection and update

This service was registered with us on 17 May 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hadley House

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 2008.

Inspection team

The inspection was undertaken 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice of this inspection was given as we wanted to make sure the people were at home for us to meet them.

Inspection activity started on 15 September 2022 and ended on 6 October 2022. We visited the location's service on 16 and 23 September 2022.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three of the people who used the service about their experience of the care provided. We spoke with two members of staff and the registered manager. We reviewed a range of records. This included three people's care records, needs and risk assessments. We looked at three staff files to check safe recruitment was followed. We also reviewed a variety of records relating to the management of the service, including policies and procedures, training and quality audits. We continued to seek clarification from the provider to validate evidence found and reviewed additional management records sent. We looked at training and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by the providers policies and procedures.
- People and staff members told us they were kept safe. One person told us, "I am very happy with the care staff give me, they help to keep me safe." Another person said, "I feel safe here and with staff support to help keep me safe."
- Staff completed safeguarding training and staff understood their responsibilities and how to report any concerns. A staff member said, "I would always inform the manager first and then if necessary, I would report it to the local authority's safeguarding team."

Assessing risk, safety monitoring and management

- People's needs and risks were assessed and care plans were developed to ensure people's needs and risks were met appropriately. For example where one person was helped to gain voluntary work successfully and was supported by staff to be able to travel alone and to work effectively in the voluntary sector. The person concerned told us they were so happy to do something 'worthwhile' and praised staff for their support.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There were appropriate numbers of staff on duty to meet people's needs.

Using medicines safely

- Records showed medicines were managed safely. We checked Medication Administration Records (MARs) for each medicine administered and found them to have been completed appropriately. We saw records that showed the manager audited medicines processes regularly.
- There was a robust system in place to ensure medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe use of these medicines.
- Staff understood their responsibilities in relation to medicines management, staff we spoke with understood the importance of using 'as required' medicines appropriately. Staff told us, and records confirmed, they had received medicines training, and this was on-going.
- Staff had their competencies assessed to ensure they followed safe medicine practices.

Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed

of this appropriately.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that staff were supporting people to maintain a clean environment.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a system in place to review incidents which occurred. Staff told us the manager had discussions with them in team meetings following any incidents that arose in order to assess how things could have been managed differently and how they would manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us the manager listen to them and felt any concerns would be acted on and dealt with appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person's outcomes were consistently good, and relative and staff feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported by the provision of effective training and individual support.
- Staff told us and records confirmed that staff received a wide range of training that was relevant to their roles and to the specific needs of the people they supported.
- Staff training included first aid, the safe administration of medicines, infection control, safeguarding and food hygiene. Staff told us this supported them to develop in their roles and to progress.
- Staff told us they felt the training they had received was suitable and adequate for them to support people safely and effectively. Staff clearly knew people well and there was a comfortable atmosphere in the home between people and staff.
- Staff told us they received supervision with the manager. This included one to one meetings and team meetings. The manager acknowledged the frequency of these formal meetings did not meet the provider's own policy to do with staff supervision. They assured us that this was recognised and showed us a new supervision matrix that set out regular six to eight weekly individual supervision for individual staff members. A new supervision format was available setting out the agenda of these meetings which included the direct work staff undertook with people. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw that people's needs were assessed together with the person, relatives and health professionals to ensure the service was able to meet the person's needs and wishes.
- People's care plans included their healthcare conditions as well as the care and support they needed.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the people's needs in relation to their gender, age, culture, religion, ethnicity and disability. For example, people were supported to attend religious services according to their faith.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet. People told us they had choices at mealtimes. We saw people were able to help themselves to food and drink and where necessary were supported by staff.
- A system was in place to monitor people's food and fluid intake where needed. For example, where one person decided they needed to lose weight, their weight was monitored and their diet plan structured to assist them in meeting their chosen goals.
- Staff supported people to maintain a healthy balanced diet through discussion with them about fresh and nutritious food and how they might incorporate them into their menu planning.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with health professionals in the delivery of care and support to ensure people received good coordinated support and treatment.
- Staff supported people to access community healthcare professionals such as the GP and community mental health teams. This enabled people to have their health needs met appropriately by health professionals.
- Records confirmed that people had routine appointments such as annual health checks with their GPs, dentists and opticians. Staff monitored the people's oral care to ensure their teeth and mouth were kept as healthy as possible. We saw dental appointments were made and check-ups took place.
- A Health Action Plan [HAP] was in people's care files. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The manager told us all the people had capacity to make their own decisions and did not require applications to be made to the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported by staff to meet people's diverse needs and wishes. Staff told us this was to ensure people lived their best lives.
- We observed staff interacting and speaking with people in a calm, friendly and kind way. People were smiling, relaxed and they readily approached staff for support and care.
- People told us, "Staff are very caring and I get on well with staff." Another person said, "Staff here really do care, they are so good."
- The people living at Hadley House had developed positive, caring and trusting relationships established with staff.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and to make decisions about their care. One person said, "The staff always involve us in our care and support, we sometimes have a meeting with our keyworker to discuss it all."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they worked with people to build their confidence and independence. People told us staff respected their privacy and dignity when providing care and support.
- Staff were committed to supporting people to live full and active lives.
- Staff received equality and diversity training and knew people's needs well.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans were individualised for each person and people were the central focus to ensure they had choices over the support they received.
- People told us they were involved in reviewing their care. They confirmed they were able to make choices and were involved in decision making.
- People's care plans detailed information regarding their personal preferences and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). The provider ensured that information was made available to people about the service in different formats where needed and this included easy read documents.
- There was evidence that staff adapted their techniques to ensure they communicated effectively with each person, who each had different methods of communication. This included sitting and speaking with them in a calm way when they were distressed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported both to develop and maintain relationships that were important to them. One person told us they kept regular contact with a family member who was important to them.
- People told us they were supported to pursue the social interests and activities that were important to them. We noted activities were wide and varied and people spoke enthusiastically about them to us.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. There had been no formal complaints since the service had been registered and all of the relatives, we spoke with confirmed this.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, we saw that people's choices

and preferences for end-of-life care had been taken into consideration.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistency managed and well-led.

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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was aware of their registration requirements with CQC and of their duty of candour.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- There were processes and procedures in place to ensure people received the care and support they wanted.
- Staff were positive about how the service was run and the support provided to people.

Leaders and the culture they created promoted high quality, person centred care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager ensured people were the central focus of their care. We saw and were told by people they felt empowered by this approach and they told us they felt their care plan outcomes were positive in helping them to become more independent.
- Staff members told us they felt supported by the manager and thought Hadley House was a good place to work. They said they were able to be involved by making suggestions and improvements within the service. Staff members told us the manager was approachable and very supportive. One staff member told us, "They are always available to discuss anything we need to discuss with them. They are supportive when we ask for advice or support."
- We saw documentation to demonstrate the manager carried out competency assessments with staff members, such as for medicines administration. This has helped to ensure the staff team continued to provide good care and support.
- Staff told us they knew about the whistleblowing policy and action they would take if they had concerns.

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

- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- The manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by the manager on a regular basis in areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were

developed to address any issues or concerns identified.

- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.
- We observed the service worked in partnership with local services and organisations to ensure appropriate support was coordinated for people if required, such as with their chosen places of worship.