

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

Tabs@42

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Date of Inspection: 09 October 2013

Date of Publication:
November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safeguarding people who use services from abuse

✓ Met this standard

Supporting workers

✗ Action needed

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Tabs@42 Limited |
| Registered Managers | Mrs. Jayne Marie Almond 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'.

| | Page |
|---|------|
| <hr/> | |
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| What we have told the provider to do | 4 |
| More information about the provider | 5 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Safeguarding people who use services from abuse | 6 |
| Supporting workers | 8 |
| Assessing and monitoring the quality of service provision | 9 |
| <hr/> | |
| Information primarily for the provider: | |
| Action we have told the provider to take | 11 |
| <hr/> | |
| About CQC Inspections | 12 |
| <hr/> | |
| How we define our judgements | 13 |
| <hr/> | |
| Glossary of terms we use in this report | 15 |
| <hr/> | |
| Contact us | 17 |

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Tabs@42 had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision

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 9 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members and talked with staff.

What people told us and what we found

This inspection focussed on the Warning Notices that had been issued in relation to safeguarding, staff professional development and quality assurance processes. We spoke with relatives of people who used the service however their feedback did not directly relate to this inspection.

We found that improvements had been made in the three outstanding areas of concerns however the provider still had some action to take to ensure that all staff had received their mandatory training.

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

What we have told the provider to do

We have asked the provider to send us a report by 16 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Our last inspection on 1 August 2013 identified that there were inadequate safeguarding procedures in place and the provider had failed to deal with incidents of potential abuse appropriately.

During our inspection on 9 October 2013 we found that improvements had been made. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with two members of staff about their understanding of safeguarding procedures and the actions they would take if they suspected somebody was at risk of abuse. The staff understood how they could report this and we were shown a document which showed that almost all of the staff had signed to say they understood how they could report incidents to the local authority. We also found that the contact details to make a safeguarding report were displayed around the home. This meant that staff had access to the contact details and could make a safeguarding referral if necessary.

We looked at the records of incidents that had occurred since the last inspection. We found that the incidents we looked at had been dealt with appropriately and incidents that needed to be referred to the safeguarding team had been. This meant that the manager had dealt with safeguarding incidents appropriately.

We found that repeated physical incidents between two people who lived at Tabs@42 had stopped occurring and we talked to the manager about this. We found that the manager had taken appropriate action to prevent future reoccurrences and the two people were kept safe.

We looked at the safeguarding policy and found that it had been reviewed since our last inspection however no changes had been made. We found that in addition to the safeguarding policy there was additional information for staff about how to make a

safeguarding referral. This meant the safeguarding policy was adequate and provided staff with information about the safeguarding process.

We looked at two people's care plans and found that one had been updated to include a physical intervention plan. We found that this had been signed and agreed with the person's parents. We looked at another person's care plan and could not find a physical intervention plan. We spoke with this person's key worker and we were told that this had been delayed until the staff had received the appropriate training. We saw that most people had recently completed this training and we were told that the outstanding physical intervention plans would be formulated and agreed with parents in a short timeframe.

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

Our judgement

The provider was not meeting this standard.

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

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our inspection on 1 August 2013 we found that staff had not received adequate professional development. We found that many staff had not received regular supervision meetings and the majority of staff had not received their mandatory training.

During our inspection on 9 October 2013 we found that improvements had been made. We found that all staff had received a supervision meeting since the last inspection and the manager told us that these would now occur every eight weeks. We were also told that the structure had changed to ensure they were more manageable and effective. This meant that the staff received support and guidance in a timely manner.

We looked at the training records and found that since our last inspection staff had attended a number of training events, or these had been booked. However we also found that nine out of 20 members of staff did not have all of their mandatory training booked. This meant there was a risk that not all staff had received their mandatory training.

We looked at the staffing rota for the previous three weeks of our inspection and found that a big improvement had been made to the number of shifts that a suitably trained person was on duty. However we found that six out of 63 shifts did not have an appropriately trained member of staff on duty. These shifts were all night shifts and included staff who had not received first aid or fire safety training. This meant there was a risk that an appropriately trained person may not be available to deal with urgent issues in these areas.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At our inspection on 1 August 2013 we found that the service did not have an effective system in place to ensure that the people who used the service received good care. We found that the manager's monthly checks to review the support plans had not been conducted in the two months prior to our inspection and we found that not all people who used the service, or their parents were given an opportunity to provide feedback. We also found that incidents were not reviewed to identify if any learning could be obtained, or if action could be taken to prevent a reoccurrence.

During our inspection on 9 October 2013 we found that improvements had been made. We found that the manager spent more time in the communal areas of the home and observed the interactions staff had with people who used the service. We also found that more regular supervisions were occurring which meant that staff were able to give feedback about the service and were given feedback about their performance.

We found that the systems for reviewing people's care plans had changed. We found that key workers were responsible for completing monthly reviews and ensuring that the care plans contained current and accurate information. The manager told us that they were responsible for reviewing the care plans on a three monthly basis. We found that the two care plans we looked at contained up to date information. This meant that people's needs had been regularly reviewed.

We looked at the incident records for the service and found that the manager had undertaken a review of all incidents and accidents that had occurred since our previous inspection. We found that any further action was recorded and there was an opportunity to review the incident for any learning. This meant that incidents and accidents could be reviewed and further action was taken when necessary.

We found that staff, relatives and visitors had been asked to complete a questionnaire to provide feedback about the service. We found that not all responses had been received and an action plan to address the feedback had not yet been produced. We noted that the response to the staff survey was particularly low with only two responses received and we

were told that consideration was being given to changing the format of the questionnaire so staff could remain anonymous if they wished. This meant the provider had sought to obtain feedback from the people who were involved in the service.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers |
| | How the regulation was not being met: Not all staff had received mandatory training and there were no plans in place to ensure that people were cared for by staff with the appropriate training. Regulation 23 (1) (a) |

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 by 16 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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