

ABLE (Action for a Better Life)

# ABLE (Action for a Better Life) - 57 King Street

## Inspection report

57 King Street  
Melksham  
Wiltshire  
SN12 6HE

Tel: 01225707669

Date of inspection visit:  
24 February 2023

Date of publication:  
29 March 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

ABLE (Action for a Better Life), 57 King Street is a care home providing accommodation and personal care to up to 6 people who have long term mental health conditions. It is situated near the town centre of Melksham. At the time of our inspection there were 6 people living in the home.

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

People told us that they liked living at King Street. They said they were able to make choices and felt listened to and respected.

Relatives told us that people were supported well and that the staff were "fantastic"

People had access to support from staff who knew them well and who worked in a person centred way.

Care plans for people were clear and reflected people's needs. We were told that people were involved in developing and reviewing their plans.

The registered manager told us they worked closely with other professionals to ensure people's needs were appropriately supported. This was reflected by the professionals we spoke to.

Staff received regular, appropriate training and used this in their practice.

Professionals told us that they felt the service worked in peoples best interests and the staff were creative when supporting people.

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 observed people speaking to staff and discussing things they would like to do.

At the time of the inspection food and drink was being kept in the office, people could come in and get what they needed at any time. The registered manager and staff recognised this was restrictive and they were working with other professionals to restart the usual routine of keeping food and drink in the kitchen.

Risks were managed well, however there was a window designated as a fire escape at the front of the house that did not have a window restrictor on it, we made a recommendation to speak to the fire brigade about this because of the risks it presented.

### Rating at last inspection

The last rating for this service was good, (published 13 February 2018)

## Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

## 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 well-led?**

The service was well-led.  
Details are in our well-led findings below.

**Good** ●

# ABLE (Action for a Better Life) - 57 King Street

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 1 inspector.

#### Service and service type

ABLE (Action for a Better Life), 57 Kings Street is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. ABLE (Action for a Better Life), 57 Kings Street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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 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 looked at other information held about the service, this included previous inspection reports. We reviewed information we had received about the service since the last inspection.

We used this information to plan our inspection.

#### During the inspection

We spoke to 3 people, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 5 care plans and risk assessments. We looked at records relating to the management of the service including recruitment and training records, audits, policies and health and safety records. After the site visit we spoke to a further 3 members of staff, 2 professionals who work with the service and 2 family members.

# 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

- The service had a robust safeguarding system in place and all staff had received training in recognising and reporting safeguarding issues.
- Staff we spoke to had a clear understanding of what and how to safeguard people.
- People and staff told us they felt confident that the manager and assistant manager would take appropriate action to keep people safe.

Assessing risk, safety monitoring and management

- Risks people faced had been assessed and action taken to mitigate them or assessments regarding people's safety had been completed. All assessments were relevant and updated regularly.
- One person who had been assessed as at high risk had a detailed safety risk assessment in place. The assessment had been developed with them and their social worker.
- The provider regularly monitored the quality of risk assessments.
- The provider's policy for keeping people safe stated that ligature cutters should be used in the event of a person attempting to harm themselves but there were none in the service. The registered manager acknowledged this was an oversight and ordered some straight away. These had arrived before the end of the inspection.
- The downstairs bathroom had some mould on the walls, this has been reported to their landlord who started some repair work but then stopped and did not complete it. Mould is known to cause respiratory issues for people should they inhale it and as such should be removed promptly. The registered manager showed us the contact they had to try to get the work finished.
- A window in an upstairs bedroom did not have a window restrainer on it and could be opened wide. This could cause risks to the people who lived at the service. As it was a designated fire escape window the landlord stated they could not add a restrainer to it due to legal requirements for an accessible escape in case of fire. Risk assessments for people in relation to this had been written.

We recommended the registered manager contacted the fire brigade for advice and guidance about the window and people's safety.

- Following the inspection, the manager informed us that after consultation with a fire risk assessor a window a restrictor was being added to the bedroom window.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and no one was being deprived of their liberty.
- People's food and drink was being kept in the office, people had agreed to this to keep it safe and had access to get what they needed. The registered manager recognised this was restrictive and were working with other professionals to restart the usual routine of keeping food and drink in the kitchen.
- The manager knew how and when to apply for the appropriate legal authorisations to deprive a person of their liberty if needed.

#### Staffing and recruitment

- The registered manager ensured that the appropriate number of staff were on duty, this was confirmed by the staff.
- The home was fully staffed which ensured people were supported by a consistent team, or by staff who knew them well.
- We reviewed staff recruitment records, which demonstrated safe recruitment processes were followed for existing staff. The provider was still awaiting full employment history for their newest employee and a clear DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Whilst they were waiting the registered manager had completed a work risk assessment and the employee was not able to lone work. The missing employment history was provided by the new employee during the inspection.
- Staff training was online and training records showed that training for all staff was up to date. Staff told us that training was good and they could tell the registered manager or provider if they felt they needed bespoke training.

#### Using medicines safely

- People's medicines were managed safely.
- We observed staff giving one person their morning medication and this was completed in a competent way.
- All staff were trained to administer medicines. There were appropriate checks and audits in place to ensure staff were competent in the management of people's medicines.
- Some people were managing their own medicines, with staff support if needed.
- There had been 3 medication errors in the last year. These had been reviewed and appropriate steps at the time. Further steps were taken to reduce the risk of further errors.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.



- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Visiting

- Relatives and friends visited the house as they wanted to.

#### Learning lessons when things go wrong

- There was a learning culture at the home.
- Staff supervision records had a section for reflective learning. This was also a topic in the monthly staff meetings.
- Changes to medicine management had been introduced, following the medication errors that had been made. This showed staff had learnt from the errors.
- Learning was used to ensure care plans were adapted to the changing needs of people.

# 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. At this inspection 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 registered manager encouraged a supportive and caring culture for people. Staff told us the registered manager was "responsive and supportive".
- Two Professionals we spoke to told us that people were supported in "a person centred and responsive way. Staff work proactively and think outside the box".
- Relatives told us people were very happy and that they were happy to raise any issue with the registered manager who was "really proactive".

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 provider had a complaints policy that people and their families could follow.
- The registered manager understood their responsibility under the duty of candour and knew how to act if things went wrong.
- Relatives told us the registered manager and staff were "fantastic" at ensuring they were kept up to date with their family member's well-being.

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

- The registered manager had been in post for several years and was able to demonstrate they understood their role.
- The staff team was stable with few vacancies in the last few years. This meant staff knew people well and understood how to best support them.
- The registered manager and staff were aware of risk management and were able to adapt to the changing needs of people.
- Staff had yearly appraisals which enabled the provider to ensure staff were performing their role well.

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

- The provider sent out questionnaires yearly for people, their relatives and staff to seek feedback on the service. These were shared with us.
- Weekly house meetings were held where people discussed what they would like to do and any issues that

need addressing.

- The manager told us they had an open door policy and people could talk to them about issues as they arose.
- One professional told us the staff were very creative when supporting a person with complex needs.

Continuous learning and improving care, working in partnership with others

- The provider ensured they delivered training to develop staff and to ensure they were supporting people appropriately.
- One member of staff told us the provider was supporting them to study for their NVQ level 4 in care to enable their professional development.
- One professional told us the registered manager and staff were open and communicative, and the registered manager was "really professional".