Care Quality Commission

Care Homes for Adults with Disabilities Limited

Co-operative Terrace

Inspection report

28 Co-operative Terrace
West Allotment
Newcastle Upon Tyne
Tyne and Wear
NE27 0DU

Tel: 07818423212

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Care Homes for Adults with Disabilities (CHAD) Limited – Cooperative Terrace is a residential care home set in a two storey terraced house in West Allotment. The service provided accommodation, care and support to one adult with a brain injury. This inspection took place on the 15 January 2016 and was announced.

We previously inspected Cooperative Terrace in April 2014, at which time the service was compliant with all regulatory standards.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The person using the service told us that they felt safe with the support from the care staff. Policies and procedures had been recently reviewed and amended. There were safeguards in place to protect people from harm and to ensure staff understood their responsibilities.

Records were kept regarding incidents and accidents. These were investigated and reported on as necessary in a timely manner. Analysis by the registered manager was used to review care needs, risk assessments and implement preventative measures.

The service managed risks associated with the health, safety and wellbeing of the person who used the service, including carrying out regular checks of the premises and equipment in line with their legal responsibilities as the landlord. Individual care needs had been assessed for all aspects of the person's life and we saw evidence which demonstrated this was reviewed and monitored regularly.

Medicines were managed safely and medicine administration records were detailed and accurate. Medicine was stored safely and securely. The staff followed strict guidance regarding the receipt, storing and disposing of medicine. All other records relating to the management of the service were well maintained.

We saw there were enough staff employed to manage the service safely and to meet the person's needs. Staff files showed the recruitment process was robust and staff had been safely recruited. Training was up to date and staff had a mix of skills and experience. Opportunities were given to staff to progress their career and achieve qualifications in health and social care.

The directors of the company one of whom was also the registered manager took turns to carry out staff supervision and appraisals which were regular and recorded. Staff and relative meetings were also held regularly and minutes were noted. This demonstrated that everyone had the opportunity to speak to the managers and raise any issues. Competency checks were undertaken by senior care staff to assess the staff's suitability for their role.

There was evidence to show the registered manager and staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities. The service assessed mental capacity and reviewed it as necessary. Care records showed that wherever possible the person had been involved in making some decisions, but more complex decisions that were made in the person's best interests' had been appropriately taken with other professionals and a relative involved.

Staff supported the person to prepare nutritious, well-balanced meals. We observed the person enjoyed their food at mealtimes. The person had choice around mealtimes and often ate the planned meal from the menu, however we also saw evidence that they could choose different items if they preferred.

Staff displayed kind, caring and compassionate attitudes and the person told us all the staff and managers were nice to them. We observed the person was treated with dignity and respect and that the staff were pleasant and friendly.

The registered manager and staff had built a person centred care plan for the person using the service. Individual needs had been initially assessed and were constantly reviewed with the involvement of the person, their relative and external professionals. The care plan included life history, family members, interests and hobbies. These were accessible for the person to read and they included photographs and pictures.

The service encouraged and promoted activities which were indicative of the person's hobbies and interests. The activity programme was built by the registered manager and staff team to ensure the person remained included in their community, whilst the individual activity plan empowered the person to get involved in activities in which they showed a keen interest.

There had been no complaints received by the service since the last inspection. The registered manager kept a record for complaints and explained to us how the complaints procedure was managed. The person told us they had nothing to complain about but would feel confident to tell the staff or a manager if something was wrong. The registered manager also kept a record of accidents and incidents, which they regularly monitored.

Regular quality monitoring took place. The deputy manager undertook daily and weekly audits to ensure the quality and safety of the service. The registered manager oversaw these. The service asked staff and relatives for feedback and gave them the opportunity to do so. Surveys were issued annually to gain the opinions of staff and relatives about how the service was managed and how it could be improved. We saw a good response to surveys, which allowed the registered manager to collate the feedback and measure an overall opinion. We saw an action plan had been drafted to improve the service following the last survey.

The registered manager had an extensive employment history working with people who had a mental health condition and she was well established in her role, having known the person for many years. The staff team were also consistent. Staff told us they felt valued and that they enjoyed working at the home. A staff member told us, "I like working here; I have good interaction with (person)". And "I have been treated well and fair, I feel valued and they help me work my shifts around my kids – they try to accommodate you".

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.

Safeguarding procedures were in place and these were followed correctly by the registered manager and staff team.

Risk assessments were in place to ensure safety. Care needs had been assessed and control and preventative measures were in place with instructions for the staff to follow.

Staff recruitment was safe and robust. Enough staff were employed to meet the needs of the service.

We saw evidence that the person received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

Consent was sought in relation to care and treatment. As the person did not have the capacity to make their own decisions about their care, the registered manager had documented evidence of best interest's decision making in line with the Mental Capacity Act.

Staff were suitably qualified, with a mix of skills, knowledge and experience. They were supported by the registered manager through regular supervision and appraisal.

The person was happy with the service which supported them to maintain a balanced diet.

Records were kept in care plans of input by external healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff displayed positive, kind, caring attitudes and interacted well with the person. They understood and responded well to their

needs.

Staff were knowledgeable about the person; their abilities, behaviour and life history.

There was plenty of choice around food, drinks and activities. Staff involved the person in making decisions about their care and support.

Staff had an understanding of equality and diversity and acted with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and health and social care needs were assessed. Reviews were carried out regularly by a keyworker.

Activities were interesting and meaningful to the person.

There was a complaints procedure in place and people told us they knew how to complain if they needed to. The registered manager held a record of complaints and incidents which were investigated and dealt with appropriately and in a timely manner.

The registered manager regularly sought feedback from staff and relatives at meetings.

Is the service well-led?

Good

The service was well led.

There was a relaxed atmosphere in the home and the registered manager had a clear vision about the direction of the service.

Staff told us they had confidence in the registered manager.

The registered manager demonstrated good governance. There was a robust set of management records to monitor the safety and quality of the service.

Audits were regularly carried out to ensure staff complied with their responsibilities and that the person received the care and support they required.

Stakeholders were consulted to obtain feedback and we saw

evidence that this was used to improve the service.

Care Quality Commission

Co-operative Terrace

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 is 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 the 15 January 2016 and was announced. We gave notice of the inspection because we needed to seek the permission of the person who used the service and let them know that we would be visiting them at home. We also needed to ensure records would be accessible. The inspection was conducted by one inspector.

Prior to the inspection, we reviewed the information we held about Chad Ltd – Cooperative Terrace, including any statutory notifications which the provider had sent to us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted North Tyneside local authority's adult safeguarding team to obtain their feedback about the service. All of this information informed our planning of the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with the person living at the home, we spoke with their relative, two members of the care staff team and the registered manager who is also a director of the company. We reviewed the person's care record and information kept regarding the management of the service. This included looking at four staff files and any records relating to the quality monitoring of the service.

Good

Is the service safe?

Our findings

The person told us they felt safe living at the home. They said "I love it, it's lovely". We asked if they felt safe with the staff and they told us they did. Throughout the inspection we observed the atmosphere was friendly and relaxed, with the person enjoying good interactions with the staff members on duty.

Policies and procedures were in place for staff to follow in line with local authority guidance which are designed to protect people from abuse or improper treatment. We observed evidence that a record of incidents were documented and monitored by the registered manager. Staff told us they were aware of their responsibility to report safeguarding matters and said they had no concerns. Staff told us they were happy and confident with the procedures in place relating to safeguarding and whistle blowing and that they had no hesitation to report issues to the registered manager. One staff member said, "There is a good safeguarding culture here".

The person's care needs had been assessed and there were detailed risk assessments filed with them. We saw that general risks around the property and individual risks to the person had been assessed and were reviewed regularly. The person moved safely around the home and we saw that the registered manager had taken into consideration health and safety risks when adapting the property.

The home was well maintained and staff reported any repair needs to the registered manager. All of the landlord checks which are required by law, including tests of gas, electricity and water had been completed. We saw evidence that these were carried out by professional contractors regularly. We observed fire safety procedures were in place and a personal evacuation plan was kept on file when met with the person's abilities and needs. There was serviced fire fighting equipment in situ and records were kept which detailed the fire evacuation practice drills. The staff spoke confidently about emergency procedures.

The person had a report file which was kept in conjunction with their care plan. This contained detailed records of any accidents or incidents which the person had been involved in. There was evidence that these were reviewed and monitored by the registered manager. Incidents were analysed and staff recorded the behaviour of the person before and after an incident, any triggers and what interventions the staff used. This helped the registered manager develop control measures and preventative action. The process had a positive impact on the person as they were supported to manage these incidents and in turn reduce the likelihood of a repeat event.

The person living at the home required the support of two care workers at all times throughout the day whether at home or when accessing the community. The service had assessed the staffing levels to be able to manage this safely. The registered manager told us about the support the person required and we saw this documented in the care plan. The service had enough care staff employed to ensure that the person could go out when they liked, this included the use of care workers who could drive the person's car. The service also had a member of staff working throughout the night in order to ensure the person was adequately supported.

Recruitment procedures were robust and the staff files contained information which showed that staff were recruited safely. There was evidence of pre-employment checks including references from past employers, interview documentation and enhanced Disclosure and Barring Service (DBS) checks. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are employed. We saw evidence of an induction process, shadowing of experienced staff and on-going training. The service was proactively recruiting suitable people with a mix of skills, knowledge and experience to meet the needs of the person living at the home. We spoke with staff who confirmed that the registered manager had carried out appropriate checks prior to their employment commencing.

We also saw evidence of the registered manager following the company disciplinary process when an issue had arisen. Investigations were held and staff had received disciplinary action in line with the company policy. A member of staff we spoke with told us they felt the process had been fair and proportionate.

We checked how the service managed medicines. The medicines were kept in a secure cupboard. We carried out a random check of the medicine stock including a pharmacy filled individual storage box and some original boxes and bottles. We found the contents and the records to be accurate and well maintained. Two members of staff checked and signed the medicine administration record.

We talked through the medication procedure with the registered manager and they showed us evidence of how the medicine was received by the service. Any disposal of medicine was recorded and returned safely to the pharmacy. The medicine's disposal book was signed by a pharmacist on these occasions. PRN medicines were found to be recorded and monitored. These are medicines which are only needed as and when required. The registered manager told us that only staff who had achieved their safe handling of medication accreditation administered the medicines.

Good

Is the service effective?

Our findings

Staff told us, "We have training; it's on the noticeboard so everyone knows when theirs is due". Training and development plans were displayed on the staff notice board so staff knew when their training was due to be refreshed. We saw in staff files that all staff had undergone an induction and more recently, staff were completing the new care certificate induction process. The service used a range of training providers to meet their training needs.

Training was specific to the service and included topics such as, challenging behaviour and restraint techniques. Newer staff confirmed that they had an extensive shadowing period at the service to enable them to watch and learn from experienced staff. Staff observations were carried out by senior staff and this measured competency within their role. We saw records of competency checks which included comments from the senior staff and actions where improvement was needed.

Supervisions were carried out monthly by the two directors of the service who alternated these so staff had an opportunity to talk to both of them. Supervision sessions covered role and responsibilities, development, training needs and an action plan. Historical supervisions sessions we present in files as were annual appraisals. A staff member confirmed, "Yes, we have supervisions with the managers". The service had started a new style of appraisal whereby employees received confidential feedback from their managers and colleagues.

Individual meetings were held regularly with a relative to discuss the person's needs and progress. Staff meetings also took place which the person using the service was involved with. There was good communication between the team and processes were in place for staff to hand over information to each other between shifts.
We observed staff communicating well with the person.

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. The person using the service lacked the mental capacity to make some decisions. Their relative, the registered manager and a care manager had made more important decisions in their best interests.

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). We checked whether this service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were met. We found that the service had submitted a DoLS application to the Local Authority in line with the MCA for the person who was being deprived of their liberty. They had also notified the Care Quality Commission of this.

Most of the incidents we reviewed were happening due to behaviour expressed by the person. The registered manager told us and staff confirmed that they had been trained in techniques to help manage this and were familiar enough with the person to understand the triggers of negative behaviour and how to de-escalate the situation. Staff told us they always explained what they were going to do before they intervened. Staff told us that the person would tell them if they didn't want to do something. One staff member said, "We always ask (person) for their preferences".

The person using the service told us they enjoyed the food and that the staff made a variety of meals. The menu was drafted by staff with the input of the person and their relative. The person said, "I have been doing slimming world, I've lost a canny (a lot) bit weight". They went on to tell us a local take away restaurant had a slimming world menu and they enjoyed a weekly take away from there. Staff told us that the night care worker prepared meals in bulk to freeze for the week ahead. Although there was a menu plan in place, if the person did not fancy the planned meal, they could opt for something else. The staff told us that the person quite often forgot when they had last eaten, so the daily menu was written on a notice board and ticked off when it had been eaten. This prompted the person to check if they had eaten. It was also helpful for the staff to validate the information they were telling the person.

Records demonstrated evidence that the service had involved external healthcare professionals when the person's needs changed. We saw that staff had made referrals to a GP, a speech and language therapist and they had worked closely with the person's care manager. Records were made of the outcomes and information was communicated to a relative by telephone.

The person told us they are happy with the home they lived in. They told us they had been involved in all the decoration and furnishing decisions. The provider had made some minor adaptations to the property to ensure the safety of the person and to meet their individual needs.

Good

Is the service caring?

Our findings

The person using the service told us the staff were very nice. As we spoke the staff displayed an excellent relationship with the person. Throughout the inspection there were a lot of positive interactions between the person and the staff team, with lots of conversation and joking. The staff demonstrated that boundaries had been established which were positive and effective. The person understood the expectations of behaviour and this reduced the likelihood of behaviour which would challenge the staff and have a negative impact of their relationship.

We observed the atmosphere was very homely. The home was clean and pleasant. The person remained at home during the day of inspection and we heard them talking with the staff about the television programmes, sport, food, future activities and the weather. The staff's attitudes were friendly and kind.

The service was accommodating of the person's needs. Staff responded well and understood the importance of individuality. Staff files showed that they had undertaken equality and diversity training. The person's care file showed that staff had taken the time to research activities, holidays and other outings that would be of interest to the person.

The person was involved in all aspects of their life; we saw they had been involved in decisions about décor, soft furnishings and pictures on the walls. The person had developed an action plan with the staff which we saw in their care plan – it included hopes for the year ahead, for example, attending a music concert in Manchester.

Due to the person lacking mental capacity, they required an advocate. A relative acted in this role; however the registered manager told us that they were aware of how to involve a formal advocate from the local authority if they thought it was necessary. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Care records containing the person's personal information was kept locked away. The staff were aware of the importance of maintaining confidentiality. We observed the person being treated with dignity and respect throughout the inspection. One staff member told us, "We make sure that blinds and doors are closed if they are getting changed and when I am assisting to dry (person) after the bath". Staff files showed that staff had completed a course called 'Dignity in Adult Social Care'. The registered manager was a 'dignity champion' and all the staff had read and signed a dignity in care leaflet pinned on the noticeboard.

Staff supported the person to maintain their independence and we observed them doing things for themselves. Staff encouraged the person to undertake tasks themselves and supported them only when necessary. For example, we saw the person help themselves to snacks from the kitchen.

Good

Is the service responsive?

Our findings

We found care plans were person-centred. This meant they were personalised and individual. External healthcare professionals, a relative and the person using the service had been involved in the person's care and had contributed to the assessment which had been undertaken. There were sections such as, personal information, routines, food plans, communication plans, behaviour plans and future action plans. These were all completed to a good standard. For example, the person's file contained comprehensive information about their past history, hobbies and interests.

The service worked closely with the person's relative and had regular meetings with them about the person's individual needs. This ensured the staff were up to date with the person's condition and their progress and it helped them to respond to their changing needs and how to deal with behaviours that may challenge them.

The person had a keyworker who was a senior member of staff. They were responsible for reviewing and updating care plans and assessments. All of the staff were familiar with the person and the support which they required. Assessments were carried out for each aspect of the person's life. Staff had taken into consideration, the person's likes and dislikes, preferences, abilities and habits when assessing certain activities. For example, the person was a keen follower of Newcastle United Football Club and attended all home games. They were familiar with these surroundings and the noise did not affect them, however unfamiliar places with lots of people and noise was carefully assessed as it sometimes caused distress to the person.

There were sections of the care records which contained pictures and photos to help illustrate what was being described. These were entitled, 'Who is involved', 'All about me', What keeps me safe', 'My communication – what I do, what it means, what you should do'. This made the care plan document accessible for the person to view and understand themselves. The person told us they were involved in the review of their needs with staff and their relative. They also took part in staff meetings where any changes were discussed and agreed.

The service used an information sheet which could be transferred between services. For example, if the person was admitted to hospital, the paperwork could be removed from the care record and taken with the person. It contained personal details, emergency contact information, health condition and medication needs. This ensured effective communication between services.

Daily activities were planned as a guide for staff, however if the person did not want to do something, the staff would discuss this with them, agree on an alternative activity and document this in their record book. The information about how the person felt that day, their mood and the decision made was used by the registered manager for future planning.

The person was involved in deciding which activities to take part in, their activity plans were quite substantial. The service encouraged their own interests and they engaged in activities which were personal

to them. We heard the person talking to staff about trying a new snooker club and going to the local pub on an evening.

The registered manager and staff told us how it was important for the person to maintain a relationship with their family. The person told us their relative visited whenever they wanted. Typically, they visited the home once or twice a week. Once a week the staff supported the person to meet their relatives in a local café and once a week the staff supported the person to join their wider family at a local pub for lunch.

We observed the person being given choice in all aspects of their care and support. We overheard staff say, "Would you like a drink – do you want tea or juice?" and, "What do you want to watch on TV".

The service had received no complaints since the last inspection. The registered manager told us that minor issues had cropped up and they were dealt with straight away. The person we spoke with told us they had no complaints about the service in fact they were quite complimentary. A complaints log was in place and the manager explained that the procedure would be to investigate and respond to people as necessary. We reviewed the company complaints policy which was available for people and their relatives, it informed them of how to complain, what would happen and who would be informed i.e. the local authority.

The person told us they would have no hesitation in complaining if something was wrong and they felt confident that the staff and the registered manager would deal with it. Staff also told us, they had the confidence to support the person to raise an issue with the registered manager if needed.

Good

Is the service well-led?

Our findings

The service was operated by two directors, one of whom was also the registered manager of the service. They were established in their roles and had experience of working with people with mental health issues.

Both directors were available and on hand to assist us with the inspection, they gave us access to the records we required and liaised with staff, the person who used the service and a relative on our behalf.

The staff told us they respected the directors who were skilled, knowledgeable and experienced in caring for people with mental health issues. One staff member said, "They are good managers, always around and approachable" and, "I was welcomed in and supported as I was new to care and they gave me lots of advice".

A clear staffing structure in place, which included the registered manager, a deputy manager and support staff. The shifts were organised to ensure there were enough support staff to meet the individual needs of the person but also always ensure a manager was available to support the staff and monitor the safety and quality of the service.

The staff told us about the long shadowing periods which had taken took place when they were first employed to ensure that they are suitable for the role and that they were liked by the person who used the service. The registered manager told us how they were legally responsible and accountable for safety and that it was best to ensure new staff members were confident and suitable before employing them permanently.

The staff encouraged the person as best they could to maintain links with their community. The person enjoyed visiting the local pub and using the local take away restaurant.

Stakeholder surveys were regularly carried out and the results were collated by the registered manager in order to get an overall opinion. 17 staff members had completed the latest staff survey and the registered manager had noted the positive response. Staff had been asked about how improvements could be made to the service and an action was devised with the staff's input.

Audits and checks of the service were in place to monitor the quality and safety of the service. The deputy manager conducted a weekly audit of medicine records including updating and reviewing medicine administration records as necessary. The handover between staff included a check of medicine stocks and records, a count up of the person's personal money and checking for out of date food. Checks were carried out daily on fridge and water temperatures. The deputy manager also reviewed the person's care records to ensure they met with the high standards of quality the company expected and monitored the training requirements.

Policies and procedures were embedded into daily practice and had been recently amended to include current guidance. The registered manager oversaw all of audits on a regular basis, to ensure the service

being delivered was safe and of good quality.