Tabs @ 42 Limited

44 Stimpson Avenue

Inspection report

44 Stimpson Avenue
Abington
Northampton
Northamptonshire
NN1 4LP

Tel: 01604230457

Date of inspection visit:
10 August 2016
17 August 2016

Date of publication:
16 September 2016

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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 10 and 17 August 2016. This service is registered to provide accommodation and person care for up to three people with learning disabilities.

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.

Improvements were required to the handling of records and documentation to ensure they were always accessible and relevant. Records relating to the care of people and the running of the home were not all stored together and were disorganised.

People were safe living at the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Care plans were written in a person centred approach and focussed on empowering people with personal choice and people being in control of their life. They detailed how people wished to be supported and people were encouraged to make decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had caring relationships with the staff that supported them. Staff spoke with warmth and pride about the progress people had made since they moved to the home. There was a supportive management team which focussed on providing good quality person centred care for people. The management team sought opportunities to seek feedback and acted on this. They also had good communication with people's relatives and used a number of different methods to keep them informed of what was happening within the service.

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 were safe and appeared comfortable in their home. Staff were clear on their roles and responsibilities to safeguard people.

Risk assessments were in place and enabled people to be as independent as possible and receive safe support.

Staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's nutritional needs were met and people's healthcare needs were kept under regular review and support was identified when necessary.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the

home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people had their views respected.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs.

People had personalised care plans in place that were person centred and reflective of how they liked their care.

People were supported to engage in activities that reflected their interests and supported their well-being.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records relating to people and the running of the service were not always accessible and were disorganised.

Quality assurance systems were in place to monitor the quality and safety of the service.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the house, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

44 Stimpson Avenue

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 10 and 17 August 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed information that had been sent to us by health and social care commissioners who place and monitor the care of people living in the home.

During this inspection we visited the home and observed the care and support provided to the people that lived there. We spoke with three people's relatives and spoke with four members of care staff, the manager, the registered manager and the provider. We also received feedback from three healthcare professionals that were involved in supporting people who used the service.

We looked at care plan documentation relating to three people that lived there and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People living at the home were unable to verbally communicate with us, however we saw that staff worked with people to keep them safe. For example, by monitoring their movements and ensuring the space around them could not harm them. Staff were able to explain the signs which may indicate somebody was at risk of harm, for example a change of their behaviour or showing fear whilst in the presence of others. Staff understood how they could report concerns of safeguarding, and one member of staff said, "If I had any concerns I would report it straightaway to the management. There's always someone available." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns, and we saw that where appropriate, this had been reported.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One relative told us, "I feel happy with how they keep [name] safe. They've talked to me about what they do and I'm happy." Staff understood the varying risks for each person and took appropriate action. For example, one person required staff support to ensure they did not eat anything that may harm them and staff were vigilant and alert to react if necessary. Staff explained that the home environment was kept safe so the person could only access objects that would not harm them. We saw that one member of staff identified that one piece of clothing was unsafe as it contained lose threading and supported the person to change into something different.

Accidents and incidents were recorded and reviewed by the manager. Staff inputted information into a database but also discussed any incidents during handover to identify if any immediate action needed to be taken to prevent future incidents. Staff were responsive to incidents and appropriate action was taken. Due to the small nature of the service the manager had a good knowledge of all the incidents that had occurred and what the potential triggers could have been, wherever appropriate. The manager and registered manager worked with staff and took action to prevent similar incidents from occurring. Staff from within the service with specialist knowledge about training techniques to support people with behaviour that may present a risk to themselves or other people also reviewed incidents where their specialisms could assist.

There were appropriate arrangements in place for the management of medicines. One relative told us "The staff know exactly what medication [name] needs. [Name] has some medication if their behaviour is particularly heightened. The staff don't use it as a first resort; they're very good at knowing when to use it. It's all well managed by the staff." One member of staff told us "Two staff support each person to take their medication. One member of staff administers the medication and the other member of staff observes." We observed staff support one person with their medication and saw that robust checks were made to ensure that the correct medication was given at the correct time. People's medication administration records were completed once people had taken their medication. Staff completed regular checks on people's medications to ensure people had taken their medication as required, and it had been recorded appropriately. Medicines were kept securely locked in a cupboard with staff access and any unused medicines were safely disposed of by a pharmacy.

People lived in an environment that was safe. People lived in individual flats with the support of staff. People were supported to keep their home tidy and the floors were kept clutter free. This allowed for people who moved quickly and unpredictably to move around their home safely. One relative told us that the living area for one person was very minimalist, which was appropriate for their needs and really helped to keep them safe. People had emergency evacuation plans in place which ensured staff had access to people's support requirements in an emergency situation.

There was enough staff to keep people safe and to meet their needs. One relative told us, "My [relative] always gets the support they need. They have the right staff, whether it be one to one or two to one. It depends what they are doing but it's never a problem." One member of staff said, "The staffing is pretty good. There's enough staff to take people out every day if they want to go out and people always have the one to one support, or more if that's what they need." We observed staff support people on a one to one or two to one basis as necessary. The rota was carefully managed to ensure there were adequate staff to enable people to participate in activities they enjoyed, which met their needs and kept them safe at all times. Staff were also given additional time to complete tasks and activities for their own personal development or to update people's care plans.

People were protected from receiving care from staff that unsuitable to work in care. Staff employment histories were checked with previous employers and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions. However, the provider allowed new staff to start work if they had good references and a DBS that was less than six months old. The manager could adequately explain the risk assessment they had considered in relation to each member of staff, and could evidence that a DBS had been applied for, however they had not recorded the risk assessment they had completed. The manager confirmed they would record the risk assessment for each member of staff.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff praised the training they received and told us it was comprehensive and focussed specifically on how to support the people that lived at the home. One member of staff said, "I think the training is excellent. I've done loads of different training and it's really helped me in my role, and helped to understand how to support each person." Staff received an induction during which time they were enabled to shadow experienced staff and understand how people preferred their care. Staff also completed a programme of training which covered care standards and expectations which included safeguarding, food hygiene and first aid. Staff also had specific training about autism awareness and strategies to avoid crisis action whilst supporting people with autism. A number of people living in the home had a diagnosis of Autism and prepared staff to provide competent and skilled care to the people they were supporting.

Staff received guidance and support when they needed it. Staff were confident in the management and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. We saw that the manager and provider worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Staff also received an annual appraisal to give them feedback on their performance and identify their training requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom, for example, with regards to people needing close staff supervision if they went into the community. The management team were waiting for the formal assessments to take place by the appropriate professionals. Staff understood their roles and responsibilities in relation to supporting people to make decisions about their care. We saw that mental capacity assessments for people who were supported to take their medicine had been completed.

People were supported to maintain a balanced diet and eat well. One relative told us, "There always seems to be a good balance of food in the cupboards and [name] helps get their own lunch ready when they're out the next day. I've no concerns about their diet." Staff told us they carefully supported people with their nutrition, and encouraged people to eat as well as they could with a healthy balanced diet. Staff supported

people to have treats and takeaway meals in a careful manner, with a balanced approach. Staff were aware of the frustrations the timeliness of food could create for some people and had developed systems to ensure that food was prepared quickly to avoid any unnecessary delays. People were able to choose when they ate and were given food options to choose from. Staff did not rush people to eat their meals, or to eat them at certain times.

People were supported to have their healthcare needs met in an appropriate manner. One relative told us "It can be difficult for [name] to see a doctor or dentist etc but the staff and the managers are really good at getting things sorted. Staff are very good at picking up signals or signs when something isn't right and they get the right help." Staff were vigilant in supporting people with their healthcare needs and were able to describe signs that may indicate people were unwell if they were unable to communicate this themselves. Healthcare appointments were planned in a considered way, with additional staff available to support people if the appointment could not be held at the person's home. For pre-planned appointments staff were able to discuss with people what was likely to happen using pictures and social stories to aid people's understanding and expectations. This had worked to great effect during one recent trip to the hospital with staff working as a team to offer reassurance and support to the person to keep them safe. We saw that the staff had received positive feedback from other professionals involved in supporting people. One professional who was involved in supporting people with their healthcare needs commented that the service "Operated with empathy, care and safety as priorities."

Good

Is the service caring?

Our findings

People were supported by staff that were passionate about providing good quality care. One relative told us, "I think they're amazing. The care they give is brilliant." One member of staff told us, "I really enjoy working here. I've got to know everyone and what they like. It's a great job." Staff showed compassion and care whilst they supported people and communicated with people using their preferred methods. For example, people living at the home responded well to a personalised schedule and staff used this to help them communicate with people. People's daily schedules were made of pictures so people could understand what would happen throughout the day. This helped to resolve anxieties and provided focus to people. Staff had a good knowledge of how much information each person could process at once which helped provide guidance about how much of each day's schedule should be shared with people to keep anxiety levels to a minimum.

Staff were knowledgeable about the issues that caused people anxiety and distress and adapted their communication methods to help resolve any tension. Staff were patient, reassuring and helped people in a way that was specific to them. We observed that staff took time to understand the cause of people's anxiety and offered reassurance throughout. Staff got to the cause of their anxiety patiently when people were unable to directly communicate with them. There was a calm, relaxed and positive atmosphere throughout the home which focussed on people's individual needs.

People were relaxed and comfortable around staff. Staff were engaging and encouraging and provided a person centred approach. Staff spoke proudly about the progress and self-development people had made since they had moved into the home. One member of staff explained how one person's behaviour that challenged their safety had dramatically reduced. We saw that staff praised people throughout their daily activities and provided extra praise when they completed activities they enjoyed. Staff responded positively to people's non-verbal requests and respected their decisions about how they wished to spend their time, for example, by giving people time to spend alone if they wished to.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw that this was respected. One member of staff told us, "One person prefers female staff to help with their personal care so we always make sure that female staff are on duty to help with this." People were given opportunities to make their own choices, for example with regards to daily activities, treats, and food options. Staff were aware of people's routines and when it would be appropriate for people to make different choices, and people always had the option to decline to follow their routine.

There was detailed information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time, their likes and dislikes and activities they enjoyed. For example we saw that one person's care plan recorded that they liked playing games and listening to music. We observed that staff incorporated this into the person's daily routine and ensured this occurred on a regular basis. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team.

Staff understood the need to respect people's confidentiality and understood they should not discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book and confidential database accessible only by staff.

People's privacy and dignity were respected by the care staff. Staff demonstrated how they would protect people's privacy and dignity whilst supporting people with their personal care, for example by waiting outside the bathroom at appropriate intervals. Staff also encouraged people to be as independent as possible to wash themselves. Staff had introduced a social story with pictures to encourage and support one person to have a shave.

The manager was aware of local advocacy services and how people could be supported to access these. Although nobody living at the home currently required the use of an advocate, the manager was able to provide examples of when an advocate may be required.

People were able to see their friends and family as they wished and the manager worked in close liaison with visitors to ensure this was managed in a way that meant that everyone was kept safe. Visits were often planned in advance to ensure people would be at home, or were available for a visit. One relative told us that the staff supported them to take their loved one out to a restaurant or café and they felt this was well managed so they had extra support if they needed it. All the relatives we spoke with were extremely positive and impressed with the caring approach of the staff, and the flexible and person centred approach that was shown to the person that used the service.

Good

Is the service responsive?

Our findings

Procedures were in place to ensure the service could meet people's needs before they moved into the home. The manager explained that within the last year they had supported two new people to move into the home. One relative told us that they had been very happy with the transition into the home with the manager doing all they could to obtain as much information as possible about the person. This included spending a great deal of time with family and staff that already supported the person at their previous care setting and taking on board their advice and techniques. One relative said, "I cannot believe how good the transition was. [Name] settled into their new home so well and so quickly and the staff quickly learned how best to support [Name], it was brilliant." The staff also praised the admission procedure and told us they were prepared for when new people moved in. One member of staff said, "We get told about who is coming and what support they might need before they arrive. Sometimes, especially when people first move in, they might behave slightly differently but we just adapt." Pre-assessment paperwork was completed before people moved in and people and their relatives were fully involved in the process to ensure a complete picture of each person was gathered and staff had a good understanding of their needs before they arrived.

People had comprehensive care plans in place which detailed everything staff supporting them needed to know. For example, the support people needed with their personal care, their communication methods, their likes and dislikes and what was important to them. One member of staff told us, "We get time to read people's care plan, especially when they first arrive and we talk about what people need and what has worked well." One member of staff was able to describe how the support they provided to one person had changed and adapted as they had settled into the home and staff had got to know them better, and understand what could trigger certain sequences of events. We saw that staff were able to describe how people liked their care and what their interests were and supported them with this.

People were supported to achieve their goals and were encouraged to be as independent as possible. One relative told us, "I think the staff are amazing. What they've got [name] doing is just incredible. They've really developed since being at 44 [Stimpson Avenue]." The registered manager explained that they created tasks for each person which could challenge them and develop their skills. For example, this could include matching objects with different patterns, identifying the correct lid for several different containers and fitting them together, or zipping and buttoning items correctly. Each activity was reviewed for complexity and enjoyment and amended accordingly. The registered manager also set activities which focussed on life skills, for example shopping and money handling and road safety. There was a planned approach to predictable or forthcoming new events which involved the manager, the registered manager, the staff and the person. This helped to prepare people wherever possible and reduce people's anxiety levels when faced with new events. One relative explained that the staff had made a real effort to match some activities with those that the person was used to from another care setting and was very happy with the progress their relative had made.

People were enabled to follow their interests and complete activities they enjoyed. One relative told us, "I think the activities are good. They seem to do something every day." People were supported to attend a variety of activities including social evenings, days out, going out for a meal, and visiting country parks. We

saw that staff supported people to attend a trampolining session that they really enjoyed. One person enjoyed this is as part of their routine and we saw that the provider had also purchased an outdoor trampoline for people to use at the home if they wished.
Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. We saw that where changes in people's needs had been identified these were recorded in the care plan. People and their relatives were invited to attend reviews about the progress they had made, at intervals that suited each relative. We saw the reviews were engaging and person centred, with staff clearly very proud of the progress that had been made.

Relatives told us they were in control of how much involvement they had with the home and the staff. One relative said, "The manager understands the things I like to know about and we are often in touch. I feel very involved and know what [name] has been up to and how things are going." Another relative told us they received a weekly update but if anything of significance happened the staff would get in touch. Relatives that wanted to be heavily involved in making decisions and being kept informed were encouraged and supported to do so. In addition, the home held social evenings throughout the year where staff could get to know the people, their relatives and staff a little more. Relatives provided positive feedback about this and explained it was a good opportunity to meet everyone in a relaxed way.

The provider had a complaints procedure in place that was accessible to people's relatives. One relative told us, "I've got no complaints. I just think they're wonderful." Staff understood the importance of responding to people's feedback, and if relatives wished to complain they would be supported to do so to the management.

Requires Improvement

Is the service well-led?

Our findings

The service held records relevant to each person's care and to the running of the home however we found that records were disorganised and were not always accessible. For example, one person's care could not be located at the start of the inspection, people's care plans contained duplicate copies of some documents, and not all information was stored together; staff files did not contain all appropriate records and training records were not accessible on the first day of the inspection.

The home was run by a management team consisting of a manager, the registered manager and the provider. We saw that all parties were involved in the day to day running of the home and provided a supportive and collaborative approach to ensuring people received the care they required. Each member of the management team brought different skills and ideas and the manager told us they felt supported and empowered to run a good quality service.

The culture within the service was focussed on providing person centred care which encouraged, supported and empowered people with autism to lead interesting and fulfilling lives. All the staff and management we met, spoke with passion and fondness about the care they provided and each person was committed to the aims of the home.

Relatives and staff spoke positively about the management team. One relative told us that they had good relationships with the management team and felt able to contact them if they needed to. Relatives told us that the management team were responsive to their ideas and suggestions and they felt listened to. Communication between people, families and staff was encouraged in an open way. The management team and the care staff talked positively about people's relatives and how important is was to maintain a good relationship with them.

The management team sought opportunities to obtain feedback about the home. People's relatives and other professionals involved with the home were contacted at regular intervals and they were asked for their views. The feedback was extremely positive and where necessary, the management team acted on people's feedback.

The service had policies and procedures in place which covered all aspects relevant to operating a care home including the employment of staff. The policies and procedures were adequate and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they had a good understanding of the ones that impacted on their roles.

Staff worked well together as a team and were flexible to meet the needs of people living at the home. One member of staff said, "This is such a nice place to work. We work together as a team and really try to help people as best as we can." For example, additional staff supported people to complete activities, or to travel in the car. Staff were ready and available when needed and the provider was available to provide additional cover if required.

The service had links with the community and facilitated university students to become involved in the service. Students were given an opportunity to understand more about autism and how people required care and support. In addition, the provider also had links with educational establishments in the community which supported younger people with autism. This helped support people to progress and make developments.

The service had quality assurance systems in place to monitor the quality of the service that people received. We saw that the management team had considered the feedback provided at another of their services and had acted to make improvements across all locations. This included improvements to monitoring when risk assessments were due to be reviewed and actions to ensure that medication was administered appropriately.