

***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: 18 October 2013

Date of Publication:
November 2013

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	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 support for up to 10 people with autism who may also present with moderate/severe challenging behaviour.
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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Management of medicines	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 October 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 and talked with staff.

What people told us and what we found

During our inspection we spoke with three people who used the service and one person's relative. We also spoke with four members of staff, the registered manager and the regional manager.

People told us they were happy with their or their relatives care. One person told us, "I'm happy here because I like going outside" and "I like the staff". A relative told us, "It's a homely place and the staff do the best that they can".

We saw that people's needs were met in a caring, compassionate and timely manner, by staff who had received appropriate training and support. People were kept safe because they had received an assessment to identify their needs and people's care was delivered in accordance with their support plans.

Staff involved people who used the service in making choices about food and drink, and we saw that staff were responsive to people's choices and requests.

People were protected from the risks associated with medicines because effective systems were in place to manage medicines at the home.

The service was well led because the registered manager and provider regularly assessed and monitored quality at the home, so that improvements to people's care could be made.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Through a process called 'pathway tracking' we looked at three people's care records, observed the care and support they received, and where appropriate, we spoke with them or their relatives about their care. We also spoke with the staff about how they provided support. Pathway tracking looks at the experiences of a sample of people. This is done by following a person's route through the service to see if their needs were being met.

Care records were personalised for each individual and contained information about people's needs, behaviours, likes and dislikes. We saw that people had received an assessment to identify the support they required. People's care records contained; up to date plans of care, risk assessments and risk management plans, to enable people to participate in activities both at the home and within the community. These plans focussed on promoting people's independence. This meant that people had received an assessment to identify their needs and plan their care.

During our inspection we observed staff supporting people with care and compassion. We saw that staff responded to people's needs and behaviours in a timely manner. When people presented with behaviour that challenged, staff provided positive interactions and reassurance in accordance with people's support plans. Staff told us about people's needs and how they kept people safe. This meant that staff had the knowledge required to meet people's individual needs and people were protected against the risks of receiving unsafe care or treatment.

People were supported to participate in purposeful activities both within the home and within the local community. One person told us, "I like going outside, I get to go out very often. I like going for a walk around the lake, I like going to the circus and I like going shopping". Another person told us, "I'm happy here, I go to the theatre". During our inspection, we observed staff supporting people to complete household chores and we saw one person being supported to go out to purchase their lunch. This meant that people's independence was promoted and people were enabled to access the community.

We saw that suitable plans were in place to enable staff to respond to foreseeable emergencies and people had access to health and social care professionals, such as doctors and social workers. On the day of our inspection we saw that staff responded appropriately to an incident at the home, and a person was supported to seek medical assessment and treatment. This meant that people's health and wellbeing needs were being addressed, and effective systems were in place to enable staff to respond to incidents and emergencies.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During our inspection, we saw that people were offered choices around food and drink. One person was asked if they wanted beans on toast or tomatoes on toast for their lunch. The person said they wanted sausages instead, and we saw the staff respond to the person's request, as they were provided with sausages as part of their lunch time meal. Staff told us that people who used the service were involved with planning their own weekly menus. One staff member told us, "We get people involved and see what they would like to eat for the week". Some people who used the service were unable to communicate all their needs verbally. Staff showed us how they used photographs of foods to enable people to make choices about their meals. One staff member told us, "We ask people what they want to eat and we show them what's on offer". This meant that systems were in place to ensure that all the people who used the service could participate in making choices about food and drink.

Staff told us that people could access food and drink in-between meals if they were hungry or thirsty. One staff member said, "Snacks and drinks are always available to give to people if they are hungry or thirsty". One person who used the service told us, "Yes there is always something to eat and drink. I like coffee, tea and fizzy drinks". A relative told us, "They always have a decent meal, even at lunch time". During our inspection, we saw staff offering and preparing food and drinks for people. This meant that people were able to eat and drink sufficient amounts to meet their needs.

We saw that safety checks were in place to protect people from the risks associated with the storage, preparation and cooking of food. These checks included ensuring that food had been stored and cooked within the recommended temperature ranges.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the way medicines were managed to check that people were receiving their medicines safely and as prescribed.

During our inspection we saw that medicines were stored securely in locked medicines cupboards in each person's individual bedroom. Some medicines were temperature sensitive and were required to be stored within recommended temperature ranges to ensure their safety and effectiveness. We saw that temperature monitoring was being completed regularly. This meant that effective systems were in place for the safe storage of medicines.

We observed two staff members administering medicines in a caring and professional manner. People's medication administration records (MAR) were only signed after the staff had observed people taking their medicines. This meant that accurate records were kept to confirm that people had taken their medicines as prescribed.

Effective systems were in place to enable the provider to account for medicines that were stored at the home. One staff member told us, "All boxed medicines are checked every day by two staff". An audit of two people's medicines confirmed that the system was effective. This meant that accurate records were kept to record the number of medicines stored at the home.

Some people needed and were prescribed 'as required' medicines. These could be for pain relief or to help manage people's anxiety. One person told us they received their 'as required' medicine when they needed it. They told us, "If I'm not happy and I am screaming or ripping things up, I ask for my PRN (as required medicine) and I get it". We saw that each person who was prescribed 'as required' medicine had written guidance which recorded when it should be administered. This meant that there was a system in place to enable people to receive their prescribed medicines in a safe and consistent manner.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff told us they felt supported by the managers. One staff member said, "If I'd ever got any concerns, I would go straight in and talk to them (the managers)". Another staff member said, "The managers help a lot. They make you see things from a different point of view". This meant that staff working at the home felt supported and managers were responsive to their requests for support.

Staff told us they received a variety of training. This included; managing aggression and challenging behaviour, safeguarding adults, fire safety and cultural awareness. One staff member told us, "I did my 'Studio III' training last week (managing aggression and challenging behaviour) and it was really good because I know how to help people without hurting them". Additional specialist training specific to people's needs was also offered. One staff member told us, "I asked to go on an autism course which was a university course. It's been really helpful to me". This meant that staff received appropriate professional development to enable them to meet people's needs.

One staff member we spoke with was new to the home. They told us, "I had a two week induction where I learned the routines by shadowing staff, and I went through people's folders and care plans. I also had to read all the health and safety policies and procedures and sign to say I had read them". This meant that staff underwent a period of induction before they started to provide care and support unsupervised.

Staff told us they received regular supervision and appraisals. One staff member said, "I have supervision every six weeks to two months and I have an appraisal every year. If I have any problems in between supervisions, I would go straight to the manager rather than keep it until supervision". This meant that the staff's performance and development needs were regularly assessed and monitored.

Staff told us that there was an on call system which they could use to seek advice if the manager was not on shift at the home. One staff member said, "There is always someone on call". We saw that the on call system was on display in the staff office. This meant that staff could access managerial support at all times.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The registered manager and provider regularly sought the views of people who used, visited and worked at the service. We were told how a staff picture board had been introduced to the home in response to feedback from a person who used the service and a pay review was underway in response to feedback received from the staff who worked at the service. This meant that the registered manager and provider used feedback to assess, monitor and improve the service.

We saw that regular audits were completed by the registered manager and provider to assess and monitor the quality at the home. These audits covered topics which included; care records, health and safety, infection control and medication management. All audits were evaluated and action plans to improve quality were in place where required. This meant that the registered manager and provider had an effective system in place to regularly assess and monitor the quality of the service.

Incidents that occurred at the home were monitored by the registered manager and provider, and there was evidence that learning from incidents took place. The registered manager and regional manager told us they had noted a reduction in critical incidents that had occurred whilst renovation work had been completed at the home. They told us that this was because people who used the service had been supported and enabled to access the community more frequently during this period. We were told that this analysis had resulted in the provider increasing the activities budget for the home, so that critical incidents would continue to be reduced.

Risk assessments were in place and were reviewed to protect people who used, visited or worked at the service. Regular assessment and monitoring of fire alarms, lighting and electrical appliances were completed. This meant that risks were assessed and managed to keep people safe.

We reviewed how the provider responded to complaints. We saw that complaints were investigated and resolved appropriately and action plans were in place to improve the quality of care and support provided at the home.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
