

Ablegrange (Wembley) Limited

Ablegrange Supported Living

Inspection report

47 Kingsway
The Annex
Wembley
Middlesex
HA9 7QP

Tel: 02089030952

Date of inspection visit:
14 November 2019
10 December 2019

Date of publication:
27 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Ablegrange Supported Living is registered to provide personal care and runs a supported living service for people with a learning disability or autistic spectrum disorder. At this inspection there were thirteen people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service worked towards ensuring that people using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

Risk assessments had been documented. Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people. We however, noted that the guidance and arrangements for staff regarding the management of incidents of behaviours which challenged the service was not sufficiently comprehensive. The arrangements for the management of behaviours which challenged the service was not adequate and clear to staff.

People and their relatives told us they were satisfied with the care provided. They stated that staff treated them with respect and dignity and they felt safe with staff. We observed that staff interacted well with people and were caring and attentive towards them. Staff made effort to ensure that people's individual needs and preferences were responded to.

Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse. We received a safeguarding allegation against the service just prior to this inspection and a second one after the inspection. Both were referred to the local authority safeguarding team for follow up. One safeguarding allegation received in 2018 and investigated by the service had not been reported to the local safeguarding team or the Care Quality Commission (CQC).

People received their prescribed medicines. Staff had received medicines administration training and knew how to administer medicines safely.

Staff had been carefully recruited and essential pre-employment checks had been carried out. The service had adequate staffing levels and staff were able to attend to people's needs.

People and their relatives told us that staff observed hygienic practices and had assisted people to keep their home clean and tidy.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

The healthcare needs of people had been assessed. Staff supported people in accessing the services of healthcare professionals when needed.

Staff had received training and had knowledge and most skills to support people. The managers provided staff with regular supervision and a yearly appraisal of their performance. However, some staff stated that they had experienced difficulty managing incidents of behaviours which challenged the service.

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 services supported this practice.

There were arrangements for meeting the diverse needs of people. This included ensuring that people were supported with their individual, religious and cultural needs. Staff also supported people to participate in various social and therapeutic activities within the community. This ensured that people remained as independent as possible.

There was a complaints procedure and people knew how to complain. Complaints recorded had been promptly responded to.

Morale within the staff team was poor. Staff expressed a lack of confidence in their managers and did not feel that management listened to their concerns. The service had a quality monitoring system. Checks and audits of the service had been carried out. These were not sufficiently comprehensive and effective as they did not identify the deficiencies we noted and promptly rectified them. This placed people at risk of harm or of not receiving a high quality care.

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

Rating at last inspection

The last rating for this service was Good (published 7 June 2017). The service has deteriorated to requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Why we inspected

This was a scheduled planned comprehensive inspection.

Enforcement

We found two breaches of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

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 not always well led.

Details are in our well led findings below

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

Ablegrange Supported Living is registered to provide personal care and runs a supported living service for people with a learning disability or autistic spectrum disorder.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Ablegrange Supported Living received a regulated activity; CQC only inspected the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave when we first visited the service. She was however, present during our second visit.

Notice of inspection

This was a comprehensive inspection, which took place on 14 November 2019 and 10 December 2019. Both days if the inspection were announced. We returned for the second day of inspection because we had received information of concern about the service after our first day of inspection. We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager or other senior member of staff would be in the office to support the inspection. Also, people using the service are often out and we wanted to be sure they would be available to speak with us.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents affecting the running of the service.

We also reviewed reports about the home provided by the local authority. The provider completed 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 planned to make.

During the inspection

We spoke with six people who used the service. We also spoke with the registered manager, the deputy manager, the nominated individual and six other staff. The nominated individual is either a director, manager or secretary of the organisation with responsibility for supervising the management of the regulated activity. We reviewed six people's care records, which included care plans and risk assessments. We also looked at the profiles of agency staff and records of five permanent staff files. This included checking recruitment, training and supervision records. We looked at records relating to the management of the service which included various policies, medicine charts, procedures, financial records of people, maintenance files and audits.

After the inspection

We received feedback from three relatives and three care professionals.

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 good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People and their relatives told us that people were safe in the care of the service. One person said, "I am satisfied with the care. I feel safe here."
- We received a safeguarding allegation against the service just prior to this inspection and a second one after the inspection. Both were referred to the local authority safeguarding team for follow up.
- One safeguarding allegation received in October 2018 and investigated by the service had not been reported to the local safeguarding or the Care Quality Commission (CQC). The registered manager stated that their investigations indicated that the allegation was not substantiated. All allegations of abuse need to be notified to the CQC and be reported to the local safeguarding team so that they can be investigated independently and impartially. Failure to do this places people at risk of abuse. We will look into this further.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with behaviour which challenged the service, medical conditions and self-neglect. Risk assessments contained guidance for minimising risks to people. The guidance for staff on managing incidents with behaviour which challenged the service that was provided on the first day of inspection was not sufficiently comprehensive. This guidance talked about action for preventing such behaviour, talking calmly with people and comforting them. It discouraged staff from restraining people. However, it provided no clear guidance on what action to take when people or staff were at imminent danger such as moving other people away, summoning assistance and contacting the police. There was also no guidance on action the service would take against people with such behaviour who repeatedly placed other people and staff at risk of harm. Some staff we spoke with told us they were unsure of what action they should take in such circumstances. They did not mention the need to ensure the safety of other people who used the service and how to ensure they were safe. A second more detailed guidance was provided after the inspection.
- One person using the service told us they were uncomfortable with shouting and noise. We also received two complaints stating that staff were unable to manage people with behaviour which challenged the service and people.
- Staff had not been provided with personal alarms or an emergency buzzer with which to immediately summon help in the event of an emergency. This is needed for the protection of people and staff. The nominated individual stated that they would consult with staff about this.
- Some staff told us they had experienced difficulties in caring for a small number of people with behaviour which challenged the service. They were unsure of the strategy for managing such incidents.

- On the first day of inspection, we asked the nominated individual and deputy manager for evidence that the service had routinely analysed and action plans formulated to manage such incidents. We were not provided with this evidence.
- The service had meetings with healthcare professionals when needed and the care of people had been reviewed. However, there was no systematically planned, regular access to support from professionals such as a behaviourist or psychologist. This is needed to ensure that staff had access to regular professional support and were able to better analyse, plan and care for people with behaviour which challenged the service. The nominated individual stated that she would review the need for such regular support.
- Some people with behaviour which challenged the service were not carefully supervised. We noted that although close supervision had been implemented for a person who needed it on account of their behaviour which placed people at risk, there was no documented evidence this had been carried out since the end of September 2019 until the first day of our inspection. The nominated individual informed us after the inspection that steps had been taken to review this person's care package and that changes had been made to the care arrangements. We were also provided with evidence that close monitoring had recommenced after the first day of our inspection.

We concluded 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 is a breach of Regulation 12 (2)(b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The service had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out.
- Staff checked the hot water temperatures weekly. However, the temperatures of the water prior to people being given a shower or bath had not been recorded. This was needed to ensure that people were protected from scalding should the thermostatic controls be defective or not be properly adjusted. The deputy manager stated that this would be recorded in future.

Staffing and recruitment

- The service followed safer recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- We found the service had adequate staffing levels to meet people's needs. People told us that there was enough staff and staff were attentive towards them. Staff were able to complete their allocated tasks.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. There were no unexplained gaps in the MAR charts.
- Medicines were stored in each person's bedroom. Staff had however, not recorded the daily temperatures of these room where medicines were stored. This was needed to ensure that the temperatures of the bedrooms were suitable for maintaining the quality of medicines stored. The deputy manager stated that this would be done.
- Monthly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.

Preventing and controlling infection

- Staff had assisted people to keep their bedrooms and communal areas clean and there were no unpleasant odours.
- Staff had received infection prevention and control training. Protective clothing, including disposable gloves and aprons were available for staff.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, control measures were in place and there was guidance provided to staff for preventing re-occurrences. We however, noted that a safeguarding allegation had not been notified to the CQC and the local safeguarding team.

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 the last inspection this key question was Good. At this inspection the rating remained as Good. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received support and training to enable them to carry out their duties. Training provided included safeguarding, care of people with challenging behaviour, positive behavioural management, health and safety, moving and handling, infection control, epilepsy and equality and diversity. Documented evidence was provided.
- We saw documented evidence that care workers had received a supervision session with their managers and this was confirmed by staff we spoke with.
- Appraisals had been carried out for staff who were due to have them. Seven of the thirteen staff had not yet received an appraisal as they had been in post for less than twelve months.
- There was evidence that staff had been provided with an induction when they started working for the service.

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

- People's care needs and choices they had were assessed at the start of the care package. People or their representatives were involved and consulted during the assessment process.
- Information gathered during the assessment was used to formulate individual care plans for people.
- Assessment of people's needs included their protected characteristics under the Equality Act 2010. For example, disability, gender, religion and ethnicity were recorded.
- Daily logs were completed for each person which recorded the care and support provided for people.

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

- Some people prepared their own meals while staff prepared meals for others. People told us they were satisfied with the meals provided by staff. One person said, "They understand my diet and what I can and cannot eat." Another person said, "Happy with meals - food OK."
- People's weight had been monitored. Staff were aware that if there were significant variations in people's weight, they should notify the manager so that appropriate action can be taken. Where needed, people had been referred to a dietitian.

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

- People's healthcare needs had been met with support from staff.
- The deputy manager stated that they monitored people's healthcare needs and ensured that they were met. The care records of people contained evidence of appointments with healthcare professionals such as

their GP, hospital consultants and community nurses. Arrangements had been made for one person who had a pressure ulcer to be attended to by the community nurse.

- Two healthcare professionals told us they worked well with staff. They expressed no concerns regarding the healthcare of people.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes or in supported living schemes, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The service worked in accordance with the principles of the MCA.
- Care workers had completed MCA training. They had a basic knowledge of the MCA and the importance of always asking for people's permission before supporting them with personal care and other tasks.
- Care plans included information about people's capacity to make decisions and provide consent to their care. There were details of people's next of kin or others who advocated for them.
- We noted that two people's liberty had to be restricted for their own safety and they could only go out when accompanied by staff. Their records contained Court of Protection authorisations and these were complied with.

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant that people were 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

- Staff were caring and treated people with respect and dignity.
- Care plans contained details of how people wanted to be supported and what they wanted staff to undertake to meet their needs. These included people's medical, personal and dietary needs.
- People and their relatives told us that staff were caring and respectful. One person said, "They treat me nicely. The staff are caring. I can talk to them." Another person said, "I am happy here. They treat me with respect."
- We noted that there was positive and regular interaction between staff and people. Staff greeted people in a friendly manner and people responded well and chatted to staff freely.
- One relative told us that staff assisted their relative prepare their cultural meals and supported their relative to attend a place of worship.
- One person who had had been bereaved was supported by a bereavement counsellor and this had helped them.

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

- People could express their views and be involved in making decisions.
- Staff held monthly meetings where people could express their views. This was confirmed in minutes of meetings we saw. There were one to one sessions where people could talk with their key workers. This enabled people to discuss their individual progress and concerns.
- One person told us, "The staff are caring. I have one to one sessions with staff and I can express my views." This was reiterated by a relative who stated that staff regularly supported people to express their views by asking them what they wanted to do.
- A care professional told us that staff were caring and supportive and where people had expressed concerns, these were promptly responded to. This was reiterated by a second professional who observed staff to be attentive and caring towards people.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to ensure people's privacy. They told us that they would ensure that doors were closed before providing personal care. If needed, they would close the curtains.
- The service had guidance for staff on promoting people's independence. This included encouraging people to assist with cooking, tidying and other household tasks. This was confirmed by people we spoke with. One person told us that staff assisted them with shopping. Another said they prepared meals with help

from staff.

- A care professional told us that people they were involved with had been able to develop essential skills since moving into the service, such as cooking, budgeting and self-care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service aimed at providing people with personalised care and support. Care plans detailed people's individual needs and included guidance about how care workers needed to support them.
- The individual needs of people had been recorded and the service had made effort to respond to these. One relative told us staff had been able to assist their relative in attending training they liked. Another said, "We are happy with the care provided. My relative is happy."
- We discussed the care of people with diabetes. Staff were aware of the specific care needs of people. The service worked with the community nurse in caring for people's needs. A relative told us that staff were able to care effectively for their relative who had diabetes. There was guidance for staff on problems and complications which may be experienced by people. We however, noted that the guidance did not mention contacting the emergency services in the event of a person needing emergency medical attention. We also noted that the guidance mentioned contacting community nurses in Hackney rather than the local community nurses. The nominated individual admitted it was an error. The guidance was revised after the inspection.
- There was a programme of specific activities for each person depending on their interests. This included household tasks, cooking, arts and crafts sessions, shopping, going to football matches and visiting the seaside and places of interest.
- The service provided us with examples of good practice. They informed us that two people had made significant improvements as a result of the care provided. One had a job and another was able to pursue a course of study. In addition, the service had been able to assist six people go on holiday to destinations of their choice.

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.

- There were arrangements for meeting people's communication needs.
- The service did not have a written policy for meeting this standard. However, the deputy manager stated that certain important documents were in pictorial form so that people could understand them easily. This was evidenced in the care plans, menus and activities timetable. In addition, each person's care record contained a communication section with information regarding how to effectively communicate with people. Care records of people contained communication profiles. The service also had some staff who could speak in the same language as some people such as Hindi and Gujarati.

Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure. Relatives told us that they knew how to complain. One relative said, "I have not complained. I am satisfied with the care given to my relative."
- Complaints recorded had been promptly responded to.

End of life care and support

- The service was not currently providing end of life care. The service had an end of life policy to provide guidance for staff.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The registered manager and nominated individual told us that they carried out checks and audits on medicines, health and safety, care provided and care documentation. Evidence of this was provided. These checks and audits had identified certain issues such as staff difficulties and some of the behaviour that challenged the service issues. However, prompt and effective action had not been taken to deal with deficiencies identified in this report. For example, the diabetes guidance for staff had not been updated, a safeguarding allegation had not been notified to the CQC, the arrangements for the management of people with behaviour which challenged the service was not adequate, staff had not recorded the daily temperatures of the room where medicines were stored and hot water temperatures prior to people being given a shower had not been recorded.

The service did not have a sufficiently comprehensive and effective quality assurance system for identifying deficiencies and promptly rectifying them. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had made effort to promote person-centred care.
- The nominated individual and deputy manager were aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things went wrong.
- Care documentation and records related to the management of the service were mostly well maintained and up to date.

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

- People's diverse and individual needs had been met. For example, one person had meals which met their cultural preferences. Another could also attend their chosen places of worship. The service had responded to choices and preferences of people.
- The registered manager told us that they regularly consulted with people and also liaised with people's representatives and relatives. This was confirmed by them.
- The registered manager, deputy manager and nominated individual were receptive to our suggestions and stated that they were committed to improving the service.

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

- The service had a registered manager and a deputy manager in post who were responsible for the day to day running of the service. The nominated individual provided support to the managers and visited the service regularly.

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

- The service did not have an open and inclusive culture amongst their staff.
- Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.
- Some staff told us that the morale was low and they felt unsupported in their role. They informed us that they did not always feel they could express their concerns to management as management were not sympathetic. We noted that staff stated that they had been subject to several attacks by some people with behaviour which challenged the service. The nominated individual was not fully aware of these and stated that these may not always have been reported by staff. This indicated that there may have been communication issues within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not have comprehensive and adequate arrangements to safely manage incidents of behaviours which challenged the service and was not doing all that was reasonably practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have a comprehensive and effective quality assurance system for identifying deficiencies and promptly rectifying them. This placed people at risk of harm and not receiving a good quality service.</p>