Care Quality Commission

# Tabs @ 42 Limited

# Tabs@42

## Inspection report

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## 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 25 February 2016. This residential care home is registered to provide accommodation and personal care for up to five 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 ensure the provider had robust procedures in place to identify where improvements needed to be made. For example, by ensuring all risk assessments were current and reviewed at appropriate intervals.

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 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 the 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.

Appropriate recruitment practices were in place and 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 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 house 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 were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

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.

Improvements were required to monitor the quality and safety of the service and to ensure that actions had been completed in a timely manner.

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.

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## 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 25 February 2016 and was unannounced. The inspection was completed by one inspector.

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 one person's relative on the telephone and spoke with three members of care staff, the manager, the registered manager and the provider.

We looked at care plan documentation relating to the 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 received training to support them to identify signs of abuse and they understood how they could report their concerns. One member of staff said, "All safeguarding concerns go through the manager but I know how to contact the CQC or the council." We also saw that the contact details were available on a poster in a staff area. The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns, however there had not been any recent incidents that would require a notification to the local authority or CQC.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One relative told us they felt the staff at the home kept their loved one safe and managed the risks to them appropriately. Staff understood the varying risks for each person, and took appropriate action. For example, one person required staff support around roads and getting out of vehicles. One member of staff said, "We phone ahead, so there is another member of staff waiting outside to support people safely out of the car and back home." Risk assessments had been completed for a variety of tasks including travelling in a car, maintaining people's hygiene and swimming. Staff supported people safely and as described in their risk assessment. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed, and we saw that people's risk assessments had been updated to reflect those changes.

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 registered manager had a good knowledge of all the incidents that had occurred and what the potential triggers could have been. The manager and registered manager worked with staff and took action to prevent similar incidents from occurring.

There were appropriate arrangements in place for the management of medicines. One relative told us that they were not aware of any issues with medicines and their loved one got the medicines they needed when they needed them. 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 saw that medication administration records were maintained which detailed that people had received their medicines as required. Staff were also required to update the manager each time medication was given so they could monitor and ensure people always had their medicines when they needed them. Medicines were kept securely locked in a cupboard that people living at the home did not have access to and any unused medicines were safely disposed of by a pharmacy.

People lived in an environment that was safe. We observed that the home was kept tidy and the floors were

kept clutter free. This allowed for people who moved quickly and unpredictably to move around the home safely. 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, "I feel there is enough staff, it's never been a problem." One member of staff said, "The staffing is really good. We're well staffed and we make sure we have enough staff for activities we know they enjoy, like trampolining." We observed staff support people on a one to one basis as necessary, and for activities in the community people received additional support to ensure they were kept safe. People's support needs had been assessed and the appropriate numbers of staff were scheduled onto the rota to ensure they were provided with the staff support they required. The provider ensured that staffing arrangements were in place to support people to be able to go out into the community if they wished. Staff were also given additional time to complete tasks and activities for their own personal development or to update people's care plans.

There were appropriate recruitment practices in place. Staff employment histories were checked with previous employers and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care independently to people. This meant that people were safeguarded against the risk of being cared for by unsuitable 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, "The training is really good. We have training in lots of areas but it is tailored to meet the needs of people who live here." 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. This prepared staff to provide competent and skilled care to the people they were supporting.

Staff had the guidance and support when they needed it. Staff were confident in the manager 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 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 are supported to take their medicine had been completed.

People were supported to maintain a balanced diet and eat well. One relative told us, "[Name] has made good progress with their eating since living at the home. There used to be issues and they were monitored closely and the staff kept charts but it's a lot better now." One member of staff proudly told us about the progress one person had made with their nutrition. They said, "[Name] has really improved. They used to eat very small amounts and there were concerns about their weight. Now they get involved in food preparation

and try new foods. And their weight is much better." We saw that when there were concerns with people's nutrition, staff recorded people's food and drink intake and monitored this with involvement from the appropriate healthcare professionals. People were able to choose when they ate and were given 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 they felt the staff ensured that medical assistance was sought appropriately and when necessary. The manager described the considered and planned approach they had made for one person who had a recurrent medical concern. The manager supported the person to visit the doctor and ensured a smooth transition between the home, the vehicle and the doctor's surgery. The staff and the healthcare providers worked together to identify suitable arrangements to provide follow up treatment taking the person's needs into the forefront of their decision making.

The provider made significant efforts to provide an environment which met each person's needs and choices. For example, one person enjoyed splashing in the bath and the provider had changed the décor of one room to have a bath within a wet room. This enabled the person to splash as they wished with reduced the health and safety implications. In addition, the location of the bathroom had been considered in the refurbishment as the previous location had been distracting and confusing for one person who had to walk past their personal activity area on the way to the bathroom.

Good

# Is the service caring?

## Our findings

People were supported by people that were passionate about providing good quality care. One member of staff told us, "I love my job and I'm so proud of the bond I have with the people that live here. We have a good relationship." Staff showed compassion and care whilst they supported people and communicated with people using their preferred methods. For example, one person used the Picture Exchange Communication System (PECS) and staff were knowledgeable about how the system worked well for the person. Throughout the inspection staff interacted well with people and engaged them using the PECS.

People were relaxed and comfortable around staff. Staff were engaging and encouraging and provided a person centred approach. One member of staff spoke with warmth and pride at the progress one person had made. They said, "[Name] has come such a long way over the years. It's very rewarding thinking about it." We saw that staff praised people throughout their daily activities and provided extra praise and positivity when they had challenged themselves and completed an activity for longer than they usually did. Staff responded positively to people's non verbal requests and respected their decisions about how they wished to spend their time.

We saw that the staff had received positive feedback from professionals involved in supporting people with leisure activities. One comment highlighted the positive staff engagement they had observed between the staff and people living at the home. The feedback also praised the staff for being "approachable and friendly".

Staff were knowledgeable about the issues that caused people anxiety and distress and adapted their communication methods to help resolve any tension. 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.

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 and encouraging them to be as independent as possible to wash themselves.

The manager showed good knowledge of the use of advocacy services and 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 and confirmed that they would support people and their relatives to access one.

The home was open and accessible for people's relatives and visitors. Relatives told us they visited the home as they wished, but often planned this with staff in advance to ensure their loved one would be there.

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 they had not recently accepted anybody new to live at the home, but procedures were in place to support this process. This involved a request for the person and their family, and their current care provider to complete pre-assessment paperwork which guided the provider to a basic understanding of people's needs. Following this the manager requested permission to observe the person at their current care provider and for the person and their family to come and visit Tabs@42. The manager explained that the person may have multiple visits leading up to overnight visits to allow the provider to observe the person and ensure they could produce a detailed care plan which reflected the person's preferences.

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, "It takes time to understand people's needs, but we give them time and we are learning all the time." 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, "They [the staff] encourage [name]'s independence. They have brought[name] on no end." 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 incidents.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. One member of staff told us, "There are some things that are routine and [name] doesn't like them to be changed, but there is always a choice. For example, [name] is very particular about what they like to wear and they choose this with little support from staff." People looked well cared for and were supported to make decisions about their personal appearance.

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 going in the car and going to the shops. 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.

People were enabled to follow their interests and complete activities they enjoyed. One relative told us, "They [the staff] take [name] out regularly. We can make suggestions but the staff know him well. We've just asked if he could go to a disco and we're waiting to hear back but they rarely say no." People were supported to attend a variety of activities including parties, breaks away, swimming and meals out. We saw that staff supported people attend a trampolining session that they really enjoyed. On their return the staff spoke enthusiastically and positively about the great progress and effort people had made throughout the activity.

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 six monthly reviews about the progress they had made. We saw the reviews were engaging and person centred, with staff clearly very proud of the progress that had been made, particularly following new experiences.

Relatives told us they were in control of how much involvement they had with the home and the staff. One relative said, "We're involved as much as we want to be and it works rather well." They explained that they were invited to meetings about their relative and were encouraged to provide feedback on a regular basis. We also saw that the home had held a resident's social evening and people's relatives were invited. This provided people's relatives a further insight and opportunity to become involved with the care and support people received.

The provider had a complaints procedure in place that was accessible to people's relatives. One relative told us, "We have no complaints at all. Everything is all OK." One member of staff told us that people living at the home would be unable to understand the concept of a complaint. As a result, staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service and would raise this with management to rectify immediately. We saw that staff responded quickly to people when they displayed signs of unease and resolved their concerns in a patient and appropriate manner.

Requires Improvement

# Is the service well-led?

## Our findings

Improvements were required to the quality assurance procedures that were in place. We reviewed the quality assurance policy which identified the methods the home should use to monitor the quality of the service people received. However the procedure was not robust enough to identify where shortfalls had occurred and where improvements needed to be made. For example, the risk assessments had not been reviewed as often as expected by the provider and not all relevant paperwork was appropriately stored in people's care and health plans, including details of people's dental and optician appointments. In addition an investigation into a complaint had not been effectively recorded to include responses provided to the complainant, and where it had been identified that staff had potentially not completed one person's care in accordance with their care plan there was no quality assurance system to make checks and record any action that needed to be taken.

The home was run by 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 home 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 met the new manager and their relationship had been progressing well. They told us they felt listened to and any suggestions were considered by the staff and management. Communication between people, families and staff was encouraged in an open way. The registered manager 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 a suggestion for improvement had been made about improving communication with another service provider, the manager confirmed this had happened by keeping them informed wherever possible if people could not make a session.

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, "The staff work together and help each other out when we need to." 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.