

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Tabs@42

42 Stimpson Avenue, Abington, Northampton,
NN1 4LP

Tel: 01604230457

Date of Inspection: 29 July 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Tabs@42 Limited
Registered Manager	Mrs Julie Amanda Sweeney
Overview of the service	Tabs@42 provide accommodation and support for up to five people on the autistic spectrum.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During this inspection, we gathered evidence against the outcomes we inspected to help answer our five key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. The detailed evidence supporting our summary can be read in our full report.

Is the service safe?

We saw there were sufficient numbers of experienced and competent staff on duty to safely meet people's personal and healthcare needs. We found that the home had been kept appropriately maintained throughout. We saw that people were cared for in a homely environment that was kept clean and was free from hazards. We found that risk assessments identified individual risks to people's health, safety or welfare and were acted upon. This meant that people were supported and cared for in a safe environment by staff who knew their job. We saw that people's health was closely monitored and appropriate and timely action was taken in seeking the advice, guidance, and appropriate attention of health and social care professionals.

Is the service effective?

We found there were arrangements in place to monitor the quality of the service provided, both on a day-to-day basis, and longer term. This meant that people were assured of receiving a consistent standard of care.

The three staff we spoke with had good knowledge of the needs of the people they supported. We saw that people's care plans were person centred and contained up-to-date information that enabled staff to support people to make choices about their care.

We saw that people's care plans and risk assessments were regularly reviewed and updated as and when their needs changed. This meant that because staff had access to accurate information they had a good knowledge of each person's care needs and were able to provide effective care.

Is the service caring?

We saw that staff treated people respectfully and ensured their dignity and right to privacy was protected. We observed that staff interacted well with the people we saw in residence. We also saw there was a good rapport between the staff and the people they supported.

Is the service responsive?

The nature of people's disabilities included autistic spectrum disorder, and most people had compromised verbal communication skills. All the people in residence benefited from a structured day of activities and we saw that staff communicated with people in a variety of ways, including using visual tools to ensure that people had choices and were able to express preferences from a range of options.

Is the service well-led?

The three staff we spoke with said they consistently received the managerial support they needed to do their jobs effectively. We found that staff were encouraged to discuss care issues and make constructive suggestions for improvements to the standard of people's care that were acted upon.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at five care plans and associated risk assessment documentation for the five people who used the service. We saw that people's needs had been assessed prior to admission to the home and had been appropriately reviewed since we last inspected on 9 October 2013. This meant that, over time, people had consistently received the safe and effective care they needed and that changes to their care plans had been acted upon. All five care plans we looked at provided staff with the up-to-date information they needed to care for people safely and effectively.

The five people in residence were relaxed in the presence of staff and we observed there was a good level of friendly interaction with each individual. We saw that where people preferred to spend their time relaxing in private this was respected by staff.

We found that because of their needs people benefited from a well-structured day. Activities such as outings were appropriately planned and people received the support they needed to remain safe. People's ability to communicate verbally had been compromised and we saw that 'visual support' staff had been employed to provide the tools people needed to communicate. We observed that people had schedules which helped them to understand what would be happening throughout the day. We found that people's schedules were in a format which best met their needs, for example in a picture format, and people were able to look at the schedules when they needed to.

We saw that each person had a 'key worker' who had a role in ensuring that the person they supported benefited from consistent care. Although all staff had a role in providing safe care the 'key worker' system provided people with support from a named staff member they were particularly familiar with.

We saw that a regular newsletter had been produced to keep relatives and other

significant people informed about events in the home.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

When we inspected in August 2013 we found that there was an inadequate programme of maintenance. The provider had responded with an action plan for improvements that were implemented in a timely way. When we inspected again in October 2013 we saw that the improvements had been made and when we inspected in July 2014 we saw that the home had been well maintained. We saw, for example, that windows had been replaced with toughened glass for added safety. All paintwork throughout the premises had been repainted and the décor was in good order. We saw that the exterior and interior fabric of the home was well maintained. A schedule for routine maintenance and upkeep of the building was in place. There was a new maintenance file in place that set out work to be done and a record was kept of when work was signed off and completed. This meant that repairs were carried out in a timely way and the premises were consistently kept in good order throughout.

We saw that the interior of the building was free from potential hazards such as clutter blocking safe access to fire exits. The premises were free from odour. We saw that whenever repairs were needed, or domestic equipment needed replacing, this had been remedied in a timely way. We saw that furnishings and fittings were in good order throughout the home. Communal areas and people's private rooms were kept clean and were appropriately furnished.

The garden area to the rear of the premises had been maintained and provided people with a safe outdoor area to enjoy during fine weather. The staff we spoke with said that all domestic equipment such as the fridge, freezer, and cooker were in good working order. All electrical items had been appropriately checked for safety. We saw that fire exits had been kept clear of obstacles. All people in residence had a personal emergency evacuation (PEEP) plan in place. This meant that people were better protected from harm in the event of a fire.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We saw from looking at the staff rota and from talking with the manager that staffing levels had increased proportionately to accommodate the needs of the people in residence. This increase in staffing levels took into account the needs of a new person who had been admitted to the home. The manager said that there had been a recruitment drive and additional new staff had been appointed and were undergoing induction training before they were included in the staff rota.

We saw that there were two waking night staff on duty as well as an additional 'sleeping in' staff member. As a precautionary measure there was always another senior staff member 'on-call' throughout the night. This meant there were sufficient staff on duty to deal with any contingencies arising from people's care. We saw that staff training files had been updated since our last inspection in October 2013. The provider had an agreement with Northamptonshire Local Authority so that staff were able to attend mandatory training sessions. This meant that the staff team had the knowledge and skills necessary to do their job safely and effectively. We saw that all new staff had received an appropriate induction that in addition to mandatory training included familiarisation with good practice within the home. This meant that people were assured of receiving support and care from staff that were competent and knowledgeable and provided safe person centred care.

We saw from looking at staff records that appropriate recruitment checks had been undertaken before staff had been appointed. This meant that people were better protected from abuse by people potentially unsuited to be employed to work with vulnerable adults. We also found there were clear written safeguarding policies and procedures in place to guide staff on how to report any abuse. All the staff we spoke with had a clear understanding of the safeguards that needed to be in place when caring for people who lacked capacity to make decisions or speak up for themselves because of their condition. They all knew what was required of them if they were worried about the way a person was being treated in the home. We saw there was a 'whistleblowing' policy and procedure in place.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We saw for example that all staff had received regular supervision meetings. These meetings were scheduled to take place after an early shift of duty. This meant that there was less likelihood of meetings having to be rescheduled because of staff attendance difficulties. We saw that each member of staff had to complete a supervision agenda prior to the meeting. This meant that the meetings were structured and enabled the staff and their manager to focus their attention on pertinent matters that included staff development.

We saw that a supervision schedule had been introduced for all staff, including new recruits to the team. We also saw that schedules were in place that meant that all staff received an annual appraisal. This meant that people were assured that the staff that supported them had their competencies assessed throughout the year through supervision meetings and annually at their job appraisal. We looked at four staff records and saw documentary evidence that meetings had taken place as planned. This meant that staff were provided with the on-going support they needed to do their job effectively and safely.

We found that staff met regularly as a team. These meetings provided a supportive forum for information to be communicated to all staff, to discuss work related matters and share ideas for service improvement.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A new quarterly feedback form had been designed so that people's representatives had the opportunity to provide feedback on the service. The provider had also made arrangements to meet with people's representatives, as well as with staff, so that feedback on the quality of service was monitored and identified improvements acted upon. We saw that an internal staff feedback form had been introduced and will be sent to staff every six months to encourage constructive criticism and put forward ideas for making improvements.

We saw that quality audits had been carried out by the manager. We saw, for example, that the audits included regularly checking a sample of records in relation to people's care, staff recruitment and training, medication and health and safety.

We saw there were audits that checked the standard of cleanliness and maintenance within the home, as well as checks that ensured equipment was in place and working properly. We also saw, for example, audits of the quality of record keeping by staff. This ensured that records contained information that was up-to-date and accurately reflected the level of timely care that people needed. People's individual support plans were reviewed on a monthly basis by each person's 'key worker' as well as quarterly by the manager. This meant that the quality of record keeping was being quality assured on a regular basis throughout the year.

Staff said there were regular team meetings and day-to-day consultation between team members to discuss issues of good practice.

We saw that there was an appropriate complaints and compliments procedure in place to enable people's representatives to raise concerns or express satisfaction with the service provided. We saw that all policies and procedures had been reviewed. The safeguarding adults policy, for example, had been personalised to Tabs@42.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that after incidents of 'challenging behaviour' staff met to 'de-brief'

and they looked at the ways in which the situation was managed. This meant that staff regularly reviewed their day-to-day practice to see if such incidents were managed appropriately and in the best interests of people they supported.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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