

# Tabs @ 42 Limited

# No 39

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

No 39 is a residential three bedded care home specialising in supporting people living with Autistic Spectrum Disorder. At the time of our inspection the service was providing personal care to two people. The third bedroom was used for staff to provide sleep-in cover at the service. The service can support up to two people.

### People's experience of using this service and what we found

#### Right Support

Staff supported people to access health and social care support, which included a regular review of their prescribed medicines. However, medication practices needed to be strengthened, for example updating records swiftly when a person's medicines had been changed and keeping up to date with best practice guidance such as PRN protocols. These were addressed by the manager following our inspection.

Positive relationships had developed with local health care providers, who provided timely support. The staff considered people's emotional and sensory needs for planned appointments and used social stories to help them attend appointments.

People had choice about how to decorate their bedrooms and were able to personalise their bedrooms and individual lounge areas. The environment was well equipped, well-furnished and clean throughout. However, urgent repairs needed to be reported and repaired more swiftly. We found two fire doors had been wedged open because the fire guards were broken. Following our inspection, the provider notified us that these had been repaired. People had access to a sensory area and each person had their own lounge bedroom and lounge area.

Periods of anxiety or emotional distress were recorded, which included the action taken by staff to support people. The registered manager considered these as part of the review process of people's needs.

The service supported people to have the maximum possible choice, control and independence. The service encouraged people to be involved about their support and plans and were consulted daily using individuals' communications tools so they could decide on activities and meals. People were supported by staff to pursue their interests and to achieve their aspirations and goals.

## Right Care

The provider had followed their recruitment practices to ensure people employed were suitable to work at the service and support people safely. However, we were unable to find evidence of ID checks for two staff during our site visit. The registered manager sent confirmation following the inspection that these had been checked. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's dignity and human rights were promoted, and people were encouraged to make day to day decisions about the activities and events they wished to participate in. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact with staff and others involved in their care and support because staff had the necessary skills to understand them. People received care that supported their needs and aspirations and was focused on their quality of life

Where appropriate, staff encouraged and enabled people to take positive risks. For example, one person had been supported to go rock climbing and another swimming.

## Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff could meet their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives spoke of regular visits when their family members were supported to visit them or meet up outside of their home. A family member told us. "The staff are great. They provide person led care which is just right. There's a proactive approach of getting people out and about."

People appeared relaxed within their home and in the presence of staff. People were seen to be supported to choose activities of interest to them, which included swimming, walks, going out to eat and day trips. Staff supported people to identify and work towards short term and long-term goals and dreams and there were clear plans in place to help people achieve these. For example, one person had an education plan that included support with literacy, maths, fine motor skills and independent living tasks.

People and those important to them, were involved in planning their care. The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

This service was registered with us on 21 January 2020 and this is the first inspection.

## Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care,

right culture.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# No 39

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

No 39 is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to communicate with us.

#### What we did before inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We communicated with two people who used the service and three relatives about their experience of the care provided. People who used the service were unable to talk with us and used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language.

We spoke with three staff members on site including the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We had discussions with a manager who oversees three of the services, including No 39 and a care and support worker. We also made contact with five staff members via email.

We reviewed a range of records. This included two people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- The process in place to support people to take prescribed medicines 'as and when required' (PRN) needed to be strengthened to ensure each PRN medicines had a protocol in place. (A PRN protocol would provide staff with details of why and when the medicine should be given; how much should be given; the time and the outcome of whether the medicine was effective). This would ensure all PRN medicines were given consistently and in line with best practice. This was addressed by the manager following our visit.
- One person had received a medication review and their medicines had changed. However, this had not been updated in the persons care plan or their hospital grab sheet, (quick information handover in an emergency situation). Following our inspection, the manager updated these records and sent us a copy.
- The practice at the service was for two staff to support each person to take their medication. One staff member commented, "There is always two of us to do the medicines, so it's given safely." We observed this taking place on the day of our inspection.

### Assessing risk, safety monitoring and management

- We saw two fire doors that were wedged open because the door guards were not working. This posed a fire risk to people and staff and had not been risk assessed. We brought this to the attention of the manager who said they would address this issue. Following our inspection, the manager confirmed the door guards had been repaired.
- Risks to people had been assessed and their safety monitored. The service helped keep people safe through formal and informal sharing of information about risks. The service used a range of communication techniques including verbal and visual signs to help people understand risks.
- Risk assessments were detailed and were reviewed and updated swiftly if there had been any changes or incidents. People's records showed a positive risk-taking approach. This enabled people to have opportunities to try new things. For example, people had been supported to try new activities such as trampolining and were supported to make hot drinks and prepare their meals.
- People had positive behaviour support (PBS) plans to ensure staff considered the least restrictive options before limiting people's freedom. PBS plans highlighted triggers and signs of escalated behaviours while also outlining interventions staff should take. There was clear advice for staff on how to offer people support following incidents.

### Staffing and recruitment

- The provider followed their recruitment procedures to ensure people were protected from staff that may not be suitable to support them. However, we were unable to find any evidence that ID checks had been completed for two staff. The manager said they would have used the staffs ID documents to apply for their



DBS check and following the inspection they confirmed they the ID checks had been completed at the time of recruitment.

- There were sufficient staff to meet people's needs including for one-to-one or two -to one support. One person indicated there were enough staff to help them and a relative said, "There always seems to be enough staff for [family member] to be able to go out to their activities."
- We observed adequate numbers of staff on duty to meet people's needs. Staff told us they felt staffing numbers were good. One said, "We always have the same number of staff so we can make sure people get their one-one care. If we are short the managers will work shifts." Rotas showed that staffing was consistent, and we did not see any days where there was a shortage of staff.

Systems and processes to safeguard people from the risk of abuse

- Staff had developed positive and trusting relationships with people that helped to keep them safe. One person was able to inform us using their communication tools they felt safe and liked living at No 39. A relative told us, "I know [family member] is kept safe. The staff understand [family member] very well and they know what works well and what doesn't."
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Processes were in place for staff to follow should an incident or accident occur. The appropriate records were completed by staff.
- The registered manager reviewed all incidents and accidents, including behaviour observations records which were completed when people expressed emotional distress. The review of documents was used to inform and update people's care strategies.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The needs of people were assessed prior to them living at the service so that the support they needed could be identified. The pre-assessment started with an assessment that people's families and those who know the person best completed. This made sure there was accurate information about their past and present experiences, dreams aspirations and needs.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. This meant people's needs and choices were thoroughly assessed to help ensure they received effective care and support.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. A relative commented, "The staff are very knowledgeable and know how to care for [family member]."
- An ongoing schedule of training was in place, to ensure staff kept up to date with good practice. All new staff completed a thorough, comprehensive induction period. This included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- Staff received support in the form of continual supervision and appraisal so their practice was reflected upon and they could discuss their development.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, planning, preparing and cooking meals. One person was able to use their communication tool to let us know they liked the food.
- Mealtimes were flexible and worked around people's activities and day to day plans. Staff encouraged people to eat a healthy and varied diet. Some people liked to eat out in the community at places of their choice.
- Staff were aware of people's individual food preferences and had a good understanding of people's dietary needs. The registered manager sought advice and guidance from dietitians and speech and language therapists to ensure the people's dietary needs were met when needed.

Adapting service, design, decoration to meet people's needs

- The interior and decoration of the service was adapted to meet people's needs.
- There was a sensory room and both people living at the service could use and each had their own bedroom and individual lounge areas.
- People's rooms reflected their individual interests and were decorated with things they liked. There were

visual aids throughout the home to help people move around and use the home easily.

Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. Staff maintained good working relationships with a range of external organisations to support them in the provision of effective care and support such as people's GP's, occupational therapists and dieticians.
- Care plans provided a clear overview of people's health needs and the involvement of health care professionals. On the day of our inspection one person was visiting the dentist and social stories had been used to support the person with the visit.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary. People had their capacity assessed and DoLS applications were in place for both people using the service.
- People were encouraged to be involved in making their own decisions. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was recorded in detail.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had a visible person-centred culture. Staff demonstrated a passion for treating people with kindness and supporting people to have a high quality of life. A relative told us, "The staff are brilliant, they know exactly how to support [family member] and they have improved communication with them which has had a big impact on [family member] for the best."
- Relatives told us staff knew people's preferences and provided care and support that met their needs, their likes and dislikes.
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them. Staff understood the way each person communicated and provided the care and support they required.
- All staff we encountered spoke about people with warmth, respect and positive regard. During our visit we witnessed positive interactions between people and staff.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed they were consulted about the care and support delivered. One person was able to inform us via their communication tool that they had a choice. A relative said, "My opinions are listened to and taken on board."
- People were fully supported to express their views, preferences, wishes and choices and staff used a variety of tools to communicate with people according to their needs. For example, in one care plan we looked at we saw that the use of visual aids to help the person make decisions were used such as the use of pictures and symbols. They also used a Picture Exchange Communication System (PECS) with a folder and sentence strip for the person to communicate their wants and needs. (PECS uses pictures to help individuals communicate with others).
- The provider encouraged and welcomed the use of advocates. Information was made available to people about using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and do as much as they could for themselves. One relative told us, "They [staff] are always teaching [family member] new things." A Staff member explained people were encouraged to achieve their goals by learning new tasks. We saw this taking place on the day of our inspection as one person was being supported to make their own lunch.
- Staff completed PROACT-SCIP training in relation to supporting people when they became distressed. This training aims to minimise the use of physical interventions and is not only to help staff support people

through periods of distress it is also to achieve choice, respect, community participation and dignity.

- Respecting people's privacy and dignity was important to staff. One commented, 'We always maintain the dignity and privacy of the people we support. It goes without saying really.'
- Staff confirmed they understood about confidentiality. They informed us they would never discuss anything about a person with others, only with other staff, and in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff worked closely with each person to establish their strengths. People were empowered to make choices and gain as much independence as possible.
- Relatives we spoke with provided positive feedback about the person-centred approach from staff. One said, "They treat [family member] like an equal." Another commented, "A lot of the staff have been there for a long time. They know [family member] better than I do and know exactly what they need, or if they are not feeling well."
- Staff supported people to identify and work towards short term and long-term goals and there were clear plans in place to help people achieve these. For example, one person had an education plan in place that included support with literacy, maths, fine motor skills and independent living tasks.
- People were involved in their care planning and reviews of their care. Each care plan was personalised and identified how people wanted their needs to be met. They focused on what the person could do, and areas where they needed further support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff made sure that people had the information they needed to make decisions. There was a wide array of communication tools used that were tailored to meet each person's communication needs.
- Staff used social stories to support people with health appointments and pictorial schedules to support people with their day to day routines which helped to reduce their anxiety and stress.
- Documents used to support people with their care such as care plans were in pictorial format. Prior to our inspection we gave the registered manager some questions we would like to ask people and she provided these questions in the format used by each person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported to follow their interests and take part in social activities. A relative told us, "[Family member] does lots of things. They are always busy." Another commented, "It's so important that [family member] is active and gets out. They have a busy timetable which is great for them."
- During our inspection we saw people being supported to go out swimming, rock climbing and for a walk.

Staff were constantly looking for new experiences and activities for people to participate in. One staff commented, "I enjoy supporting [name of person] to try new and fun things to do."

- People were supported to spend time regularly with people who were important to them. This included visits to their family homes as well as relatives visiting the service. One relative said, "We meet up with [family member] every week and go to lunch. Staff support [family member] to come home and there are always regular phone calls, the same time every week."

Improving care quality in response to complaints or concerns; End of life care and support

- A complaints policy was available for people to access which could be made available in a different format if people required it. We saw this in a pictorial format.

- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures.

- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal; verbal and written would be dealt with appropriately.

- At the time of the inspection, nobody was receiving end of life care. However, the manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found a clear management structure that promoted person-centred values and a commitment to promoting self-worth and social inclusion. The registered manager and senior staff had the skills, knowledge and experience to perform their roles.
- There was a positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible, learn new skills and staff supported people to celebrate their achievements.
- Staff spoke highly of the culture within the service and the wider organisation. One staff member commented, "This is the best organisation I have worked for. I wouldn't work anywhere else." Relatives and staff commented that the registered manager and senior staff were visible and accessible and could be easily approached. One staff member told us, "[The registered manager] is a very good role model."
- All the feedback we received about the service was positive and we were told how valuable the service was to people. One relative told us, "This has been a game changer for us. I can honestly say I don't know what we would do if it wasn't for this service."
- Staff described the approach to working with people as person centred and of striking a good balance between keeping people safe and achieving their goals. All staff without exception said they felt supported by the management team and told us how much they enjoyed working at the service. One staff member told us, "I love it here. We make sure people get the best support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The manager told us she ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- We found that lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care people received. These were shared with staff during meetings and supervisions. For example, the provider had implemented different strategies to support one person with a particular behaviour when current strategies were not working.
- The registered manager ensured there were systems in place to ensure compliance with duty of candour.



The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a systematic approach to the quality monitoring of the service. Audits and checks were carried out on people's care and their care records. Staff were supervised, trained and their practices were checked.
  - Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up to date with any changes.
  - Regulatory requirements and responsibilities were met by the registered manager. Notifications to the Care Quality Commission were submitted as required.
  - Staff were able to explain their role in respect of people's needs, considering their communication needs, and the support required to support when they were anxious or emotionally distressed.
  - The registered manager ensured there were systems in place to ensure compliance with duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Engaging with people and finding out their views took place daily. Staff worked with people on a one-to-one or a two-to-one basis. They knew how to communicate effectively with people using various different communication tools.
- Relatives were asked to provide feedback via satisfaction surveys and at reviews for their family members. Relatives told us that communication was good. One said, "They [meaning staff] hit the right balance. They let me know about the important stuff right away, but they don't keep calling about minor things. I wouldn't want that."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. They confirmed they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- There was a whistleblowing policy in place to support staff to report any concerns. Staff informed us they felt confident raising any issues or concerns with office staff. One staff member commented, "If I had any concerns I would get in touch with the managers. During out of office hours, such as evenings or weekends we can always contact a manager."
- The service worked well in partnership with health and social care organisations to support improvement.