

Ablegrange (Wembley) Limited

# Ablegrange Supported Living

## Inspection report

47 Kingsway  
The Annex  
Wembley  
Middlesex  
HA9 7QP

Tel: 02089030952

Date of inspection visit:  
30 May 2023

Date of publication:  
21 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Ablegrange Supported Living is a supported living service providing personal care to 14 people with learning disabilities and autistic people. The service currently provides the service over 3 different sites which are all in close proximity.

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

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

**Right Support:** Model of Care and setting that maximises people's choice, control and independence. Staff were recruited safely and had appropriate training on how to safeguard people using the service. The provider followed current best practice guidelines to effectively manage people's medicines and risks associated with infection prevention and control (IPC). People had individual positive behaviour management plans to guide staff when people became distressed or anxious.

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. If people lack capacity to make certain decisions appropriate support is sought to support them.

**Right Care:** Care is person-centred and promotes people's dignity, privacy and human rights. People were encouraged to communicate freely and accessed community for activities when they wanted to. Staff supported people to learn new skills and maintain important contacts.. People's care records were person-centred and up to date. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The staff team worked well together making sure people's rights and wishes were protected. The service had regular communication with the healthcare professionals which led towards good working relationships and empowered people to choose the way they wanted to live their lives. The registered manager led by example and people were supported to take positive risks and were supported to do more things on their own.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk) .

Rating at last inspection and update - The last rating for this service was good (published 18 March 2021).

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](http://www.cqc.org.uk) .

#### Why we inspected

This was a planned inspection based on when the service was previously inspected.

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

#### Follow up

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

## 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 effective?

Good ●

The service was effective.

Details are in our effective 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in 3 'supported living' settings, 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

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we held about the service including any feedback from the local authority and notifications of significant events the provider had sent to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and 3 family members about their experience of the care provided. We also spoke with the registered manager and 2 staff members who provided care to people.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Relatives told us that people who used the service were safe. One relative said, "Staff know [name] very well and make sure that [they are] safe and well looked after. If I had any issues I would talk to the manager about it." People who used the service made similar comments. One person said, "I am safe here, the staff look after me."
- Staff had received safeguarding training and demonstrated good understanding of actions to take if people were not safe. One staff told us, "I would record everything and report to the manager."

Assessing risk, safety monitoring and management

- Risks in relation to people's care were assessed and plans were put into place to guide staff and minimise the risks.
- Each person's risk assessment and risk management plan was personalised to them. Care staff were aware of the triggers to specific behaviours that may challenge the service and the least restrictive way to make sure people were safe.
- The care plans provided information about how to support people to ensure risks were reduced. This included risks arising from medical conditions and environmental hazards. The environment was free from visible trip hazards.

Staffing and recruitment

- The service had sufficient staff deployed to meet people's needs and there was a thorough staff recruitment procedure in place.
- Staffing levels matched the rota and enabled people's needs to be met safely. People and relatives told us there were enough staff to meet their support needs. Staff were visible throughout the inspection providing people with the care and support they needed. We saw staff responding quickly to people's requests for assistance or to answer their questions. One relative told us, "Whenever I visit, there are enough staff around, I also know that staff will go out and do activities with [name]."
- The recruitment process was thorough and included scenario-based interview questions to identify prospective staff skills, experience, knowledge of care and support for people with learning disabilities and autistic people. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6-month probationary period with a review. This was extended if required, so that staff could achieve the required standard of care skills.

### Using medicines safely

- Medicines were safely administered, regularly audited, and appropriately stored and disposed of.
- People's medicine records (MARs) were kept up to date with no recording errors or omissions found on any of the MARs we looked at.
- Staff were trained to administer medicines and this training was regularly updated. They understood their responsibilities in relation to the safe management of medicines. Only staff who had been trained and assessed as competent handled medicines.
- A designated member of the team checked medicines storage and records regularly.
- People's care plans contained detailed guidance for staff that included their prescribed medicines and how they needed and preferred them to be administered. When appropriate, people were encouraged and supported to administer their own medicines. People told us staff made sure they took their prescribed medicines as and when they should.
- People's prescribed medicines were securely stored in locked cabinets in their rooms.
- Some people had medicines prescribed when becoming distressed. There was guidance for staff to follow when to administer such medicines and records confirmed that staff only administered such medicines as the last resort.

### Preventing and controlling infection

- The service reduced the risk of the spread of infections through their infection prevention and control practices.
- Infection prevention and control policies and procedures were in place and staff followed these. A staff member told us, "We use personal protective equipment (PPE) face masks and gloves when we support residents with their personal care."
- The provider supplied staff with masks, gloves, and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading. A relative told us, "[Staff] wear gloves, aprons and masks."

### Learning lessons when things go wrong

- The service had a system to record accidents and incidents. We reviewed a sample of these records and saw actions taken and lessons learnt were documented.
- Staff raised concerns and recorded incidents and near misses, and this helped keep people safe.
- The registered manager told us lessons learnt from accidents and incidents were shared with staff and gave us examples of these. They said, "We talk about it in team meetings. It's something we do very well."
- Staff knew what action they should take if there was an accident or incident and confirmed lessons learnt was shared with them. A staff member said, "I would record all incidents and talk to my manager about it."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were fully assessed before they began to use the service to ensure the service could meet those needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication and sensory needs. Assessments included the person's, cultural, spiritual, relationship, physical and mental health needs.
- Part of the assessment of people was also to provide a transition plan this enabled people to find out and test the service and built relationships with staff and other people who used the service before they decided to move in.
- People's needs' assessments looked at their communication methods, medical history, preferences for care, for example, gender preference of care staff.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported with relevant training. Staff had completed mandatory training in relevant areas to ensure they could carry out their role safely and competently. This included mandatory training in supporting people with a learning disability and/or autism and positive behaviour support.
- A staff member told us, "Yes we do lots of training, 2 examples are the mental capacity act and the recent learning disabilities and autism training it helps in my role."
- New staff completed induction training which included shadowing experienced staff.
- Staff new to caring were required to complete the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed refresher training courses which helped them continuously apply best practice. This included health and safety topics such as emergency first aid and fire safety.
- The provider supported staff with regular supervision and appraisal. Staff told us they found this helpful. These meetings included discussions about the people using the service and the staff member's wellbeing, performance, goals and training needs.

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

- People received support to eat and drink enough to maintain a balanced diet. They were involved in choosing their food, shopping, and planning their meals.
- People were supported by staff to be involved in preparing and cooking their meals in their preferred way. A person told us, "I like the food here and they also cook some meals from my own culture."

- Staff explained how they supported people with their nutrition. A staff member said, "We discuss with the residents what they want to eat and do the shopping together. Some people help to cook the meals. We try to involve them in as much as possible."
- We saw the kitchen was well stocked with nutritious food which was stored appropriately and at safe temperatures. Staff told us they prepared an alternative if a person changed their mind about what they wanted to eat.
- Care plans detailed people's food and drink preferences as well as the support they needed.

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

- People had access to healthcare professionals to ensure their health needs were met. A relative told us, "[Care staff] attends appointments with [name]."
- Healthcare professionals visited people at home where this was required, for example visits from physiotherapist, behaviour specialists and opticians. A relative told us they worked with staff and healthcare professionals to ensure the wellbeing of their relative.
- The registered manager told us that they received input from the local specialist behaviour team to develop a plan specific to people to minimise the risk of people becoming distressed and anxious.

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 MCA 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Staff had received training in relation to the MCA.
- People were asked their consent before receiving care. A relative gave us an example of this where staff would explain what they were going to do before providing personal care which they observed during visiting the service.
- The registered manager understood the principles of the Mental Capacity Act. They told us, "You have to establish if a person has the capacity to make decisions or a family or next of kin has to make that decision, somebody who has power of attorney." Evidence of power of attorney was recorded and documented in people's care files.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. 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 culture was person centred and open. The registered manager said the homes were treated, "like their own home we are like a family here" and as a service they were active, doing things together. For example, for the King's Coronation they had an event to celebrate the day.
- People's relatives told us they were satisfied with the care provided. One relative said, "There is good communication between me and the staff team. They will always contact me if there is anything happening, and I am invited to meetings."
- The registered manager told us they tried to create a positive environment, so if anyone had a concern, they would feel they could raise it and be listened to before it became a bigger issue.
- The registered manager carefully considered new people's applications, to be sure they could meet their and the current people's needs. When potential new people came to the home to visit, the service also listened to feedback from people who already live at the service.
- People living at the service had a learning disability or were autistic people as their primary care need. 'Right support, right care, right culture', guidance outlines three key factors that CQC expects providers to consider if they care for autistic people and/or people with a learning disability. The registered manager was aware of these principles and had considered them as part of how they met people's needs and achieved good outcomes.

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

- The registered manager understood their responsibility around the duty of candour. They knew when they needed to report notifiable incidents to CQC and to the local authority.
- The registered manager said, "Being honest and telling the truth is important to me and if we are at fault, we will admit it. Learn from it and move forward."
- Relatives said they could raise concerns but there had not been any complaints since the last inspection.

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

- The service had systems for assessing, monitoring and mitigating risk and improving the quality of the service.
- The registered manager and designated staff undertook checks and audits to help ensure continuous learning and improving care. These included people's care records, service user involvement, incidents and

accidents, staff communication and staff records. Actions from previous audits were checked and current audits analysed to identify issues and implement lessons learned.

- Staff meetings and supervision sessions were used to obtain the views of staff and share information about people and the service.
- Staff felt supported and told us, "The service is well managed, and I can talk and ask the registered manager anything. She is very good."

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

- People and relatives were engaged in how the service was run and had opportunities to feedback about the care provided. A relative told us, "The manager keeps me informed and asks me for feedback about the care and support [name] gets."
- The service had considered people's protected characteristics such as religion, culture and disability. For example, people were supported with to attend their places of worship if they wish to do this.
- There was evidence of meetings for people who used the service taking place and team meetings were held to share information and give staff the opportunity to raise any issues.

Continuous learning and improving care

- The registered manager participated in local authority provider forums to share information and best practice with other providers in the area.

Working in partnership with others

- The service worked with other professionals to help ensure people's needs were being met and their wellbeing maintained. These included the GP, dietician, speech and language therapist and social workers. They provided an example of working with other professionals to better manage one person's anxiety which had the positive result of reducing outbursts and behaviours that challenged the service.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.