

Autism TASCC Services Limited

Collinson Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 June 2016. At that inspection, we identified that improvements were needed to ensure people consistently received care that was safe and effective.

We undertook this focused inspection on the 11 July 2016 to check that the required improvements had been made. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Collinson Court on our website at www.cqc.org.uk

The service was registered to provide accommodation and personal care for up to 12 people. People who use the service have Autism and behaviours that challenge. Behaviours that challenge are behaviours that place a person or other people at risk of harm or reduced quality of life. At the time of our inspection 10 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found that the provider had made the required improvements and people were now receiving safe and effective care.

Changes in people's needs triggered a review of the risks posed to their health, safety and wellbeing, and people's risk management plans were consistently followed to promote their safety and wellbeing.

People's health needs were effectively monitored and advice from health care professionals was sought and followed to promote their health and wellbeing.

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 safe. Risks to people's health, safety and wellbeing were regularly assessed and managed to promote people's safety and wellbeing.

Good ●

Is the service effective?

The service was effective. People's health needs were effectively monitored and advice from health care professionals was sought and followed to promote their health and wellbeing.

Good ●

Collinson Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Collinson Court on 11 July 2016. This inspection was completed to check that improvements had been made and sustained since our last inspection that took place on 13 June 2016. We inspected the service against two of the five questions we ask about services: is the service safe and effective? This is because our previous inspection had identified that improvements were needed in these two areas.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service which the provider is required to send to us by law. We used this information to formulate our inspection plan.

The service was subject to an on-going large scale investigation led by the local authority. This was due to previously identified safety concerns raised by other professionals and us. Feedback from the local authority and other professionals through this on-going investigation showed progress was being made by the registered manager and provider to improve people's safety and the quality of care.

We spoke with four people who used the service, but due to their communication difficulties they were not able to tell us about their care experiences. We also spoke with a visiting health care professional, one member of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing how people received care and support in communal areas and we looked at four people's care records to see if their records were accurate and up to date.

Is the service safe?

Our findings

At our last inspection, we found that improvements were needed to ensure risks to people's safety and welfare were consistently assessed, monitored and managed. At this inspection, we found the required improvements had been made.

Care records showed that changes in people's needs now triggered an assessment of any risks to their health, safety and wellbeing. For example, one person's health condition had recently deteriorated, resulting in a change in their presentation and needs. We saw that the risks associated with this change had been assessed and planned for and the staff were consistently keeping this person safe and meeting their needs.

At our last inspection, management records showed and we saw there were some occasions where one person who required the support of two people was occasionally left for very short periods of time with one staff member. During this inspection, we saw that this person received their agreed care and incidents where staff had not followed this person's agreed care plan had reduced. This was because the registered manager was effectively checking that people's care needs were being consistently met as planned.

Is the service effective?

Our findings

At our last inspection, we found that effective systems were not in place to ensure people's physical health needs were effectively monitored and professional advice was not always followed effectively. At this inspection, we found the required improvements had been made.

We saw and a visiting health professional confirmed that professional advice was followed. For example, a visiting health care professional told us how staff had followed advice from them and another health care professional to enable a person to lose weight. They said, "There have been definite improvements. Staff are better at recording [person who used the service's] daily diet and there is evidence it's working as they are losing weight".

The registered manager told us that a speech and language therapist had recently recommended that one person received 'Intensive Interaction' as part of their agreed care. Intensive Interaction is a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social. The registered manager told us some of the staff were already trained in the use of this approach and they were sourcing suitable training for the rest of the staff to complete so that all staff could consistently use this approach with the person. We observed a staff member interact with the person using this approach. The person responded positively to this as they sustained a 15 minute dialogue of communication with the staff member. During this time, the person was smiling and laughing. This showed the advice from the speech and language therapist was being followed effectively.

The registered manager told us how they had recently acted upon some feedback from a trainer about the conduct of a staff member during a recent training session. This showed the registered manager listened to and acted upon this professional's feedback to improve people's care experiences.

At our last inspection, we saw that weight loss was not always investigated to identify if people's risk of malnutrition had changed. At this inspection, we saw people's weight was now being effectively monitored and acted upon. The registered manager told us how a health professional had incorrectly identified that a person was underweight during a recent hospital admission. The registered manager was able to show the health professional the person's correct weight and assure them they were not at risk of malnutrition as the person's care records contained accurate and up to date information about their weight and risk of malnutrition.