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 who are recovering from mental illness. At the time of this inspection four people were living at the service. The home was last inspected in November 2013, and was found to be meeting all of the standards assessed.

The registered manager is to hold the post until the new manager in day to day management of the home has been successful with the registration process. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People said they felt safe living in the home. Members of staff knew the signs of abuse and the actions they needed to take for suspected abuse. They attended annual refresher safeguarding adults training to ensure they were able to identify the signs of abuse and to act appropriately where it was suspected.

Risks were managed to protect people's safety and for people to take risk safely. Potential risks were assessed and action taken to lower the levels of risk. Where risks were identified, action was taken to minimise the risk of harm. For, example risk assessments were in place for people at risk of falls.

People received care and treatment from staff that were trained and supported to undertake their role. Staff had opportunities to discuss concerns, performance and training at one to one meetings with their line manager. They attended training to develop their skills and knowledge to meet people's needs. Staffing levels were adequate to meet people's needs. People said they liked the staff and they had the attention..

Safe medicine systems were in place. Where people were able, they self-administered their medicines with staff support. A record of medicines administered was maintained and protocols were in place for medicines to be taken "when required". However, protocols did not show clear instruction on when to administer medicines to ensure people's safety. For example, protocols for "when required" medicines for anxiety did not give details on how to identify anxiety.

Members of staff had a good understanding of the principles of the Mental Capacity Act (MCA) 2005. Staff gained people's consent before they delivered care and treatment. People had capacity to make decisions about their care and welfare. Restrictions were not imposed on their liberty and they were able to leave the home without staff support.

People were supported with their ongoing healthcare and had input from social and healthcare professionals. For example, a community psychiatric nurse (CPN) was involved in the care of some people. Some people were able to manage their healthcare.

Care plans were person centred and were developed on all aspects of people's care and welfare. People said they were consulted about their preferences and routines and signed them when they were satisfied

with the action plans. For example, care plans to help people maintain their mental health wellbeing were in place. The goal and the actions needed from the staff or other social and healthcare professionals were included. For example, one to one time with staff to reduce anxiety.

A system to gain people's views was in place. House meetings and questionnaires were used to gain feedback. Positive feedback was received from the questionnaires on the standards of care at the home. Staff said they worked well together and the manager was approachable. They said their suggestions were sought.

Quality assurance arrangements in place ensured people's safety and well-being. Systems and processes were used to assess, monitor and improve the quality, safety and welfare of people. There were systems of auditing which ensured people received appropriate care and treatment. The system of audits included care plans and medicine management.

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.

People told us there were enough staff to meet their needs. Staff said the staffing numbers were adequate to meet people's needs and gave them the opportunity to spend time with people.

People felt safe living in the home and staff knew the procedures they must follow if there were any allegations of abuse.

Risks were assessed and staff showed a good understanding of the actions needed to lower the level of risk to people.

People were protected from unsafe medicine systems. Where people were able they were supported to self-administer their medicines. Protocols for administering "when required" medicines were in place but lacked detailed guidance on when to administer the medicines.

Is the service effective?

Good

The service was effective.

People were able to make decisions and were not under continuous supervision from the staff. Members of staff helped people to make decisions based on knowing the opinions available and the consequences.

People prepared their own meals with support from staff.

Members of staff benefited from one to one meetings and appraisals with their line manager. At the one to one meetings staff discussed their performance and concerns.

Is the service caring?

Good

The service was caring

People received care and treatment in their preferred manner which respected their human rights.

Members of staff were respectful and consulted people before they offered support.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's current needs and gave the staff clear guidance on meeting people's needs.

People had opportunities to pursue their hobbies and interests. People attended clubs, participated in community actives. For example one person
was a volunteer.

People knew who to approach with any complaints

Is the service well-led?

Good

The service was well led

Effective systems to monitor and assess the quality of care were in place which ensured people received consistent standards of care and treatment.

Systems were in place to gather people's views. For example, regular meetings and surveys.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

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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 inspection took place on 14 November 2015 and was unannounced.

The inspection was completed by one inspector. Before the inspection, we reviewed other information we hold 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 visit we spoke with two people, one relative, two staff and the manager by phone. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We looked at records about the management of the service.

Good

Is the service safe?

Our findings

Two people told us they felt safe living in the home. One person said they felt safe because the staff gave them confidence. A relative told us their family member was safe with the staff. We saw on display, the contact details of statutory bodies for referrals of suspected abuse. A member of staff said safeguarding training was from a training package and annual. They knew the signs of abuse and the expectations placed on them to report their suspicions of abuse.

Risk management systems helped staff to assess, monitor and review risks to people's safety and where appropriate, enabled people to take risk safely. Members of staff said where risks were identified, the risk was assessed and action taken to lower the risk. The risk assessment in place for falls described how the person liked the staff to deliver their care, the equipment to be used and the system in place for people to gain staff's attention in the event of an emergency.

People said they had the attention they needed from the staff. The staffing rota in place showed two staff were on duty for part of the day with one member of staff sleeping in the premises at night. At weekends, one member of staff was on duty throughout the day. An on-call system was in place to support staff working alone in the event of an emergency.

People knew the purpose of their medicines. Where people were able, the staff supported them to self-administer their medicines. One person said "I have a dossette (daily dosage) box. I have done it for four years. They [staff] trust me they [staff] give me a weekly supply and I tell them I have taken them [medicines]." Care plans were developed for people who self-administered their medicines. Described within the care plan was the goal, for example, to self-administer medicines from a dossette box, the measures for safe storage of medicines and the actions from the staff for safe administration of medicines. Another person told us the staff administered their medicines.

The medicine file included the person's photograph to ensure staff were able to confirm people's identity, medication administration records (MAR) and protocols for the administration of "when required" medicines. MAR charts gave the directions for administration which staff signed to show they had administered the medicine. Protocols for administering "when required" medicines were in place but lacked detailed guidance on when to administer the medicines. This included medicines for anxiety.

A stock of homely remedies administered from a stock supply was kept for minor ailments and occasional use. A record of administration was maintained which included the person's name, the reason for administering the homely remedy and the balance held.

Good

Is the service effective?

Our findings

People received care and treatment from staff who were competent and supported to undertake their roles and responsibilities. A member of staff said at their one to one meetings with the line manager they discussed areas of responsibilities, team working and issues of concern. Another member of staff said there was a set agenda for one to one meetings with their line manager.

Staff attended training which ensured they were able to meet people's needs. There was an expectation that staff attended team training. For example, diabetes, record keeping, epilepsy, mental health and medicine training.

People had capacity to make decisions and gave their consent for the care, treatment and support received. It was noted from the signed consent form that outdated legislation for gaining lawful consent had been used. This meant lawful consent was not being gained from people. The registered manager updated the consent forms following our inspection visit.

Members of staff showed a good understanding of the principles of the Mental Capacity Act (MCA) 2005. A member of staff said people's consent to share information was gained before information was passed to others. For example, sharing information with their relatives. They said people were helped to make decisions based on knowing the consequences of the options for each decision.

People were not subject to continuous supervision. We saw people moving around the property freely. We saw people leave the home not accompanied by staff to visit local shops.

Care plans were developed on how staff were to respond when people presented with behaviours others found difficult to manage. A statement goal was developed on the approach intended for staff to use when people became aggressive or their behaviour was inappropriate. Where risks were identified with the statement goal, an action plan was developed. For example, should the person become "volatile" how staff were to gain the person's attention. The action plans gave staff guidance on how to manage situations when people used inappropriate behaviour or became aggressive towards others and staff. One person said "I blow but its less now. I say things I don't mean. If I've had a bad day I lose my temper. The [staff] say go to your room and calm down." During the inspection we saw staff followed guidelines when one person used aggression to express their frustrations. A member of staff said there were strategies in place on how to manage difficult behaviours.

People were supported with their ongoing health care needs. One person said "I make my own appointments. I make them on my mobile. I go to the GP on my own but I go with the staff to hospital appointments." A record of healthcare appointments with the nature of the visit was maintained. The outcomes of the visits were then recorded in the person's individual diary.

Good

Is the service caring?

Our findings

People said the staff were caring. One person said there were no restrictions placed on their visitors. They said for additional privacy with visitors, bedrooms were used.
People said house meetings were held weekly and their views were sought. One person said during the meetings, menus were developed. They said each person was given an opportunity to select a preferred dish for inclusion to the menu.

People's life stories were included in their care records. Life stories described the person's background and current history such as routines and their abilities to manage their care for themselves with support from the staff. The things important to the person, their routines and their independent living skills were also stated.

We saw during the inspection members of staff maintain routines while monitoring one person's health as they were not unwell and showing signs of anxiety. We saw steps were taken to maintain routines. For example the Saturday routine was for staff to make people a cooked breakfast.

Staff developed positive relationships with people. A member of staff said people felt they mattered to staff because they provided continuity, gave them the attention they needed and were approachable. They said by spending time with people and by being "available" they got to know them.

Good

Is the service responsive?

Our findings

People knew care plans were developed to meet their needs. One person told us the care plans in place for them. They said all care plans were signed when they agreed with the action plans. Another person confirmed care plans were developed on how their needs were to be met. We saw one person had not signed their care plan as amendments were needed before they agreed with the action plan.

Care plans were developed on all aspects of people's health and wellbeing. We saw care plans in place for personal care and independent living skills. Care plans described the support people needed. For example, the Eating and Drinking care plans for one person stated for staff to support the person to choose foods that were low in fats and healthy. An action plan was then developed based on the support people needed from the staff. For example, information on healthy food choices.

People were helped to maintain a stable mental health. Care plans to help people maintain their mental health wellbeing were in place. The goal and the actions needed from the staff or other social and healthcare professionals were included. For example, one to one time with staff to reduce anxiety. There was conflicting information about managing anxiety in one person's care plan and other associated documents. For example, one care plan stated the person was to approach the staff and request medication to manage their anxiety. However, a risk assessment stated the person was unable to express themselves when they became anxious. Following our inspection visit the registered manager updated the care plans.

People were involved in monitoring their support plans and staff maintained a record of the care plan reviewed. Some care plans were not signed or dated. The manager said support plans were recently updated. Keyworkers (members of staff assigned to specific individuals) discussed the reports with people and once they agreed with the action plans they signed them. Staff said the care plans were developed by the team with the person. A member of staff said care plans were monitored monthly.

People participated in community based activities and independent living skills routines. One person said they had joined a knitting club and bible group and were able to visit local shops without staff support. Another person told us they attended community services such as day care centres twice weekly and participated in household chores. They said cleaning their bedroom and preparing their lunch and refreshments were some of the tasks they did at the home.

People knew the procedure for making complaints. One person said "If I have some problem that would not go away I tell them [staff]." Another person said they would approach a manager with complaints. A relative said they knew a complaints procedure was in place. The Complaints procedure gave outdated information about the Care Quality Commission's powers to investigate complaints. The manager told us the complaints procedure was to be updated and would follow Fundamental Standards.

Good

Is the service well-led?

Our findings

People's views on the service were captured using surveys and at house meetings. We saw people's comments about the service were discussed at the house meetings and recorded. A relative said surveys were used to gather their views about the service their family member received. They said "I made a lot of positive comments".

Team meetings were held regularly to share information with the staff, discuss house issues and people's current needs. The minutes of the team meeting held in October 2015 showed a discussion based on the survey results, which had taken place. A member of staff said before a staff meeting an agenda was set. They said "everything" was discussed at the team meetings. For example, people's care needs and rotas.

Members of staff had a good understanding of the vision and values of the organisation. A member of staff said they provided the best quality of life to people and ensured people were safe in their environment. Another member of staff said "it's a good environment for people. It's a house for people and their say is important".

A member of staff said the team was small but stable and they worked well together. They said there were differences between each member of staff which improved the team as they compensated for each other's weakness and strengths.

An analysis of accidents and incidents was undertaken to identify patterns and trends. Staff maintained a record of accidents and incidents and we saw two accidents recorded within the last six months. A member of staff said reports of the accidents were analysed by senior managers to identify patterns and trends. They said where patterns were identified preventative action was taken to reduce a repeat of the incident or accident. For example, referrals for equipment were made for one person who had experienced two falls.

A registered manager was in post until the recently appointed manager went through the CQC process to register as manager. A member of staff said a new manager was in place. This manager told us the registered manager had not cancelled their registration until they had gone through the CQC registration process. One person said the manager was kind, responded to people as equals and they were able to discuss concerns. A member of staff said the manager was good and approachable. They said the manager worked alongside the staff which meant they knew the people living in the home. Another member of staff said the new manager had created new ways of working which benefitted people. They said the new manager sought their opinions and was part of the team.

Staff had delegated responsibilities which included reviewing systems to ensure standards were maintained. For example, medicine and cleaning audits. We saw staff signed the cleaning schedule to indicate the tasks completed. Medicine audits were conducted monthly by the member of staff with the lead role for medicines. We saw checks of medicines received, homely remedies and "when required" medicines were part of the monthly audits. The manager said visits from external managers were monthly. These visits discussed the service, including the progress on improvements needed. For example updating procedures

to meet new Fundamental Standards.