

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

## Collinson Court

56 Longton Road, Trentham, Stoke on Trent, ST4  
8NA

Tel: 01782658156

Date of Inspection: 26 February 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Autism TASCC Services Limited
Registered Manager	Ms. Kerry Adams
Overview of the service	Collinson Court provides accommodation and personal care for people with a learning disability
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with other regulators or the Department of Health.

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### What people told us and what we found

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We spoke with the families of two people who used the service, two staff and with the registered manager and her deputy about the quality of service and how it was delivered. Some people who used the service had challenging behaviour and all had difficulty communicating.

On the day of our inspection the home was also being accredited by the National Autism Society (NAS) The NAS had two assessors present and we were able to speak to them about what they found.

We observed the routines and daily activities were flexible and staff responded to people's needs. All the people were supported on an individual basis were given choices and allowed time to consider their options.

People received care and support that met their individual needs. People had care records which had been written in a style that people understood. A relative told us, "They seem very happy".

We saw that there were risk assessments and systems in place to protect people who used the service against abuse.

We checked records and spoke to staff and managers about the recruitment process for staff, and how staff were monitored and supported to ensure appropriate care was provided.

We saw that there was a complaints procedure and this was available in an easy read format which people could understand. We saw evidence that complaints were recorded, responded to and dealt with in an appropriate manner. A relative of a person who used the service said, "I'm more than happy with the service".

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We observed staff as they interacted with the people who used the service. At lunchtime we sat with two people while they ate. We saw how one of the people who used the service changed their mind from their earlier choice of meal. They wouldn't sit at the table despite being encouraged to by the staff. Staff asked if they would prefer an alternative meal. When this was provided they sat and ate at the table with us. This showed that people were able to make choices and could change their mind if they wanted to and staff respected people's right to do so.

Staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what these meant for people who used the service. We saw electronic locks in various locations around the home and on exits from the garden. Staff advised us that people who used the service could be in danger if they left the home without a member of staff. The provider had undertaken a full MCA review in relation to the locks and it was documented that the locks were in people's best interests. This meant people's human rights were protected.

A member of staff told us, "People can go out whenever they like, most people have visits or trips two or three times a week, they just have to have someone with them". We saw one of the people who used the service ask to go out for lunch. This had not been part of their planned activities but the request was met. This meant that people's choices were listened to and accommodated.

People who used the service were able to consent to the care and treatment they received. Some people who used the service needed support from their families for more complicated decisions. We saw that where families had been involved in making decisions this was recorded in people's care records to show that the decisions were in their best interest.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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The home had been split into two distinct halves; one side was occupied by people who had more challenging behaviour. The decorations and furnishings in the more challenging area were much sparser than the other parts of the home. The registered manager explained that some people needed a simple environment to prevent them becoming anxious. We spoke with a relative of one person who lived in the more challenging area and they told us, "I know it looks sparse but for my relative it's perfect, they can't cope with too much going on". One of the NAS assessors we spoke with said, "I think it's really good that they are able to manage them, most places would just say they couldn't cope with their needs". This showed that the service provided was appropriate for people's needs and kept them safe.

We started our inspection in the morning and saw that people who used the service were engaged in various activities. People seemed comfortable and relaxed with the staff. One person who used the service was asked if we could be shown round their room, they smiled and responded, they used Makaton to sign that it was okay. Makaton uses signs, symbols and speech to help people communicate. This showed that staff treated people with respect and allowed them to make decisions.

Through a process called 'pathway tracking,' we looked at three people's care records in detail. Pathway tracking helps us to understand the outcomes and experiences of selected people who use the service. We saw that the records contained details about each individual which outlined their needs and how these should be met. Staff we spoke with knew what was in the records and how these related to the care of people. One member of staff told us, "Sometimes they will start to tear at their clothes, you have to speak gently and distract them". We saw that this behaviour and how to distract the person formed part of their records. A relative of one of the people we pathway tracked told us, "We are very involved; they tell us if they have any concerns, we visit when we can and I speak to my relative everyday on the phone. We have regular meetings about their needs". This showed that people's welfare was protected.

We saw from the records that people who used the service had regular contact with professionals outside the organisation such as doctors, nurses, dieticians, opticians and social workers. The registered manager said, "Everyone has regular health reviews".

Contact with professionals protected people by ensuring they got appropriate care and treatment.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Staff had received training in techniques for supporting people who used the service, at times of anxiety or when they may exhibit challenging behaviour. The training provided staff with strategies for preventing and defusing conflict. One member of staff said, "It's important particularly with people who can't talk to you, to understand them. You sometimes have to go hands on, but it really is a last resort, you can usually distract people and calm them down". This meant that people were protected from inappropriate use of restraint.

Staff we spoke with were able to tell us about the signs of abuse and what actions they would undertake to report abuse or suspected abuse. A member of staff told us, "I would go straight to the manager if I thought something was wrong. We all look after each other but the residents come first". This meant that the people who used the service were protected from the risk of harm.

We saw that there was a whistle blowing policy. Whistle blowing allows staff to report incidents or concerns without them being penalised for it. We saw that staff had reported incidents which had resulted in disciplinary action. This meant that people who used the service were protected because there were suitable arrangements in place to respond appropriately to risks of abuse.

There is a requirement for an organisation to refer allegations or concerns to the local authority safeguarding service. There had been high numbers of safeguarding alerts when compared to other services of a similar size, but we found that allegations had been appropriately reported to the local authority safeguarding team and a copy sent to us. This meant that people who used the service could be confident that any concerns would be appropriately reported and dealt with.

Throughout the inspection we saw that staff responded appropriately to people. We also confirmed from the records of the people we observed that the strategies we observed had been agreed as part of people's care plan or risk assessment, meaning people were treated as individuals.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

We spoke to the registered manager, the deputy manager and two members of staff about the recruitment process for people working at the home. We were told about the application, interview and reference process which ensured that only people suitably qualified and physically and mentally able to perform the role would be recruited. We checked the records of the two members of staff and saw that they contained copies of identification documents, references, previous employment history and qualifications. In addition to other checks the home insisted that all new staff should have two references before they are able to start. If a candidate's referee failed to respond to a request, the candidate had needed to provide a further reference. We saw that the start date of a new member of staff had been delayed because one of their references had not been received. This ensured people who used the service were cared for by staff of good character.

We saw that staff had appropriate training for their roles. We checked training records, and the induction procedure for new staff which showed how staff are monitored and checked before being allowed to care for people. We saw that the registered manager worked additional hours outside normal office hours to supervise and mentor staff enabling them to increase their skills and experience. She told us, "I like to see that things are working properly and that staff are coping". A member of staff told us, "We do get a lot of support". This meant that people who used the service were cared for by staff with the appropriate qualifications, skills and experience.

It is a requirement that where a person is no longer fit to work for the purposes of carrying out a regulated activity that appropriate steps are taken to protect people who use the service. The registered manager had reported incidents to us previously which suggested a member of staff was no longer fit to carry out their role. We saw evidence that the staff member had been dealt with appropriately. This showed there were effective procedures in place to protect people who used the service against staff who were no longer fit to carry out their role.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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We saw the provider had a complaints policy. Staff we spoke with had read the complaints policy and were able to tell us about it. Staff told us there were regular meetings with people and their families during which issues could be raised. There were easy read versions of the complaints policy in the care records of each person who used the service. This meant that the complaints system was available to people and those acting on their behalf in a suitable manner and format.

We saw that the family of one of the people we pathway tracked had needed to complain on behalf of their relative. We checked the complaints folder and saw that the complaint had been properly recorded. The issues had been addressed and the results passed back to the family. We spoke with the family who told us, "We did complain in the end. We complained to the parent company because the home didn't have the resources to meet what needed to be done. It took a while but it's all been done now". A relative of another person we tracked said, "I've never had cause to complain. Things don't reach that level. I'm more than happy with the service they give to my relative". This showed that there was an effective complaints system in place.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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