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44 Stimpson Avenue

Inspection report

44 Stimpson Avenue
Abington
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Northamptonshire
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Tel: 01604230457

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05 March 2019
06 March 2019

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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?

Good ●

Summary of findings

Overall summary

About the service:

44 Stimpson Avenue is a residential care home that was providing residential care for 3 people with learning disabilities or autistic spectrum disorder.

People's experience of using this service:

- People's relatives told us they felt their relative was safe and well looked after. Relatives we spoke with gave us positive feedback about staff and the registered manager. Comments included, "I can't fault the staff." "The care is excellent and person centred," and, "The managers and staff are great, they contact me every week."
- Guidelines and procedures were detailed in outlining any risks for people and detailed the strategies in place to reduce any behaviours and how to keep people safe.
- Risks to people were regularly assessed, reviewed and safely managed.
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- Staff were aware of how to recognise signs of abuse and were knowledgeable about what to do in the event of any concern being raised.
- People were supported by enough appropriately trained staff.
- Staff had been recruited by a robust process to ensure they had the right skills and attributes.
- People had care plans in place detailing how they liked to be supported.
- People received appropriate support with their medicines.
- People were supported to access healthcare professionals appropriately.
- We saw evidence of mental capacity assessments being carried out as required.
- People and relatives were fully involved in all aspects of care planning where appropriate.
- People were supported to have choice and control over their lives, by a consistent staff team who knew them well.
- Staff were clear in their roles and responsibilities.

- People could be confident that staff were trained to support them, the provider ensured staff had access to training and systems were in place to monitor staff performance.

Rating at last inspection:

GOOD (report published 15 September 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

44 Stimpson Avenue

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

Our inspection was completed by one adult social care inspector.

Service and service type:

44 Stimpson Avenue is a care home. People in care homes receive accommodation and personal care. 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:

This comprehensive inspection took place on 05 March 2019 and 07 March 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included 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 sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with two relatives to ask about their experience of the care provided. We were unable to speak directly to people using the service due to their complex needs. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We also looked at three staff files around staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The service had effective safeguarding systems and policies in place.
- Staff had a good understanding of abuse and knew what to do to make sure people were protected from abuse and avoidable harm. Staff training was up to date and relevant to the service.
- People's relatives told us they felt their relative was safe and well looked after. One relative told us, "I can't fault any staff, they always look after [person's name] and keep them safe, even when out."

Assessing risk, safety monitoring and management:

- Within people's care plans we saw evidence that people with behaviours that may harm themselves or others were kept safe. Guidelines and procedures were robust in outlining any risks and detailing the strategies in place to reduce these behaviours and keep people safe.
- The service supported people with complex needs and behaviours that could put them and others at risk of harm. Staff were involved in completing risk assessments which included daily activities, outings and environmental concerns. Positive risk taking was documented and supported where possible.
- Staff demonstrated they understood triggers, response techniques and motivators for each person using the service.
- A fire risk assessment was in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support the evacuation of people using the service in the event of an emergency.

Staffing and recruitment:

- There were enough suitability trained staff on shift to ensure people were safe and had sufficient support to be as independent as possible.
- A relative told us "Staff are wonderful, I cannot praise them high enough." Another relative said, "They are a consistent, hardworking staff team, who want the best from [person's name]."
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references were obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Using medicines safely:

- People received appropriate support with their medicines.
- We looked at people's medication charts and this evidenced that staff managed medicines consistently and safely.
- There were daily medication audits completed and staff had safe systems in place to support people with their medicines if they were spending time away from the home.

Preventing and controlling infection:

- People were protected from illness and infection.
- The home looked and smelled clean, staff were observed wearing Personal Protective Equipment (PPE) such as disposable aprons and gloves.
- The household cleaning equipment was colour coded appropriately. All staff had received infection control training and understood their roles and responsibilities.

Learning lessons when things go wrong:

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's incidents, as well as staff or relative accidents.
- Incident and accidents were regularly audited to look for any trends or patterns.

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

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:

- Care plans evidenced the staffing needs and outcomes wanted for each person.
- People's needs were assessed before they moved in to ensure effective care and outcomes were delivered.
- We saw evidence that assessments were reviewed regularly and that any change in need or behaviour was analysed and changes made to the way in which staff supported the person were implemented if required.
- Relatives confirmed that they were involved in the pre-assessment process of the placement and that the transition into the home was personalised to people's needs.
- A relative told us, "They [staff] always involve me and [person's name] in their care and support."

Staff support: induction, training, skills and experience:

- Staff told us they had a good induction and "excellent" training with ongoing support from managers.
- All records showed that staff had completed all training the provider deemed as mandatory as well as specialised training for the people they supported such as supporting people with autism, alternative communication needs and learning disability training.
- Due to the complex needs of people living at the home, all staff were 'PROACT-SCIP' trained (which stands for Positive Range of Options to Avoid Crisis using Therapy and Strategies for Crisis Intervention and Prevention. The philosophy of PROACT-SCIP focussed on person centred planning, empowering and assisting people to maintain self-control. This is a training technique designed to support people at times of anxiety in the least restrictive way).

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

- People were supported to have a healthy and balanced diet.
- A relative told us "[name of person] has choice over their meals, however they are encouraged and supported to eat as healthily as possible."
- All the staff we spoke to understood people's cultural and religious needs and ensured these were met and documented.

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support:

- People were supported to access healthcare professionals appropriately.
- All interactions with healthcare professionals and social care professionals were recorded in a log which showed when, why and what the outcome of the interaction was.

- Staff recognised when healthcare situations could cause anxiety and worked with people to help reduce this. For example, one person had a social story designed for them to support them to have a blood test.
- The registered manager had been completing work with the local health centres to support people to be able to access professionals when needed, they had arranged to have a private room rather than waiting in a busy waiting room. This reduced the anxieties of people and supported them to access the care needed in a timely way.

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

- The building and garden were in good repair and decorated with the people who lived at the home in mind.
- There were pictures on the wall but to ensure safety they were bolted on discreetly.
- All individual areas were specific to the people and decorated to their choice.
- The service had a dedicated maintenance person, we saw evidence of regular environmental audits and work being completed within a timely manner.

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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then their best interests would be considered.

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

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:

- We observed staff working with people. Staff were patient, kind and gentle, talking in a low voice as per people's preference. They encouraged people to do what they could manage themselves and helped when help was required.
- People's relatives were asked about protected characteristics such as religion and sexuality and about the person's life history so far, this was documented in their care plans. We were unable to directly ask people who used the service due to their complex needs.
- One relative said, "[person's name] key worker is great with them and all staff are really friendly."
- Staff told us "I'm proud to see people's progress, I love working here." A relative said, "[person's name] is a totally different person now, staff have worked brilliantly, they [person] now have their own space so staff are not always crowding them."

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

- Each person had a named keyworker who they chose based on how well they got on and similar interests.
- Keyworkers conducted keyworker meetings where they discussed with the person and the registered manager what had gone well, what they wanted to achieve and how staff could support them achieve their goals.
- Relatives told us that staff were extremely helpful and dedicated to the people using the service. One relative said "[person's name] have all the support they need, they now go out and enjoy life doing the things they chose."
- Relationships for people and families were clearly documented showing who was important to the person and how/when they could contact them. This gave staff the information needed to support people to maintain relationships with others outside of the service.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected.
- Staff always knocked before entering people's rooms and the provider had purchased specialist blinds for people's rooms who may present behaviours that put them at risk during personal time.
- Documents were locked away and computers were password-protected, to prevent unauthorised access to personal information.
- Staff followed guidelines on how to support people, the focus was always on maintaining people's dignity and being respectful whilst ensuring the safety of people and others.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The care notes identified and recorded communication impairments, and steps were applied to ensure information was provided to people in a way they could understand it.
- The provider had a detailed policy on equality and diversity. This meant that staff could find out information regarding peoples' specific cultural or religious needs.
- We saw that activities were planned for individual people. Each person had their own daily tasks to complete, which supported them to have control over the activity.
- Relatives we spoke with praised the service highly. One relative said, "The care is excellent and person centred."
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, including the use of easy read, pictorial and specific photos for personalised information, this complied with the Accessible Information Standard.
- The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- Relatives of people using the service we spoke with told us they had not needed to complain however they were confident that the management would resolve any concerns. One relative said "I know management would be detailed in their investigations and would find an outcome for all involved."
- Information about how to raise a complaint was available in written and easy-read versions. This was displayed for people and their visitors.
- Staff told us "I would be confident in raising any concerns to the management and that they would deal with it."

End of life care and support:

- At the time of our inspection no one using the service required end of life support.
- End of life training was offered by the provider to all staff.
- Staff understood people's preferences and choices around end of life care and recognised the potential for people's religious beliefs and preferences to determine their final wishes.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff were passionate about empowering people to live full and happy lives. People were achieving their goals and this was celebrated.
- The registered manager was involved with the staff team and would step in to act as care staff themselves.
- People's support was planned and reviewed regularly. Support plans contained very detailed information on how a person could be supported and included people's wishes.

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

- We saw evidence of regular staff meetings and daily shift handovers that detailed risks, changes to care plans that could affect how a person is supported.
- Staff performance was monitored with supervisions and their competency was reviewed regularly.
- People's relatives and staff, we spoke to all knew who the registered manager was and how to contact them. One person told us "[Registered manager] is friendly and I am able to speak to them whenever I need."
- We saw evidence of audits completed for a range of checks including care plans, medication administration charts and daily notes. Action plans were completed and reviewed to ensure all documentation was up to date.
- Staff were clear in their roles and understood what the provider expected from them.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager was compassionate towards staff and supported their wellbeing. The service ensured they made 'reasonable adjustments' for staff who required additional support to complete their job.
- Staff we spoke with told us, without exception, that the service was well-led and that they felt they were a valued member of the team. They spoke with high regard for the management team. One staff member told us, "It's an amazing, well organised service. We all want to get the best for the people we support each day."
- People, relatives and staff were supported and encouraged to complete regular feedback forms to ensure

they had a voice in the running of the service.

Continuous learning and improving care:

- Systems were in place to ensure staff continued to learn, were trained and supported in their role.
- The registered manager kept up to date on improvements and training by attending seminars and forums and signing up to social care update.
- Staff told us the registered manager had an open-door policy and welcomed staff discussion regarding suggested improvements to peoples care plans and any issues or concerns.

Working in partnership with others:

- The registered manager and staff team worked in partnership with other professionals such as nurses, GP's, psychiatrists, Target Autism and commissioners to promote and maintain people's quality of life.
- The service had links with external services that enabled people to engage in the wider community.