

Autism TASCC Services Limited

Collinson Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected this service on 13 June 2016. This was an unannounced inspection. We previously inspected this service on 6 and 7 January 2016 where we identified multiple Regulatory breaches. At that time, we found the service was not safe, effective, caring, responsive or well-led. The service was placed into special measures as a result of an earlier inspection in June 2015 and it had remained in special measures until this inspection. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, the service will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

At this inspection we found that the improvements the provider and registered manager had made were enough for us to remove the service from being under special measures.

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.

People's known risks were regularly assessed, planned for and reviewed and the staff understood how to manage these risks. However, improvements were needed to ensure changes in people's risks triggered a review of how their needs should be met.

Improvements in the monitoring of people's health and wellbeing had been made, but further improvements were required to ensure changes in people's physical health were acted upon in a prompt manner.

Advice from health and social care professionals was sought when needed. However, improvements were needed to ensure professional advice was followed to improve people's care.

People's medicines were managed safely, which meant people received the medicines they were prescribed when they needed them.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff received regular training that provided them with the knowledge and skills to meet people's needs effectively.

People could access suitable amounts of food and drink that met their individual preferences and dietary needs.

Staff showed they understood and applied the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This ensured decisions were made in people's best interests if they were unable to make decisions for themselves.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to be treated with dignity and privacy.

People and their relatives were involved in the planning and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them.

People's feedback was sought and used to improve the care. People were supported to share concerns about their care and complaints were managed in accordance with the provider's complaints policy.

Significant improvements had been made in the way the service was managed. People and staff were supported by the registered manager and provider.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us.

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 not consistently safe. Known risks to people's health, safety and wellbeing were regularly assessed and reviewed. However, changes in people's needs did not always trigger an assessment of any new risks. Risks to people's safety were not always consistently managed.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Although improvements had been made, people's health needs were not always effectively monitored to promote their health and wellbeing. Advice from health care professionals was not always acted upon in a prompt manner.

The requirements of the Mental Capacity Act 2005 were being followed and people's liberty was restricted in a lawful manner to promote their safety.

Staff had completed training to give them the knowledge and skills required to meet people's needs.

People were supported to eat and drink in accordance with their individual preferences and dietary needs.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with kindness and compassion by staff who knew their likes, dislikes and care preferences.

People's dignity was promoted and their right to privacy was respected.

Staff respected people's right to make choices about their care and staff supported people to make choices.

Good ●

Is the service responsive?

Good ●

The service was responsive. People and their relatives were involved in the planning and review of their care to ensure that care met their preferences and needs.

Staff supported people to do the things that were important to them. People were supported to share concerns about their care and complaints were managed effectively.

Is the service well-led?

The service was well-led. Significant improvements to the way the service was managed had been made. Effective systems were in place to regularly assess, monitor and improve the quality of care.

Feedback from people, their relatives and the staff was sought to identify areas for improvement in care.

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.

This inspection took place on 13 June 2016 and was unannounced. Our inspection team consisted of one inspector.

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 and information we had received from the public. We used this information to formulate our inspection plan.

The service was subject to a large scale investigation led by the local authority. This was due to safety concerns that professionals had identified at the service. 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 five people who used the service, but due to people's communication difficulties they were not all able to tell us about their care experiences. We also spoke with three relatives, five members of care staff, the registered manager and the provider's head of quality. 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 five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality audits, staff rotas and training records.

Is the service safe?

Our findings

At our last inspection, we found that effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was no longer in breach of this Regulation as some improvements had been made. However, further improvements were still required.

We found that known risks to people's health, safety and wellbeing were being regularly assessed and reviewed. However, sudden changes in people's needs did not always trigger an assessment of their risks. For example, at our last inspection, we found that one person's mobility had significantly changed following an incident. No moving and positioning assessment had been completed to identify how staff should safely support this person to move around their home following this change in their needs. This meant staff did not have access to the information they needed to ensure they supported the person to move safely. At this inspection, this person's records showed they had recently sustained another injury that affected their mobility. Their records showed that they were usually independently mobile, but their injury had changed the way staff were supporting them. Staff documented that they, 'supported [the person] in walking' and 'assisted [the person] to the bathroom on a one to one basis'. Again, no moving and positioning assessment had been completed to identify how staff should safely support this person to move around their home following this change in their needs. This meant that improvements were still required to ensure risks to people's health, safety and wellbeing were consistently assessed and reviewed.

We found that people were mostly receiving their agreed level of care to keep them safe. Records showed and staff confirmed people who required one to one care to keep them safe consistently received this. However, further improvements were needed to ensure people who required the support of two staff consistently received this. 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. The registered manager was monitoring and acting upon this to improve the staffs' understanding of the need to maintain this person's agreed plan of care.

Risks to the staffs' safety and wellbeing were being assessed and managed effectively. Staff told us and we saw walkie talkies were now being used consistently to enable staff to summon assistance in an emergency situation. One staff member said, "We use the walkie talkies all the time now. We have some new ones coming too that will be even better". Another staff member said, "If I need help I call for it on the walkie talkie. Someone always answers and help comes straight away" and "I feel safer now".

Effective systems were in place to ensure medicines were managed safely. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Records showed 'as required' medicines were clearly planned for with the involvement of the prescriber and staff were following people's agreed medicines plans.

At our last inspection, we found there were not always enough suitably skilled staff available to keep people safe and meet people's individual care needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

A review of the staffing numbers required to keep people safe and meet people's needs had been completed. This had resulted in an increase in staff numbers. A relative confirmed this by saying, "There's more staff now". Staff rotas showed and staff confirmed these new staffing levels were consistently maintained by the provider. We saw that consideration was given to the skill mix of the staff to ensure suitably skilled staff were always available to meet people's individual safety needs. For example, staff rotas showed there were always suitably trained staff available to enable one person to receive their emergency 'as required' medicine if this was required.

People told us and showed us that they were comfortable around the staff. We asked one person if they like the staff and they replied, "Yes I do". We saw that people were happy and comfortable when approaching the staff. For example, we saw people approach staff with smiles on their faces. Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People were protected from the risk of potential abuse. Staff told us how they would recognise and report suspected abuse in accordance with the agreed local safeguarding procedures. Records showed that suspected safeguarding concerns were reported in accordance with these procedures as required.

Is the service effective?

Our findings

At our last inspection, we found that effective systems were not in place to ensure people's health and welfare needs were effectively monitored, communicated and evaluated to promote their safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was no longer in breach of this Regulation as significant improvements had been made. However, further improvements were required to ensure people's physical health needs were effectively monitored and professional advice was followed effectively.

Care records showed and a person confirmed that advice from health and social care professionals was sought when required. One person told us that staff supported them to visit the doctor if they were unwell. We saw that a speech and language therapist had devised individualised communication dictionaries for people which provided staff with guidance on how to effectively communicate with people based on each person's individual communications style. Staff told us this information had helped them understand and communicate with people more effectively. However, we saw advice from one health and social care professional was not followed in a timely manner as planned. The health and social care professional had asked staff to gain some baseline information in April 2016 to enable a plan to be implemented to help manage one person's specific behaviour that challenged. They visited again in May 2016 and recorded that they were still awaiting the staff to action this. We asked the registered manager if this had been completed, and they told us it had not. This showed that the advice from the health and social care professional had not been followed in a timely manner which meant there was a delay in formally addressing this person's behaviour that challenged.

People's health needs were consistently monitored as planned. For example, one person's care records showed their bowel movements were monitored as planned. As a result of accurate and consistent monitoring, their care records showed their risk of constipation was effectively managed and 'as required' medicines to manage this risk were given when needed. People's weight, seizure activity and fluid intake were recorded on regular basis. However, we saw that weight loss was not always investigated to identify if people's risk of malnutrition had changed. One person's care records showed they had lost a significant amount of weight over a three month period, but this had not triggered a review of their risk of malnutrition. We informed the registered manager of this and they immediately took action to review this person's dietary risks.

At our last inspection, people could not be assured that decisions were being made in their best interests when they were unable to make these decisions for themselves. This was because the requirements of the Mental Capacity Act 2005 (MCA) were not always followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

The 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. Staff showed a good understanding of the Act and care records showed that people's capacity to make specific important decisions had been assessed. If people had been assessed as not having the capacity to make a specific decision, the decision was then made in each person's best interests by the staff, relatives and health and social care professionals. For example, we saw one person had been assessed as being unable to make complex financial decisions. Therefore it was agreed that these decisions needed to be made in the person's best interest by a team of people which included, the staff and the person's relatives and social worker.

Staff kept people safe at the service by preventing them from leaving the home unsupervised. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection, we found the provider was consistently following the required procedures under the DoLS. Staff told us and care records confirmed that people were being lawfully restricted in order to promote their health, safety and wellbeing.

At our last inspection, we found that staff were not always suitably skilled to provide safe care and support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

Staff told us and records showed that additional training had been provided and completed since our last inspection to help them carry out their roles. We saw that this training had been effective in making improvements to people's care. For example, one staff member told us they knew how to administer a person's 'as required' medicine in an emergency situation because of the training they had received. They said, "We practiced on a prosthetic head, so I know exactly how to give it". Two senior care staff workers told us they had completed, 'senior development' training. They said this had helped them to, "Gain a better understanding of our role and helped us work better as a team". A relative we spoke with confirmed shifts were being led more effectively. They said, "Staff know what they are doing now. It's not the blind leading the blind". We also saw that staff were coordinated effectively during their shifts as each staff member knew who they should be supporting and when they should be doing this.

Staff told us and a person confirmed they could choose what they ate and drank. Pictorial menus were used to help people make meal choices. One staff member told us how they respected people's right to change their mind about the meals they chose. They said, "[Person who used the service] chose beans on toast today, so I made it for them, but then they said they wanted cheese on toast, so I made that for them instead". Healthy, varied diets were promoted and staff were aware of people's individual dietary needs. For example, staff told us about one person's specialist dietary needs. The information staff gave us matched what the person's relative told us and also matched the person's care plan.

Is the service caring?

Our findings

At our last inspection, we found that improvements were needed to ensure people were consistently treated with dignity. At this inspection, we found the required improvements had been made.

Staff told us how they promoted people's dignity. One staff member said, "I always encourage people to give themselves a wash and I always ask if it's okay for me to help when they need it". Another staff member said, "[Person who used the service] likes to use the toilet with the door open. We leave the door open as it's what they like, but we move away so they have their privacy". We saw that people's dignity was promoted by staff who enabled people to be as independent as they could be. For example, we saw one person was supported by staff to empty the rubbish bin in their apartment and another person was supported by staff to make a hot drink. We also saw that staff interacted with people in an age appropriate manner, and care plans recorded people's daily activities using professional and caring language.

People's relatives told us improvements in care had been made. One relative said, "[Person who used the service] is a lot happier now". Another relative said, "When I visit [person who used the service] they look very happy and content" and "The staff are very attentive". Although most people could not tell us about their care, we saw that people were happy and comfortable around the staff. This was evident because people were smiling around the staff and they approached staff with ease. For example, we saw one person gently touch a staff members arm as they said, "Tea". The staff member immediately responded by smiling and replying, "Let's go and make a cup of tea". This person then smiled and walked to the kitchen where they made a hot drink with support from the member of staff.

Staff told us about people's individual likes and dislikes and we saw that staff used this knowledge to talk and interact with people. For example, we heard one member of staff talk to a person about football whilst engaging them in a ball game. This person responded by smiling, and participating in the game. One person told us they liked arts and crafts and we saw their artwork had been framed and placed on the walls of their home to make it more homely and personalised to them. We heard staff talking to this person about their art which made them smile and talk about their drawings.

Staff talked very positively about the people they supported and they took pride in their caring roles. One staff member said, "I love interacting with the people here and helping them to do what they want to do". Another staff member said, "I like being able to spend time with people on a one to one basis. Since the last inspection, we've improved the quality of the care we give. I really like working here".

We saw and a person confirmed that staff supported them to make choices about their care. Staff told they supported people to make choices about their care based on each person's level of understanding and communication. For example, one staff member told us how they supported a person to choose what they wanted for breakfast by taking them to the kitchen and opening the cupboards to show them the foods available. They said, "[Person who used the service] pointed to the peanut butter and bread so I asked them if they wanted peanut butter on toast and they said yes". The staff showed us they understood people's communication needs well as the information they gave us matched the information contained in people's

individual communication care plans.

The staff were aware of people's right to privacy and we saw that people were enabled to have periods of 'private time' at their request. People were supported to maintain relationships with their families. One relative told us how staff supported them to safely access the community with their relation. Another person's care records showed staff supported them to visit their family home on a regular basis.

Is the service responsive?

Our findings

At our last inspection, we found that people's individual care preferences were not always met. At this inspection, we found the required improvements had been made.

A person who used the service told us they got to do the things they enjoyed when they wanted to do them. People were allocated a core group of staff, including a key worker to help ensure their care preferences were met and reviewed on a regular basis. One relative confirmed this had helped their relation because, "They now have the consistency they need". Care records showed that key worker meetings had recently started to be completed with people to review their care preferences and needs. We saw that information from these meetings was used to plan people's care. For example, one person had told staff they wanted to go shopping and we saw this had been incorporated onto their activity plan. This person's care records showed they were supported to shop on a regular basis in line with their care preference.

Relatives told us they were involved in reviewing their relation's care. One relative said, "They've asked me for [person who used the service] likes, dislikes and suggestions of places they might like to go". Another relative said, "No one knows [person who used the service] better than me. The staff involve me by asking me new things we could try with [person who used the service]". Relatives also told us they were regularly updated about their relations care. One relative said, "I used to worry when they [staff] phoned as it always meant something was wrong, but they phone to let me know good news now too which is great". Another relative said, "I'm informed about everything" and, "I always get an update of [person who used the service's] week".

We found that people were supported to access the community on a regular basis. One relative told us, "[Person who used the service] goes out more now". Staff showed us photos from a recent trip to Blackpool. People looked happy on the photos and staff told us everyone enjoyed the day. One relative told us how much the trip had meant to their relation. They said, "They really enjoyed it. They [the staff] weren't frightened to take them. That wouldn't have happened before, they wouldn't have gone". Care records showed and we saw people were supported to access the community in line with their preferences and individual needs, this meant on a daily basis for most people.

We also found people were supported to engage in activities that met their preferences within the home environment. One relative told us that for the first time they had seen their relation sitting at a table with another person who used the service and staff were supporting them to engage in table top activities. When we spent time in people's living areas, we saw staff were positively engaging with them in individual activities. For example, we saw staff supporting one person to read a book and we saw staff supporting another person to play a ball game. Both of these activities reflected each person's individual activity preference. We also saw photos that showed people enjoying a visit from an entertainer. One person told us they enjoyed this visit and they were able to tell us the entertainers name and the songs they sang.

People who used the service were supported to raise concerns and complaints about their care through key worker meetings and 'your voice' meetings. 'Your voice' meetings were held by the provider to help identify

what is working well and act upon what is not working so well for people who use their services. No concerns or complaints about people's care had been raised through these meetings. Relatives told us they knew how to complain. One relative said, "I would ring the manager, I find her very approachable". Another relative told us how the register manager had been responsive to minor issues they had raised. They said, "There have been a few blips, but they've been dealt with straight away". The complaints process was clearly displayed and we saw that complaints were managed in accordance with the provider's policy.

Is the service well-led?

Our findings

At our last inspection, we found that effective systems were not in place to assess, monitor and improve quality and manage risks to people's health and wellbeing. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

Staff and relatives told us there had been improvements in the way the service was managed. One relative said, "There has been massive improvement" and, "[Person who used the service] is thriving now". Another relative said, "I'm so grateful for the changes. It's resulted in people and their parents being much happier". Staff told us their shifts were being managed more effectively because the management team had delegated some tasks to senior staff. This ensured people received prompt and effective care and support. For example, one staff member told us how incidents had reduced because they could now support people to access the community in a prompt and organised manner. They said, "We [senior staff] are now responsible for people's petty cash and the cars. It means people can go out when they want to go out without having to wait for a manager to be free. It prevents potential incidents where people get anxious when they have to wait".

Staff told us their morale had increased. One staff member said, "Staff morale has improved because we've had more training and support". Another staff member said, "We are working as a team now, it's much better". A relative told us they had noted an improvement in staff morale during their regular visits. They said, "I see the same staff over and over again now and they seem happier".

Staff and relatives spoke about the management team in very positive manner. One staff member said, "There's a stabilised management team now who are hands on. I've never known managers to be so hands on". Another staff member said, "They've supported us and, "They are approachable". The management team assessed and monitored the staffs' learning and development needs through regular meetings with the staff. One staff member said, "I get regular supervision. I can discuss any issues and they can tell me how they think I'm doing too". Staff told us and we saw the registered manager was monitoring the staffs' compliance with new procedures to ensure improvements to care were made. For example, the registered manager was regularly checking to see one person was receiving care and support from two staff members as planned. We saw that when staff did not follow this person's planned care, this was discussed with the staff so they were aware they needed to make improvements to the way they supported this person.

Frequent quality checks were completed by the registered manager and provider. Where concerns were identified, action was taken to improve quality. For example, one audit had showed gaps in people's daily care records. The registered manager had identified the gaps and had requested action was taken to address these gaps. We could see staff were addressing these issues. One staff member said, "I didn't realise I had left a gap, but as soon as I knew, I went and filled it in". We could see this action had been effective as we didn't identify gaps in the people's daily care records that we viewed.

The registered manager and provider was investigating and monitoring safety incidents. Information from

incidents was being used to review people's care needs and staffing levels. For example, the registered manager told us how they were using information relating to one person's safety incidents to ask for more staff hours from the professionals who commissioned this person's care.

Staff told us and care records showed that incidents of behaviours that challenged had decreased because staff were meeting people's needs in an effective manner. One staff member said, "There are not so many incidents as people are doing more activities now and staff are better trained and more observant". Another staff member said, "Shifts are led better, so people go out more. More activities are also done on site now as everything the staff need to do this is there for them now".

The management team were regularly assessing and reviewing risks to people's health, safety and wellbeing. A positive approach to risk was being used as people were being supported to engage in new activities at the service and in the community. One relative told us, "The staff always used to play it safe. But they are pushing the boundaries now and it's been successful".

The registered manager and provider sought feedback about the care from people who used the service, their relatives and the staff. This was via 'your voice' meetings and satisfaction questionnaires. The minutes of a recent 'your voice' meeting showed people had asked for the garden areas to be developed to make them more pleasant for people. We could see request was being escalated to the provider to address. Feedback from relatives was in the process of being acted upon. For example, relatives had suggested it would be helpful for them to meet as a group with the registered manager on a regular basis. The registered manager told us they were in the process of setting up these meetings. The results of a staff survey were displayed for the staff to view. This feedback showed the provider was making improvements based on staff feedback to improve their morale. For example, long service was now being recognised and rewarded by the provider.

Staff and relatives told us the provider was responsive to people's individual needs. One staff member said, "We ask for things and get them. We've got a big paddling pool in the garden now that people really enjoy". A relative said, "The staff have had the backing of the provider to move forward".

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.