

***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: 15 June 2013

Date of Publication: July 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

### Staffing

✓ 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

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*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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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 15 June 2013, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We completed our unannounced inspection, in response to information we received identifying concerns that people's needs were not being met because there were not enough staff available.

During our inspection staff told us that staffing numbers had been low at times, but the numbers had recently improved. One staff member said, "We have been struggling, but recently we have been able to borrow staff from another home and use agency staff".

We saw that there were enough suitably skilled and experienced staff on shift to meet people's needs.

The provider had completed an internal investigation into staffing levels and had taken appropriate action to ensure that shifts were covered and people's needs were met.

We saw that agency staff who were temporarily working at the service received a suitable induction to provide them with the information required to enable them to meet people's needs.

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

### Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

Prior to our inspection, we spoke with the registered manager and reviewed staffing rotas over a four week period. After looking at the rotas we had concerns that some shifts may not have been sufficiently staffed to meet the needs of people who used the service. We spoke with the registered manager about our concerns, who told us that although there were staffing vacancies, all shifts were being covered and people's needs were being met. We chose to complete an unannounced inspection to check there was enough suitably experienced staff available to meet people's needs.

We arrived at Collinson Court at 7.30 am. There were nine people who used the service at the time of our inspection.

We asked the registered manager how they decided how many staff needed to be on each shift. The registered manager told us about the needs analysis and risk assessments they had completed with the provider which had enabled them to decide how many staff were required to meet people's needs. We saw that the numbers of staff on shift matched the numbers of staff that had been identified through the needs analysis. This meant that the minimum staffing numbers set by the registered manager and provider were being met.

We spoke with four members of permanent care staff about staffing levels at the home. All the staff told us that at times staffing levels had been low. One staff member said, "It puts stress on you when there are not enough workers and it affects the service users". Another staff member said, "There has been the odd day where it's been desperate or borderline, but the managers come onto the shop floor and chip in". Staff also told us that staffing levels had improved over the two to three week period prior to our inspection. One staff member said, "Over the last two to three weeks, there has been more staff as they are using agency staff now. It's like a weights been lifted off me". Another staff member said, "I've noticed there has been more staff for the past two to three weeks. The numbers are getting better". This meant that staff felt that staffing levels had recently improved.

The provider may wish to note that two staff members told us that at times they had been

left alone when a second member of staff should have been present. An example of when this occurred was during medication rounds, where one staff member would leave their designated area to administer medication in other areas of the home. One staff member said, "I have been on my own at times. If someone goes out, then someone else should come in as there should always be two people in the area". We spoke with the registered manager about this. They told us that this only happened when communication had broken down between the staff. This meant that at times people may have been at an increased risk of harm, because recommended staffing levels had not been consistently been sustained.

We asked the registered manager how they prepared temporary agency staff to work safely at the service. They told us that agency staff were given an induction to the service and that people's needs were verbally handed over to agency staff prior to each shift. We were also told that agency staff were never left to work alone. We spoke with a temporary staff member who was employed through an agency. They told us, "I have been well informed as the staff guide me on what I need to do". They also confirmed that they had never been left to work alone. This meant that there was a system in place to enable people to be supported in a safe and consistent manner by temporary staff.

Following our inspection, we spoke with the provider's regional manager. They told us that they had received information of concern through internal whistle blowing. In response to this an investigation into the concerns had been completed and actions had been taken to ensure that staffing levels were appropriate so that people's needs were met. These actions included using agency staff and staff from another home run by the provider. A new recruitment drive had also been commenced to increase staffing numbers. This meant that the provider had responded appropriately to concerns around staffing and was committed to ensuring that people's needs were being met consistently and safely.

## 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.

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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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