

Autism TASCC Services Limited

Collinson Court

Inspection report

56 Longton Road
Trentham
Stoke On Trent
Staffordshire
ST4 8NA

Tel: 01782658156

Website: www.craegmoor.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Collinson Court is a residential care home providing personal care to seven adults with learning disabilities and autism at the time of the inspection. The service can support up to 12 people. Collinson Court accommodates seven people in one adapted building which is divided into a number of separate apartments; these are either shared between two people or occupied by a single person.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Without exception, relatives and staff spoke positively about the service. Relatives told us their family member received excellent care which had a positive impact on their well-being and enhanced their lives. Relatives described the support provided by the staff team as life changing and brilliant.

People's quality of life was enhanced by a positive approach to risk taking. People and relatives were involved in discussions about the management of risk and staff were empowered by the registered manager to think creatively about people's potential and goals while maintaining people's safety.

The staff team were trained and knowledgeable about how to keep people safe while also promoting independence and new experiences. Staff members worked with external healthcare professionals to reduce the amount of 'as required' medicines people were prescribed and this had a positive impact on people. Staff explored the reasons behind people's anxieties and distress and involved them in making decisions about how their mental health was supported.

People were supported by a consistent staff team who knew them well. Staff had been safely recruited to ensure they were safe to work with vulnerable people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was a strong, visible person-centred culture at the service. Equality and diversity were both recognised and embedded with staff practice. People were valued as individuals and staff knowledge of people's individual preferences, needs and personalities was excellent.

Staff developed strong working relationship with people, which enhanced the level of trust people placed in the staff team. This enabled staff to provide innovative support that pushed the boundaries of people's previous experiences.

There was a responsive approach to care planning and review and staff were kept updated with any changes to people's support. The registered manager had responded creatively to complaints, and this had a positive impact on people's experience of support.

Relatives and staff were extremely confident in the management of the service. There were consistently high levels of engagement with relatives who recognised the positive leadership of the registered manager. Feedback from people, relatives and staff was actively sought and they were given opportunities to share their views about the service. The registered manager used feedback as a tool to drive improvement and acted to address any areas of concern.

Incidents involving the use of restriction or restraint were consistently reviewed to ensure people were supported safely. Information gathered from audits and behavioural analysis was used to promote risk taking rather than restrict new activities. The registered manager and senior staff carried out regular audits relating to the quality of care people received and had an open and transparent approach to continuous learning.

Staff felt supported and recognised the importance of reflecting on incidents and events to enhance learning and make improvements. The registered manager placed a strong focus on innovative person-centred care which was based on best practice.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 1 September 2017).

Why we inspected

To assure ourselves the service was meeting people's needs, that staff had the necessary skills and experience and the management processes were effective we completed a focused inspection on the first day. We reviewed the key questions of Safe and Well Led only. However, as a comprehensive inspection was due, according to our reinspection timescales, we returned for a second day of inspection and reviewed the key questions of Effective, Caring and Responsive.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Collinson Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Collinson Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioning teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met and spoke with four people who lived at the home. However, due to their complex needs people

were not able to share their experiences with us in detail, so we observed how staff interacted with people. We spoke with four support staff, the acting deputy manager, the activities lead, the positive behaviour support practitioner and the registered manager. We also spoke with two relatives. We looked at two people's care plans and records, medicines records, details of incidents involving positive behaviour support and quality assurance records. We also looked at recruitment records for two staff members.

After the inspection

As people living at the home were not able to tell us in detail about their experiences, we spoke with three more relatives by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- The quality of people's lives had improved due to staff managing risks well. Where possible, people were involved in decisions about how to manage risks themselves. Staff discussed incidents and people's behaviours and anxieties with them and agreed measures to safely protect the person, and others, from any future harm.
- Staff told us they were encouraged and supported by the registered manager to think creatively about managing people's risks. Staff considered people's reactions to previous experiences which helped them plan activities and push the boundaries of what people could experience and achieve. One staff member said, "We want people to try new things, give them the opportunity. Staff are available if things don't go well. We've had occasions where we've had to retreat from a situation, but it doesn't mean we won't keep trying."
- A positive behaviour support practitioner was available to support the registered manager and staff to proactively review behavioural incidents and use trend analysis to promote positive risk taking. For example, by reviewing information about incidents and the use of physical intervention, decisions could be made about how to improve the quality of a person's life. By learning to understand the details of what might make a person anxious, staff were able to effectively assess the risk of introducing new activities and manage the person's safety.
- Where situations had been identified which may have a negative impact on people's mental health, staff agreed explanations, to ensure the message people received was consistent. For example, when staff members were taking a leave of absence and would not be available to support people. This approach helped to reduce people's anxiety when caused by conflicting or unclear information. This helped to maximise people's wellbeing and successfully reduced their sense of anxiety and therefore incidents or accidents.
- Where incidents had occurred during an activity, staff were, on occasion, encouraged to support the person to do that activity more, rather than less in order that strategies for supporting the person's behaviour could be better developed. However the activity was only repeated if it was in the person's best interest and did not cause them any distress. There was a genuine focus on enabling people to do what they wished to and the service adopted a positive approach to managing risks.

Systems and processes to safeguard people from the risk of abuse

- The registered manager took a proactive approach to keeping people safe. They ensured the staff team were trained and knowledgeable about matters relating to people's safety. This included conducting spot checks and testing staff knowledge about people's care plans and behaviour support techniques. During induction staff were taught about the legal framework behind restrictive practices. The registered manager

told us they wanted staff to be aware of the impact staffing numbers can have on people receiving support, and fully understand that staffing levels can themselves be a restriction. Staff we spoke with reflected this understanding.

- Relatives told us they were confident people were safe living at Collinson Court. One relative said, "I'm sure [person] is safe. They are very well looked after." Staff had received training in keeping people safe from harm and knew how to report any concerns or poor practice. One staff member told us, "We work to make sure people's needs are met and take action where there are concerns." Staff shared with us example of where they had raised concerns about staff practice with the registered manager and appropriate action had been taken.
- The registered manager had acted where concerns for people's safety were identified and had made referrals to local authority safeguarding teams where required. They had also notified CQC as required by law.
- We were advised that changes were being made to parts of the building to ensure people's safety and offer the opportunity for more independence. This had been prompted by a change in people's behaviours and a review of their changing support needs. The registered manager explained that our published guidance 'Registering the Right Support' had been considered as part of the planned changes to the building and improving the environment, to ensure the changes reflected best practice and current guidance.

Using medicines safely

- Where people used 'as required' (PRN) medicines to help manage their mental health or behaviours, their use was linked to the person's positive behaviour support plan. The use of medicines in this way was considered a last resort once all other approaches had been explored.
- Staff worked with external healthcare professionals to reduce the amount of medicines that were prescribed to manage people's behaviours. The registered manager told us they had been reviewed as part of the NHS's programme STOMP (Stopping the over medication of people with a LD or autism or both).¹ Their reduction had a positive impact on people. For example, one person was supported to talk to staff when feeling anxious and felt they needed their PRN medicines. Where possible the use of these medicines was discussed with people and their purpose explained.
- Systems used for the management and administration of medicines were safe and people received their medicines as prescribed.

Staffing and recruitment

- Relatives spoke positively about how the staff team supported their family members. One relative said, "I can't praise the staff enough... they are very approachable. [Person] gets on well with them." Another relative told us their family member "sees staff as their family."
- Although staff members worked with each of the people living at Collinson Court, the registered manager and senior staff were aware of people's preference for specific staff members. This helped them anticipate any potential anxieties when staff members took annual leave or were absent for a period of time. Any planned absences were explained to people to try and minimise their distress.
- People were supported by a consistent staff team who knew them well. Where people required one to one support, or more for activities, this was provided. A flexible approach was taken to supporting people to try new activities where staffing was increased or decreased according to what was in people's best interests.
- Issues relating to staff poor performance were addressed by the management team and staff expressed confidence in the registered manager to address any poor practice.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Preventing and controlling infection

- Where possible people were encouraged to take responsibility for the cleanliness of their living space. We saw one person took part in household activities including washing and drying dishes and mopping floors.
- Staff had received training in the management and prevention of infection.
- Each apartment was visibly clean and where people's behaviours impacted on infection control, for example by ripping furniture, audits were in place to monitor and mitigate any potential risks.

Learning lessons when things go wrong

- The registered manager and senior staff had a proactive approach to risk taking which involved being open and honest when things went wrong. This approach had positively impact people's quality of life and had enabled staff to support people to take part safely in activities or events that may previously have not been possible. For example, the home had recently hosted an art exhibition to showcase a person's art work.
- The use of behaviour and incident analysis enabled the staff team to identify any patterns or trends in relation to people's behaviours and act to mitigate future risk. Improvements had been made to paperwork to accurately measure participation and community access. This enabled staff to work with people to set goals and achieve their ambitions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were holistically assessed prior to them moving into Collinson Court. Where relevant, information was sought from other support or healthcare agencies to support people to make a smooth transition into their new home. Transition plans were regularly reviewed and were used flexibly where people made progress more quickly than anticipated.
- Where appropriate, people's relatives were also asked to contribute to their assessment and support planning. This enabled staff to better understand a person's life history and behaviours, which helped them support people more effectively.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any sexuality or religious needs, so these could be supported.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff were well trained to meet people's needs. One relative said, "[Person] is really, really well looked after. I can't praise the staff enough." We observed staff supporting people and saw they knew people well and were able to anticipate their needs and behaviours. For example, staff were able to offer choices, prior to a person becoming anxious, as they knew they were becoming distressed.
- Staff told us they felt the training they received enabled them to support people well. One staff member said, "I feel well-equipped. I am still learning, but if I'm not sure about anything there's always someone to ask."
- Staff received support, guidance and supervision and were able to work towards future career aspirations or develop specialist knowledge in chosen areas. New staff received an induction which they told us benefited them in their role by providing learning and information about people's needs.

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

- People were supported to enjoy a healthy diet where possible and staff were aware of their individual likes and dislikes. Where people required support to manage their diet, staff were actively involved in supporting people to make choices. For example, one person was offered pictorial choices to assist them in deciding what to have for lunch.
- Health action plans reflected people's preferred choices and staff used these as a guide to help them support people with eating and drinking. Staff we spoke with were knowledgeable about people's dietary needs, for example, where people required a low sugar diet to support them to manage an on-going health condition.
- Where people required a specialist diet, for example, due to a choking risk, details of how to maintain the person's safety were recorded and communicated with staff.

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

- The staff team worked in partnership with other agencies to ensure people's healthcare needs were met. This included, the district nursing team, consultant psychiatrists and other specialist healthcare professionals.
- The staff team monitored people's health and well-being and made referrals where required. Care records reflected people were supported to attend healthcare appointments including, podiatry, dentists, opticians, as well as their GP.
- Where people required support with an on-going healthcare need, for example, weight loss; the staff team supported them by closely following advice given by other professionals and providing consistent care.

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

- The home had been adapted to meet people's needs. Each apartment was designed to suit the people who lived there. For example, where people moved in to the service they were supported to choose colours for the walls and position furnishings.
- People's living spaces were designed to promote their independence and give them safe access to kitchen areas.
- The staff team had identified that changes were required to parts of the environment in order to better meet people's needs. These changes had been agreed by the provider and were due to commence in the weeks following the inspection. The registered manager explained to us that a detailed timescale had been produced to minimise the impact of these changes on people. People involved in the building changes were sympathetic to the needs of people living at Collinson Court. The registered manager told us where flexibility was needed due to a person's reactions or behaviours, this could be managed quickly and effectively.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Where people were unable to consent, for example, to environmental restrictions, best interest decisions had been made on their behalf.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. Where conditions had been applied to these restrictions, the registered manager was aware and was undertaking work to ensure conditions were met.
- Staff understood the MCA and ensured that people were asked to consent before care was provided. One staff member told us, "Getting to know people is important. One of the people we support is generally happy to go with the flow, but when they say no it is clear. They are not interested in negotiating."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- There was a strong person-centred culture at the home. Relatives told us staff were caring towards their family members. One relative said, "The staff are very good. [Person] is very well cared for."
- We observed caring interactions between people and staff. People were seen to respond to staff and communicate their wishes using both verbal and non-verbal communication. Staff gave people time to communicate their wishes and used gentle prompting to encourage people to take part in daily living activities.
- Staff spoke about people with compassion and were able to describe people's personalities and diverse needs. For example, one staff member described how a person may or may not share an item that was important to them. They explained how trust needed to be established with the person and they needed time to get to know new staff.
- Staff spoken positively about the caring nature of their colleagues. One staff member said, "One of the reason I enjoy this job so much is the caring nature of the staff. People's safety is at the forefront."

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

- Extensive work had been carried out to promote and improve the support provided to people when making decisions about their care. Staff used a variety of tools to communicate with people, according to their needs. For example, an activity choices board had recently been introduced with one person to offer them focused choices around how they spend their time.
- Where relatives were involved in people's care, consideration was given to their point of view and staff communicated with them regularly to keep them updated on the person's choices and preferences.
- The activity co-ordinator used art therapy to build relationships with people and help them better communicate their thoughts and feelings. Staff demonstrated an excellent understanding of people's communication needs. One staff member said, "Everyone is different, it's about supporting them as individuals. Can they sign, respond to verbal cues, use photographs. This helps us identify what makes a person happy or relaxed."

Respecting and promoting people's privacy, dignity and independence

- People received support from a staff team who were sensitive to their changing needs or emotions. Where people became distressed staff acted quickly to alleviate any anxieties or concerns.
- People's independence was encouraged and promoted. Staff supported people to do as much as possible for themselves, including during personal care and the preparation of meals. Where people had relationships that were important to them, staff recognised this and supported people to meet with family

and friends.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The staff team were extremely responsive to people's individual needs. Relatives told us staff achieved extremely positive outcomes for people. One relative, whose family member had needed significant support with their healthcare needs commented, "The staff, particularly the deputy manager, have done so much. They were instrumental in co-ordinating the whole team who really did go above and beyond."
- Staff developed positive relationships with people and this had a positive effect on people, particularly during their transition into the home. We saw one person, who moved from a secure environment, was supported by the staff team prior to their admission to Collinson Court. This enabled staff to establish a trusting relationship with the person. The transition process was designed around the needs of this person and enabled staff to build positive relationships with them. This had ultimately resulted in the person moving into the home and their transition going smoothly as they had confidence in the staff team. This meant that the person had greater independence and was able to become a more active part of their local community.
- The staff team were in regular contact with people's relatives and involved them in decision making and discussions about people's support. Without exception the relatives we spoke with felt their views and opinions were listened to and valued by the staff team. One relative told us, "I can contact staff at any time and they let me know if there are any concerns. Staff are approachable and nothing is hidden."
- Care plans were exceptionally person centred, recognised people's diverse needs and were well understood by staff. Care plans, risks assessments and behavioural support information were regularly reviewed by staff to ensure people received responsive care that met their current needs.
- The staff team, with support from the registered manager challenged preconceptions about people's behaviours and life histories. This had a significant impact on people's well-being and happiness. Rather than accepting long established views about people and their abilities, the registered manager empowered staff to provide support based on people's potential, rather than limitations that had been placed on them. For example, by supporting people according to their present behaviours rather than historical ones, staff gave people an opportunity to maximise their independence and experience new things; that may previously have not been possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Without exception, all of the relatives we spoke with felt staff empowered their relative to live a full and meaningful life. One relative said, "Socially, [person] is very busy. Whether it's bowling or out for lunch, they have an active life." Another relative told us, "We are always getting updates about what [person] has been

doing. They recently held an art exhibition, which was great."

- Staff shared examples of how people had been supported to achieve things they or their family members had not thought possible. For example, one person had been supported to visit a television filming set of a programme they enjoyed. Another person had been supported to attend an important family event, and also use a cable car for the first time. We saw feedback from the person's relatives which had been very positive, "What a wonderful experience for [person]. Thank you all for making this happen. It is life changing...you are really opening up their world."
- Staff had taken time to speak with people and their relatives to gain a greater understanding of their life histories and interests. This enabled them to support people to participate in activities or events that interested them. We saw one person had been supported to visit friends and another person had been supported to use a foot spa for the first time to aid relaxation.
- Staff proactively managed risks to support people to undertake activities of their choice. Staff focussed on working with the community to enable people to partake in experiences that others may take for granted. Staff shared an example where a person had wanted to meet up with their friends in a café. The person had identified that last time they visited the café a particular item had triggered their anxieties and caused them significant distress. Staff responded by contacting the owners of the café ahead of the planned visit, to request all items of this nature were removed. The owners were happy to support the request and the person had an enjoyable and safe visit with their friends.
- The activity co-ordinator spoke positively about the staff team and their desire to see people reach their full potential. They told us, "We take a team approach towards activities and I try to lead by example. Sometimes it's about showing staff how much people can do. Staff will then lead and come up with new ideas." We reviewed photos from a recent art exhibition held at the home and saw representatives from the local community had been invited.
- Relatives spoke positively about the relationships staff had with their family members and told us this promote trust between them. One relative said, "I believe [person] is well cared for. They are happy and see staff as their family. They support [person] to go out a lot."
- Activities were person centred and based on each person's individual likes, preferences and interests. Regular reviews of activities were undertaken to check whether the person still enjoyed the activity. We saw one review had noted that the person enjoyed new activities much more if these were supported by a staff member with whom they had a good rapport. Staff we spoke with were aware of this and provided support accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The staff team had taken innovative steps to meet people's information and communication needs, over and above the AIS. Staff had received training in supporting people with autism spectrum disorder and how this may affect their communication. Staff were passionate about supporting people to communicate in their own individual way. They used a variety of communication systems, designed for each individual, to promote communication and provide information in a format people understood. For example, staff used object referencing, pictorial choices as well as short, precise sentences to support people's understanding.
- Care plans offered guidance to staff about how to communicate with people, placing the person's needs and safety as a priority. For example, one person was affected by the use of specific trigger words. Staff were aware of this and so avoided using those words to minimise the person's distress.

Improving care quality in response to complaints or concerns

- The registered manager had taken an open and innovative approach to the management of complaints. We reviewed the complaints log and saw complaints were recorded, investigated and responded to appropriately.
- Where concerns had been raised by a relative about the care their family member received, they had been invited to attend a staff meeting, to enable them to better communicate their wishes for the person and advocate on their behalf. The registered manager told us they felt this had been beneficial for both the relative and staff and the staff team had responded proactively to the relatives concerns. The relative involved advised us they were happy with the outcome and had seen a positive change as a result.
- Care plans for voicing concerns or complaints were personalised and contained guidance for staff about how to support a person to share their concerns. This included information about how a person may communicate their distress or dissatisfaction, and what staff should do in response. Staff shared with us how they would identify people's distress or concern, particularly if the person was unhappy with an individual staff member. They explained the person's distress could sometimes be alleviated by swapping the staff member, so the person was supported by someone else.

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was highly motivated and spoke passionately about people receiving high quality care that promoted their independence. Feedback about the management of the home was overwhelmingly positive. One relative commented, "The management team are responsive. I trust them to make decisions in [person's] best interest." Another relative said, "I am very confident in [registered manager] and [deputy manager]. They have developed the right ethos."
- Relatives also spoke with passion about the improvements that had been made at the service. One relative said, "The turnaround has been incredible. The registered manager has really gone the extra mile to improve things." Feedback reflected communication from the both the activities co-ordinator and the management team had been well received by relatives and had given them reassurance about the positive changes being made.
- Staff were highly motivated and felt the leadership of the service was excellent. They told us they were supported by the registered manager who encouraged them to develop their own skills, which also benefited people living at Collinson Court. For example, communication methods used by staff had been reviewed to try and encourage people to make choices about how they spend their time. One staff member told us, "[Person] is now engaged in making their own decisions. It's been good and we've been surprised by some of their choices." Staff were motivated by their achievements and spoke proudly of the service.
- There was a positive culture of learning at the service, promoted by the management team. Staff knew people well and reflected on their interactions with people to make improvements to their care plan and the care they received.
- The registered manager was keen to promote a positive approach to risk taking, to try and enhance the quality of people's lives. They told us, "Staff have become more goal focused, looking at how can we help people become more independent." A staff member confirmed this and said, "We are always striving to do better, looking at goals. Staff have a great attitude."
- Staffing support levels were regularly reviewed and learning was taken from incidents to ensure people received the least restrictive care possible. This promoted people's independence and dignity.

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

- The registered manager took a proactive approach to engagement with people, relatives and staff. They welcomed and encouraged feedback from people and relatives about their experiences. In recognition of people's individual needs, 'Our voice' meetings were held with people who lived at the home to encourage

feedback about activities and support. One staff member told us, "We try to evolve different ways of gaining feedback about activities. People have different communication needs so we are always asking 'are they trying to tell us something?'"

- People were supported to give feedback according to their individual needs. For example, staff used different communication systems, including pictorial choices to understand people's likes and dislikes. People's response to activities and their behaviours were analysed to assess whether any trends or communication patterns could be identified. This enabled the staff team to change things to try and achieve a better outcome for the person. Daily notes were also reviewed to try and detect where improvements could be made. For example, where a person had not responded positively to a certain activity, this was fully reviewed and considered in terms of future activity planning.
- The registered manager actively sought feedback from staff about how the home was managed. Where concerns had been expressed, the registered manager had acted promptly to ensure these were addressed. For example, improvements had been made to staff supervision records which now included a 'points to bring to management' section. The registered manager told us they hoped this would ensure staff feedback was heard and responded to.
- Staff felt listened to and their views valued. One staff member said, "You can give feedback and things are always dealt with. If something can't be done, you are given an explanation. If I need to speak with [registered manager], I can."
- Staff spoke of feeling fully supported by the management team. Following incidents or events they were given opportunity to talk through what had happened to promote learning and good practice. Staff spoke positively about the people they supported and told us they felt they were making a difference to their lives.
- Relatives told us they felt they were listened to and felt confident staff would act on any concerns. One relative said, "I can ring up at any time and if there are any problems staff let me know."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager, with the support of senior staff and the positive behaviour support practitioner were extremely proactive in reviewing the quality of care people received. The management team completed regular audits which were used to identify any areas where improvements or changes were required. This information was then shared with the provider who conducted additional governance checks.
- There was a strong emphasis on continuous improvement. Daily 'quality walkarounds' were conducted to identify any areas for immediate improvement. These were effective in identifying where corrective action could be taken. We saw examples health and safety information had been updated and staff had the opportunity to share concerns about a person's behaviour. The management team had then acted to reassure the staff team in relation to the concerns.
- Staff demonstrated an excellent understanding of their roles and responsibilities and told us they felt empowered to take risks and 'push the boundaries' with people's support to enhance the quality of their lives. This included, for example, identifying people areas of interest and carefully planning opportunities for people to experience the things they enjoyed.
- The staff team took a positive approach to learning from incidents or events and care plans and risk assessments were reviewed and updated where new learning was identified. Staff meetings offered the opportunity for discussion where things had not gone well and staff reflected on how care and support plans could be revised to ensure people received high quality care and support.
- The registered manager kept up with the latest guidance from the social care sector, including skills for care, as well as information published by CQC. They had implemented care plan improvements in relation to oral healthcare and were also in the process of developing their evidence base for nationally recognised accreditation as a provider of autism services.
- The service supported people living with autism. The registered manager was passionate about providing

the highest quality of care possible to people and was therefore embarking on gaining a masters in autism, to enable them to continue to offer innovative person-centred care that was based upon best practice. They had shared learning from their research with the staff team to improve knowledge and understanding.

- The provider and registered manager had considered CQC's published guidance on Registering the Right Support when planning changes to the building. This included consideration for how people's independence would be promoted through the changes. People's quality of life was of primary concern for the staff team and the aim of the building changes was to ensure people's living environments were not only safe, but also enhanced their well-being.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour and acted in an open and transparent way. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the registered manager and senior staff had met with relatives and explained what action they had taken to improve the quality of care people received.
- Relatives told us they considered the approach taken by the registered manager to be 'open' and 'approachable'. One relative told us, "I feel as though nothing is hidden."

Working in partnership with others

- Staff worked in partnership with external professionals to ensure people's individual and diverse needs were met. This included healthcare professionals, who provided support for people's mental health.
- Staff also worked with local voluntary agencies and charities. People had been supported to get involved in a community project with a local care home and a gardening project with a local hospice.
- Staff had also arranged fundraising events to raise money for national charities which supported people with learning disabilities and autism.