

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 responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Collinson Court residential care home provided personal care to nine people at the time of the inspection. The service can support up to 12 people.

The home is divided into eight units, each providing a bedroom, a lounge/dining area, kitchenette and a bathroom.

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

Right Support

There was no registered manager in place and there had been a decline with the quality of service provided to people. At the time of the inspection staff were supported in their role by the newly appointed independent consultant.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to take their medicines by skilled staff. Staff had a good understanding about how to protect people from the risk of potential abuse.

Staff were kind and friendly and people could be assured their right to privacy and dignity would be respected. Staff recognised when people were unhappy and took the appropriate measures to resolve their concerns.

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Right Care

People received kind and compassionate care. Staff understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right culture

People were supported to pursue their interests and lived a full and active life. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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

Rating at last inspection and update

The last rating for this service was outstanding (published 28 February 2020).

Why we inspected

We received concerns in relation to poor skin care for one person that allegedly compromised their skin integrity and staff were not considering their special dietary needs. We also received safeguarding concerns regarding the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

During this inspection we assessed if the service was applying the principles of right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. The provider had appointed an independent consultant to run the home in the absence of a registered manager. Throughout the report this person has been identified as the 'consultant.'

Notice of inspection

This inspection was unannounced. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We asked for feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four relatives to obtain their views with regards to the care and support provided to their relative. We spoke with six care staff and the consultant. Due to the complex needs of people who lived at the home we were unable to talk with them. However, we observed interactions between people and staff.

We reviewed a range of records. This included two people's care records and looked at a random selection of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the consultant to validate evidence found. We looked at training data and quality assurance records. We spoke with a GP who regularly visits the service.□

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 outstanding. At this inspection this key question has now deteriorated to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection visit the consultant had identified a number of potential safeguarding issues and took the appropriate action by sharing this information with the local authority safeguarding team and us.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Discussions with staff and the training records we looked at confirmed they had access to safeguarding training. A staff member said, "How we treat people, makes them feel safe."
- Another staff member told us, "You need to be aware of people's triggers to reduce the risk of anxiety, let them know we are there for them."
- A relative told us they felt their family member was safe living at the home. They said, "They always appear to be happy."

Assessing risk, safety monitoring and management

- Prior to our inspection the consultant shared information with the local authority safeguarding team and us about the care provided to one person resulting with their skin integrity being compromised. We found the consultant had taken swift action to make a referral to a tissue viability nurse, the person's care plan had been reviewed and updated, and action was taken to mitigate further risk to the individual.
- Prior to our inspection the consultant had made a further referral to the local authority safeguarding team and us about the same person. The person required a special diet which was clearly recorded in their care plan. However, the person received food that was unsuitable. The consultant had taken action to mitigate further risks to the individual.
- We saw risk assessments were in place. For example, where oxygen therapy was in use, we saw a detailed risk assessment to ensure the safe use.
- A fire risk assessment was in place with regards to the environment. Refurbishment of the building was due to take place and although, there was no planned structural changes to the building, the consultant told us the fire risk assessment would be reviewed. All staff had received fire awareness training. However, the consultant told us they had arranged 'fire marshal' training for all the staff, which would provide them with additional knowledge and skills.
- Personal emergency evacuation plans (PEEP) were in place. Staff were aware of the support the individual would require to leave the building in an emergency. One staff member told us one person would be reluctant to leave the building in an emergency but gave an example of how they would prompt them to leave the building.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- A relative told us, "There has been a lot of agency staff coming and going and this has a huge impact on [Person's name]."
- The consultant told us they recognised the impact agency staff were having to the care and support provided to people. They took action to address this and now used the same three agency staff to ensure the continuity of care. Staff we spoke with confirmed this.
- We spoke with six staff members, who told us there was always enough staff on duty to meet people's assessed needs.
- A relative told us, "The staff are good. They have been really good with [Person's name]. I can't thank them enough."
- The provider operated safe recruitment procedures to ensure all staff were suitable to work in the home. All staff we spoke with confirmed prior to working in the home a Disclosure Barring Service (DBS) check was carried out and two references were obtained. The DBS helps employers make safer recruitment decisions.

Using medicines safely

- Prior to our inspection visit we received safeguarding referrals with regards to the management of people's prescribed medicines. We found action was taken to ensure people were supported by skilled staff to take their prescribed medicines.
- Staff who supported people to take their medicines had received medicines training and competency assessments were carried out to ensure their skills and practices were up to date and safe.
- A member of skilled staff was always on duty to administer emergency medicines when needed. For example, where a person requires emergency treatment when they have an epileptic seizure. The consultant had made arrangements for all staff to receive training with regards to the administration of emergency medicines.
- We observed medicines administration records were signed accordingly to show people had received their medicines as prescribed.
- Written protocols were in place for the safe use of 'when required' medicines. These medicines are prescribed to be given only when needed. For example, for the treatment of pain relief.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. We spoke with a GP who told us they carried out weekly 'touch base' reviews. These reviews looked at clinical concerns and medication reviews.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider carried out an internal review in December 2021, which identified a 'period of instability' and 'quality has deteriorated', due to there being no registered manager in post. In recognising this, the provider appointed an independent consultant to improve the quality of service provided to people.

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 now deteriorated to good.

This meant people's needs were met through good organisation and delivery.

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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- A relative told us they had always been involved in the assessment and care planning of their family member.
- Another relative said, "I am involved in [Person's name] care planning and staff always inform me of any changes with their care. Even if [Person's name] has a cold they tell me."
- We spoke with another relative who informed us of their involvement in their relative's assessment. They told us prior to admission, their relative was able to visit the home several times before making a decision to live there.

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.

- Although staff were unaware of AIS, they were able to demonstrate systems in place to assist with communication.
- The consultant told us the provider would be commencing the use of 'Nourish.' This is a picture software feature that enables care teams to evidence and record care in a more visual way with the use of pictures.
- Staff had requested Makaton training. Although no one in the home used this form of communication, the consultant had arranged for this training to take place.
- People could be confident staff would know how to communicate with them in a way they can understand. For example, the use of picture boards helped people to understand and to make a decision.
- A staff member told us, "One person has specific 'trigger' words, telling us what they want."

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

- People were able to maintain contact with people important to them. One relative told us since the COVID-19 visiting restrictions had been lifted, "We are able to visit regularly."
- People were supported to participate in their chosen social and leisure interests on a regular basis.

- A relative told us, "[Person's name] was able to visit interesting places such as the Lake District."
- Another relative said, "[Person's name] has access to their own transport and staff take them out often. [Person's name] said they wanted to go to Blackpool and the staff took them." During our inspection visit we observed staff supporting people to access their local community to pursue their chosen interests.
- A staff member told us, "People are supported to go out more and have lots of choices with social activities."
- Another staff member told us one person enjoys baking cakes. They said, "We do a lot of baking with them."

Improving care quality in response to complaints or concerns

- People or those important to them, could raise concerns and complaints easily and staff supported them to do so.
- People who used the service would be unable to say if they had any concerns. However, all the staff we spoke with were able to recognise through body language and behaviours if a person was unhappy and efforts would be made to identify and resolve the concern.
- We spoke with four relatives who told us they would be confident to share their concerns with the consultant and was confident their concerns would be listened to and resolved.

End of life care and support

- No one living in the home was receiving end of life care. The consultant had identified the need for end of life training of which, they said would be arranged.
- A best interest meeting had been carried out involving the necessary healthcare professionals and the person's next of kin with regards to having a do not attempt cardiopulmonary resuscitation order in place.

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 outstanding. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There has been no registered manager in post since August 2021. The provider is required to have a registered manager as part of their registration. The provider appointed an independent consultant to provide an oversight of the service and to ensure staff were supported within their role in providing a safe and effective service to people living in the home.
- Staff and people's relatives told us there had been a decline with management support over the past months. A relative said, "I was concerned about the instability of the management in the home. There was no one 'steering the ship,' However, things have improved now." Another relative said, "The manager [consultant] has been amazing. Prior to their appointment, there was no manager or deputy and care staff were running the home without any leadership. I have a lot of trust in the [consultant]."
- The consultant told us there had been a complete change to the management team within the home. The provider had appointed a manager, on the day of our inspection the manager had been in post three days. However, since our inspection visit, we were informed the manager was not continuing in the role. The consultant confirmed they would continue to oversee the service for a further three months to maintain sustainability. On 10 June 2022, the consultant told us the provider had identified a person for the manager's role and they were awaiting recruitment safety checks prior to commencing their role. A deputy manager had recently been appointed and was present at the time of our inspection.
- The provider carried out a 'benchmarking' inspection in December 2021 and March 2022. The report from these inspections identified concerns with regards to the quality of service provided to people and a number of recommendations were highlighted. The report stated, "The previous manager had introduced some new systems and processes some of which, have not provided effective or positive outcomes for the service users."
- The consultant reviewed governance processes and involved staff and families in improving the quality of service provided to people. Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Prior to the inspection we had received concerns about the management of people's prescribed medicines and the care provided to people. The consultant had implemented quality assurance systems to ensure each person received their medicines safely. Monthly governance meetings were carried out with regards to the safe management of medicines, staffing levels, care reviews and the environment.

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

- Staff felt respected, supported and valued by the consultant which promoted a positive and improvement-driven culture.
- The consultant was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Discussions with staff and relatives identified the consultant had supported and empowered them in providing good outcomes for people living in the home.
- We saw care plans and the delivery of care was person-centred. Staff showed an interest in people's wellbeing and supported them to live a lifestyle of their choice.

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 consultant demonstrated a good understanding of the duty of candour. They were aware of their duty to be open and honest when things went wrong and to take the appropriate action to mitigate further risk to people.

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

- A keyworker system was in place; this ensured the individual was supported by a small group of staff at all times to ensure continuity of care.
- The consultant told us they were looking at introducing champions in various areas of care. This should ensure people receive a quality service in meeting their assessed needs.
- A staff member said, "We are able to share ideas with the consultant, who listens to us. Since their appointment we are empowered 100% to develop. This place has improved so much; I would be happy for my loved one to live here. The new manager (consultant) is a breath of fresh air."
- A relative told us, "We have regular family meetings, we had one last Friday, so we know what is going on and any changes."
- All staff spoken with told us the consultant was friendly and treated them all equally.

Continuous learning and improving care

- The consultant was very motivated and passionate about improving the service and to help staff to provide the highest quality of care.
- Staff were motivated and showed an interest for the individual in their care.
- All staff we spoke with told us of the difficulties of the lack of leadership during the COVID-19 pandemic. They told us since the appointment of the consultant they welcomed the arranged forthcoming training to help them to develop and to improve the delivery of care.

Working in partnership with others

- Discussions with the consultant and staff confirmed they worked in partnership with other agencies to provide a seamless service.
- Engagement with the general practitioner ensured people's clinical needs were met when needed and to review their prescribed treatment.
- Working with the community learning disability team provided staff with relevant support with regards to the service provided to people.