

# Review of compliance

<p>Tabs@42 Limited Tabs@42</p>	
<b>Region:</b>	East Midlands
<b>Location address:</b>	42 Stimpson Avenue Abington Northampton Northamptonshire NN1 4LP
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	Tabs@42 is registered for accommodation for people who require nursing or care at 42 Stimpson Avenue, Abington, Northampton, NN1 4LP. More information about the service can be found in the statement of purpose available from the provider.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Tabs@42 was not meeting one or more essential standards. Action is needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

We were not able to speak to people who use the service as most were out at a day centre. We observed one person sat listening to music who looked happy and we saw feedback from family members stating their relatives were happy at the home and thanking staff for their kindness.

### What we found about the standards we reviewed and how well Tabs@42 was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

#### **Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

The provider was meeting this standard.

People were cared for in a clean and hygienic environment.

#### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

There were not enough qualified, skilled and experienced staff to meet peoples needs.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We were unable to speak with people who use the service as they were out at a day centre. Feedback from families indicated that people were happy at the home.

##### Other evidence

People's needs were assessed and care and treatment was planned. We looked three people's care plans and found all three were personalised and defined the person's needs. We saw one person's care plan that explained how they liked to listen to music and preferred to do so in the dark. We observed the person switch the light off in the music room and sat listening to music as defined in their care plan.

We saw procedures to help people structure their day and assisted them to understand what they were doing. One method used cards that recorded people's activities, these were placed into a secure container after they have completed an activity within the home.

We saw a learning room which had computers for residents to use. There were other activities within the learning room for people to complete. We also saw a relaxation area where people could sit and watch television to relax.

We looked at the living accommodation for people who used the service and found that rooms were decorated to their preference. The provider might find it useful to note that despite individual rooms being decorated, communal areas within the home need decorative attention.

**Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

We were unable to speak to people who use the service as they were out at a day centre. Feedback from families of people using the service did not relate to this outcome.

##### Other evidence

People were cared for in a clean and hygienic environment. We looked at the overall cleanliness of the home and found that it was tidy however the provider may find it useful to note that most of the carpets were stained.

There were effective systems in place to reduce the risk and spread of infection. We spoke to the manager who told us that cleaning was conducted by a housekeeper who was employed two days per week and staff cleaned on a daily basis. We saw documentation in relation to cleaning which staff completed on a daily basis and defined what cleaning tasks were to be completed and staff signed to say they had been completed. We also saw a comprehensive policy around cleaning and infection control.

##### Our judgement

The provider was meeting this standard.

People were cared for in a clean and hygienic environment.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 13: Staffing. We have judged that this has a minor impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

We were unable to speak to people who use the service as they were out at a day centre. Feedback from families of people using the service did not relate to this outcome.

##### Other evidence

There were not enough qualified, skilled and experienced staff to meet people's needs. We spoke with the manager who stated that there were vacancies for staff at the home. The manager told us that current members of staff were covering extra shifts to maintain appropriate staffing levels at the home. We spoke with a member of staff who confirmed that the staffing levels were low. They told us there were some shifts that regularly required cover and staff did this on a regular basis because of their enthusiasm in caring for the people who use the service. This meant there was a risk that staffing levels were not sustainable without current members of staff working overtime.

The manager told us that new staff were being recruited, however, there was a delay as one new recruit had been offered the job, but declined as they had found alternative employment.

##### Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

There were not enough qualified, skilled and experienced staff to meet peoples needs.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 14: Supporting workers. We have judged that this has a moderate impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

We were unable to speak to people who use the service as they were out at a day centre. Feedback from families of people using the service did not relate to this outcome.

##### Other evidence

Staff did not receive appropriate professional development. We looked at staff records and found that none of the nineteen staff had received training in equality and diversity, first aid, food hygiene and fire safety. We found that only four staff had completed health and safety training. This meant that people were at risk of receiving unsafe or inappropriate care.

We looked at staff records and found that supervisions were carried out on a three monthly basis. We spoke with the manager who told that they would prefer to have supervision more often. There were meetings with senior staff held on a monthly basis and team meetings three monthly.

##### Our judgement

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a moderate impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

We were unable to speak to people who use the service as they were out at a day centre. Feedback from families of people using the service did not relate to this outcome.

##### Other evidence

The provider did not have an effective system in place to regularly assess and monitor the quality of service that people receive. We looked at documentation and found that care plans were not audited by management to ensure the information within the care plan was current. We found that care plans were not standardised and each one contained different information. The care plans were difficult to negate and no audits had identified this.

We looked at cleaning records and found they had not been audited by management to check the level of cleaning within the home.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

We looked at training records which were inaccurate. We spoke with the manager who stated that the records kept were not accurate as the training matrix was not accessible. They told us the previous manager had encrypted the file and failed to provide a password on their departure in January 2012. The manager also stated they did not hold all of the staff's current qualifications certificates on file so was unsure

whose training was current. This meant that there was a risk that staff were providing care they had not been trained to carry out.

**Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<b>How the regulation is not being met:</b> There were not enough qualified, skilled and experienced staff to meet peoples needs.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	<b>How the regulation is not being met:</b> People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>How the regulation is not being met:</b> The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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