

ABLE (Action for a Better Life)

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

## Inspection report

57 King Street  
Melksham  
Wiltshire  
SN12 6HE

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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

ABLE (Action for a Better Life) - 57 King Street offers accommodation for up to six people who have or are recovering from mental illness. At the time of our inspection there were six people living in the home.

At the last inspection in November 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Staff knew how to keep people safe. Care plans contained risk assessments and clear guidance for staff on how to support people to stay safe. Staff had been trained to undertake their roles and staffing levels were safe. Medicines were managed safely.

People's needs and choices were assessed. People were supported to have maximum choice and control of their lives. Staff understood people's needs and were aware of people's preferences and choices.

People said staff were caring. Staff spoke passionately about the people they supported. Staff knew how to maintain people's dignity and privacy.

Care plans were personalised and detailed. People said staff knew them well. Complaints and concerns were investigated and dealt with.

People's care records showed relevant health professionals were involved with people's care. People's changing needs were monitored to make sure their health needs were responded to promptly.

There were systems in place to monitor the quality of the service. People spoke highly of the registered manager. Feedback we received from health and social care professionals about the service was also positive.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 22 January 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with five people, two members of staff and the registered manager. We reviewed three people's care and support records and staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. We also received feedback from health professionals that have contact with the service.

# Is the service safe?

## Our findings

People said they felt safe. Comments included "Most of the time we all get on, but if it gets too much I go to my room." and "Sometimes we clash, but staff always sort it out."

Staff received updated training in the safeguarding of vulnerable adults. They were aware of their responsibilities to report their concerns or poor practice to the registered manager or outside agencies as appropriate. Staff told us about the support they offered people to help them maintain their safety when accessing the local community independently. For example, one staff member told us about the support they offered around managing finances for those people who were particularly vulnerable. They said they had discussions with the person about how they could manage their money safely when out in the community. People were also supported to carry mobile phones, have the service's contact details on them and inform staff if they were going out at night.

Care plans contained risk assessments for personal safety, for example finance and smoking. Plans were aimed at maximising people's independence whilst also supporting people to keep safe. Examples of these included one person agreeing to hand their door key in to staff at night before going to bed and another person being supported to manage their finances.

There were sufficient staff to meet people's needs. The registered manager explained that staffing levels were flexible depending on what was happening on the day. They said there was usually only one staff member on duty but if people's needs changed more staff would be allocated to that shift. Staff told us they felt there was sufficient staff on duty. They said that when staff were on annual leave or sick, cover was always organised. One member of staff told us "The staffing situation is really good. We manage really well here. We have an on-call system to ensure there is always cover available."

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines were managed safely. People received their medicines as prescribed. Accurate records of medicine administration had been maintained. Protocols were in place for the use of PRN (when required) medicines, such as those to relieve symptoms of anxiety. These were personalised and reflected the symptoms that individuals might display. Regular stock checks of PRN medicines were undertaken. One person was self administering their medicines. Regular risk assessments had been carried out and the person had been regularly assessed to ensure they were still able to do this independently. People's medicines were reviewed on a monthly basis. This meant that the risk of people being over medicated was reduced. Staff that were responsible for administering medicines had their competency to do so assessed.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out. Care plans included guidance for staff on how to support people if the fire evacuation procedure was initiated. This included discussing what to do in the event of a fire at every resident's meeting, so that the information was always fresh in people's minds.

There were processes in place to ensure people were protected by the prevention and control of infection. We found that all areas of the home were clean and free from any odours. Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. Cleaning responsibilities were identified in cleaning schedules, which staff signed to say when tasks had been completed. Hand towels and soap were available in the communal bathrooms. Staff supported people to be involved in household tasks to maintain the cleanliness of the home. For example, we saw a member of staff assisting one person to tidy their bedroom and change the bedding.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Whilst there had not been many incidents the registered manager told us reporting systems were in place, which they told us assisted them to identify any patterns or trends during their regular audits. Staff told us they had the opportunity to discuss any incidents to identify if there were any changes to people's care required. For example, they told us when someone had recently not taken their medicines, measures were put in place to support this person to remain independent with taking their medicines safely.

# Is the service effective?

## Our findings

People's needs and choices were assessed and regularly reviewed. We saw when people's needs or choices changed care plans were amended to reflect this.

People were cared for by staff that were well trained and supported. People continued to receive care from staff that had the skills and knowledge to meet their needs. Staff had access to appropriate training and refreshers as required. Records we viewed showed staff had received additional training where necessary to meet the needs of the people using the service. For example, training in dementia awareness, personality disorders and mental health awareness. One person said "The staff are well trained. They show real empathy when they speak to me."

New staff undertook an induction period, which included them shadowing more experienced staff before working independently. The registered manager explained new staff received a comprehensive induction to their role. This included the Care Certificate which covered an identified set of standards, which health and social care workers are expected to adhere to.

Staff had regular individual and team meetings with their line manager to discuss their work, personal development and training. We saw records of these meetings, which showed staff were given opportunities to discuss their personal development and any aspects of their work they felt was working well or not so well. Staff spoke positively about the support of management and their colleagues. One member of staff told us "Whilst we are a small team we all work really well together. We can raise concerns with each other and staff will listen."

People had access to sufficient food and drink. Care plans detailed people's preferences in relation to food and drink. There were weekly meetings where people planned the menus for the week ahead. One person said "There's six of us here, so we each choose one meal to be cooked each day, and then on the seventh day it's usually a roast. We can help cook it if we want to." People said that if they didn't like what was on the menu that day, alternatives were available. We saw people preparing their own breakfast and lunch during our inspection. It was someone's birthday and people said that because of this, there would be a takeaway and birthday cake later.

Although nobody had any specific dietary needs, one person had previously lost weight. They said the staff continued to monitor their weight and that they had been seen by a dietician. They said "I've put weight on, but they [staff] still weigh me every week."

People had access to ongoing healthcare. Records showed that people attended GP and hospital appointments, with staff support if they wanted it, or independently.

Staff remained knowledgeable about the Mental Capacity Act and were able to explain how they applied it when supporting people to make decisions. We observed people being offered choices during our inspection and being supported to make decisions on what food they would like to eat, activities they

wished to attend and what clothes they wanted to wear that day. We observed staff supporting people with their choice making and respecting their decision not to take their advice or guidance. For example, staff spoke with one person about their clothing when going out. They responded by saying it was their choice, which staff respected.

People had capacity to make decisions and to consent to their care and support. Care plans had been signed by people to indicate they agreed with the contents. Additionally people had been asked to consent to their information being shared with others. When people had not consented to this, records were clear about what could and could not be shared.

The service understood about equality and diversity and this was put into practice. One staff member told us "Everyone is individual with their own needs. We work with them to understand these needs. People are supported to go to church where they want to. We respect people's right to make choices. For example, [person] was anxious the other day. I asked if they wanted to go out which they didn't. We have to respect this. I asked what I could do to help make the day better and they decided they wanted to stay in and watch some films, which we respected." One person said "The staff respect me and my choices."



# Is the service caring?

## Our findings

People appeared relaxed and comfortable in the presence of staff and did not hesitate to seek support as necessary. The atmosphere in the home was relaxed and friendly with jokes and laughter being shared. People were able to move freely around the home. They could choose if they wished to spend time in the communal areas or to have quiet time to themselves. Staff told us that people's bedrooms were their "own personal space" and that they would not enter someone's bedroom without their permission.

People's privacy and dignity was maintained. People had locks on their bedroom doors and were encouraged to keep the doors closed for their own privacy. One person said "They never come into my room unless I invite them." When we asked if people were happy to speak to us, staff sought people's consent for this to happen and then asked them where they would prefer to speak with us. When staff knocked on people's doors, we saw that they waited for the door to be opened rather than walking in uninvited. One person said "I like it here because it's homely."

People were supported by staff to maintain their personal relationships. One person said they visited a relative independently on a weekly basis and could telephone them every day. This was based on staff understanding who was important to the person, their life history and their cultural background. People's religious needs were met. People had been supported to access their local church and groups independently.

People were encouraged to express their views by attending weekly meetings if they wished. Records showed people were complimentary about the support received. Their comments included "Thank you for your support. Thank you for helping clean my room." and "Thanks for the day out. I am happy with the meals. Thanks for your support." One person said "If ever I want to talk to staff outside of the meetings, they always say yes."

People spoke positively about the staff. Comments included "My keyworker is lovely. She's changed my world completely. She understands me and has done so much to help me. I'd never had one-to-one before; it's lovely." Other comments included "My keyworker is a good listener. She always tells me that if I need someone to talk to, that the staff are there for me." and "The staff show real empathy. They're a good team and we can have a laugh too."

All of the people we spoke with said the staff knew them well. One person said "It's a really good team here and from what I know, most seem to have worked here for a long time."

One external health professional said "For my client, living there [57, King Street] has been a really, really good experience."

# Is the service responsive?

## Our findings

Care plans were personalised and detailed people's choices and preferences in relation to the support they wanted to receive. People had been involved in writing their plans and in regular reviews. People knew about their care plan and knew what was written in it. One said "My plan is all about helping me to move on, so they [staff] are working with me to make me more independent in preparation for that." and "I went for my first job interview in four years recently. The manager and my keyworker helped me with practise interviews."

Because of the type of support provided, the care plans were very detailed in relation to people's mental health needs. In all of the plans, the details of people's mental health history was clear and informative. Some people sometimes experienced episodes of anxiety or distress and the plans contained clear guidance for staff on how to de-escalate the situation and how to reassure and support people when they felt anxious.

All of the plans we looked at contained a "One page profile" about the person. This included sections titled "What people like and admire about me, how best to support me and what's important to me". There was also information about what good days and bad days might look like for the person.

Feedback from external health professionals was positive. Comments included "My client has come on really well since moving there. It's a very nurturing place." and "Staff spend time really getting to know people and they really understand how to support people in a very proactive way."

People had access to a range of activities to meet their needs. Examples included a walking group, coffee mornings and afternoon tea. One person said "I like it when we do karaoke and in the summer I like to sit in the garden." People said they were able to access the community when they wished. One person said "I go for a bacon sandwich at a local café every week and go and watch live music too." Another person said "My keyworker takes me out for coffee or we go shopping." and "I go to church regularly."

There was a policy in place for dealing with complaints effectively and a copy of this was seen in communal areas. Whilst there had not been any formal complaints since our last inspection the registered manager showed us the system where any complaint received would be recorded and investigated. Previously any concerns or complaints had been recorded in a book. The registered manager explained that this did not maintain people's confidentiality as they could see what others had complained about. A new form had been introduced where people's concerns or complaints were recorded individually. There was a section which asked the person what they would like the required outcome to be. People were supported to share their views during daily chats with staff where they could raise their concerns. One staff member told us if they had concerns that someone was indicating they were not happy with the service they were receiving, they would report this to the management. The majority of people said if they had any issues they would discuss it with their keyworker or the registered manager. One person said "I made a complaint once but it got sorted."

## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to monitor the quality of the service and identify areas of improvement. These included checks and audits carried out periodically throughout the year. We saw records of audits covering areas such as infection control, fire safety, the safe management of medicines and care planning. Members of the senior management team also visited the home periodically. Records of their observations were noted and any actions required identified. Staff training was monitored by the deputy manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Daily and weekly checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified.

All staff we spoke with said they felt supported by the management team and the organisation. They all spoke positively about the support they received. Their comments included "I have a great job. The management is brilliant. Really supportive. I can raise any concerns or ideas with them." and "I receive regular supervision and support. The support I get is brilliant, fantastic." Staff attended regular team meetings where they could share ideas and raise concerns.

There was an open culture whereby staff could raise concerns and share ideas. There was a positive culture that was person centred and open.

People and their relatives were encouraged to give their views about the service they received. Surveys invited people and their relatives to comment on topics such as their care, food, activities and the premises. All feedback was positive with comments including "The cleanliness is spot on. The home is clean and smells good.", "I like [manager]. She makes things happier here and makes me laugh." and "I'm beginning to receive support. One to one is very good." People spoke highly of the registered manager. They said "She's very nice" and "She's lovely."

Providers are required by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website.