

Coquet Trust

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Inspection report

23 Lansdowne Terrace
Gosforth
Newcastle Upon Tyne
Tyne and Wear
NE3 1HP

Tel: 01912859270

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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

The Coquet Trust provides personal care and support including overnight care to adults with learning and physical disabilities. People may live in their own homes, with their relatives, or in their own tenancies within supported living arrangements.

At the last inspection in December 2014 we had rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support. People told us they were safe. There were enough staff to provide individual care and support to people.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

People were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Information was made available in a format that helped people to understand. This included a complaints procedure. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction or concern. People we spoke with said they knew how to complain.

People had food and drink to meet their needs. Some people were assisted by staff to plan their menu, shop for the ingredients and cook their own food. Other people received meals that had been cooked by staff. People were appropriately supported to maintain their health and they received their medicines in a safe way. Those who were able, were supported to manage their own medicines.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community. Staff had developed good relationships with people, were caring in their approach and treated people with respect. People and relatives were positive about the care provided. One relative told us "I would recommend it to anyone."

A range of systems were in place to monitor and review the quality and effectiveness of the service. People had the opportunity to give their views about the service. There was regular consultation with people or family members and their views were used to improve the service.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Coquet Trust

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 checked 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 21 and 30 March 2017 and was unannounced.

It was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for people with a learning disability. During the inspection the inspector visited the provider's head office to look at records and speak with staff. After the inspection an expert by experience carried out telephone interviews with some people who used the service and some relatives.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted local authority contracts teams, and local authority safeguarding adults' teams.

We spoke on the telephone with three people who used the service and five relatives. We interviewed one service manager, one team leader, two support workers and the registered manager for the service. We reviewed a range of documents and records including four care records for people who used the service, five records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Is the service safe?

Our findings

People were positive about the care they received and told us they were safe with staff support. People's comments included "It's good, I feel very safe here", "I feel safe here, the staff support us" and "I feel very safe here, if I didn't feel safe I would tell the staff or if I couldn't tell them I would tell the office." Relatives' comments included "I have no worries at all", "They have regular staff and they know [Name] well", "I have no worries it has been marvellous" and "I changed the care package to this agency two years ago and it was the best thing I ever did."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the person in charge. They were able to describe various types of abuse. Records showed and staff confirmed they had completed safeguarding training. A person who used the service told us, "If I was worried I would go to the Trust and tell them."

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for distressed behaviour, epilepsy, moving and assisting and falls. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring and at the same time supporting people to take risks to help increase their independence. For example, with managing their own medicines.

People received their medicines in a safe way. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed in the handling and administration of medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines. People's comments included "I do my own pills but the staff help me", "The staff do my medicines, they help me with that" and "They do the pills for us." Care plans were in place that detailed the guidance required from staff to help people safely manage and be responsible for their own medicines.

A system was in place to deal with people's personal allowances and any money held on their behalf for safe keeping. Some people's comments included "They look after my money but I sign for it", "I have my money in my tin and if I need to use it staff help me" and "I look after my money."

There were personal evacuation plans for each person in the event of an emergency. There were records in place to report any repairs that were required and this showed that these were dealt with.

Accident and incident reports were analysed, enabling any safety concerns to be acted on. Health and safety issues were discussed at all meetings to raise staff awareness of complying with standards and safe working practices. Managers were able to be contacted outside of office hours should staff require advice or support.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the

number of people using the service and their needs. Staffing levels could be adjusted according to the needs of the person and they were increased or decreased as they became more independent.

The provider had robust recruitment processes which included completed application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant the provider made sure only suitable staff were recruited.

Is the service effective?

Our findings

People were supported to access community health services such as GPs and dentists. Peoples' comments included "I can see the doctor when I want but sometimes I just go and lie down and I feel better", "I go to the doctor's with my Mum" and "They (staff) help us to go to the doctors." One relative told us "Staff let us know everything. They rang us up and said [Name]'s legs were swollen so we've been to the doctor and we've got to go to the hospital. So they're really on the ball like that." Another relative commented "I have no worries about [Name]'s medical care it is spot on." People's records showed the health needs of people were well recorded. The relevant people were involved to provide any specialist support and guidance to help ensure the care and treatment needs of people were met.

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 service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Some people were subject to court of protection orders, as they did not have capacity to make decisions about the care and treatment they required. The registered manager was working with other professionals, including Independent Mental Capacity Advocates, (IMCA) where further people might need to be referred for these arrangements.

People's nutritional needs were assessed and care planned, including support with weight management and advice from dieticians. Staff kept people's nutritional well-being under review and recorded their weight each month. One relative commented "[Name] is putting on weight, I discussed this with the staff. They weigh [Name] once a week." Where able, people were involved in menu planning, food shopping and preparing drinks, snacks and meals. One person told us "We have a menu to choose from at the house, I choose what I want." Some people had specialist needs to receive their nutrition and staff received guidance and support to ensure these needs were met.

People received care from staff who had specific training in supporting people with learning disabilities. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. Training courses included epilepsy, dignity awareness, person centred planning and autism spectrum condition so staff were clear about how to meet each person's individual needs. Positive behaviour support training was also provided so staff had an understanding of behaviour that may be described as challenging. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for other training to understand people's care and support needs. New staff completed a comprehensive induction training programme which included all the essential training. They were then enrolled onto training towards a national care qualification. Staff's comments included "The

staff team at our house did a mental health course recently", "I've just finished safeguarding at level two" and "My mandatory training is up to date."

Staff records showed they received regular supervision from the management team, to discuss their work performance and training needs. They also received an annual appraisal to review their work performance. One staff member told us "I have supervision with my line manager every three months. I can identify training then and talk about my job."

Is the service caring?

Our findings

People and relatives told us the staff were compassionate, patient, kind and caring. Peoples' comments included "I like it, I like the staff", "The staff are all nice to me" and "They (staff) ask me stuff like you, I like it here." Relatives comments included "It's wonderful, its 100%, no 110% they go above and beyond what you would expect", "[Name] is really happy and obviously well looked after", "I am very happy that [Name] is well cared for", "I cannot praise the staff enough, they look after [Name] so well. Some other relatives comments included "There are regular staff and they know [Name] really well, all their likes and dislikes and I'm sure they do more than they should" and "I am over the moon with the care, it couldn't be better. They have done so much with [Name]."

Relatives told us they were kept informed. Comments included "They (staff) let us know everything", "Staff would ring me if anything was wrong", "We get regular updates, honestly we couldn't ask for better", "They ring me if there is anything I need to know about" and "The carers text me if anything is wrong or if [Name] needs something, I think that's great, it keeps me in touch."

People told us their privacy and dignity were respected. They told us staff members knocked before entering their bedroom. Care plans also provided information for staff to promote people's privacy and dignity. Records were held securely and policies were available for staff to make them aware of the need to handle information confidentially.

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. Not all people were able to fully express their views verbally. Care plans provided information to inform staff how a person communicated. The information included for signs of discomfort when people were unable to say for example, if they were in pain. This meant staff had information to inform them what the person was doing and communicating to them.

People were encouraged to make choices about their day to day lives and staff used pictures, signs and symbols to help people make choices and express their views. We saw information was available in these formats to help people make choices with regard to activities, outings and food. People told us they were able to decide for example when to get up and go to bed, what to eat, what to wear and what they might like to do. Their comments included "I go to bed early if I'm going out and they (staff) remind me when to get up", "I go to bed when I like usually but stay up late at weekends" and "I can choose what I want to eat from the menu."

People were supported to be as involved as possible in choosing menus and grocery shopping. People were asked at their regular house meetings if there were any dishes they would like to add to the menu. Some people were involved in preparing evening meals with the support and supervision of staff. Everyone was encouraged to be involved in household tasks such as cleaning and laundry. Care plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They provided a description of the steps staff should take to meet the person's needs.

This helped people to improve their independent living skills.

Records documented the end of life wishes of people and their relatives, with regard to their wishes as they approached death. This was to include people's spiritual requirements and funeral arrangements and who they wanted to be involved in their care at this time.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates such as Independent Mental Health Care advocates (IMHA) were involved if formal advocacy was needed as directed by the MCA. Advocates can represent the views of people who are not able to express their wishes.

Is the service responsive?

Our findings

People were encouraged and supported to engage with activities and to be part of the local community. Their comments included "I do go out, I go to the football with a staff member to Newcastle", "I go to the pub on Friday and have a lager shandy", "I go to cooking and to the club on a Friday", "I volunteer at the young people's unit", "I see my friends at the club", "I watch football on television or listen to music", "I go into town", "I go to the Wetlands Trust on a Friday" and "I go to the daycentre." One relative told us "[Name] gets out and about, they go shopping and to clubs." Another relative commented "[Name] goes out now to some local places on their own."

Assessments were carried out to identify people's support needs and care plans were developed that outlined how these needs were to be met. Care plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They reflected the extent of support each person required, ranging from staff visiting daily to provide personal care to extensive care and support across the 24 hour period. One person told us, "I do lots for myself but sometimes staff need to help me." Care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One relative told us "There are regular staff and they know [Name] really well."

People's care records were kept under review. Monthly evaluations were undertaken by care staff and care plans were updated following any change in a person's needs. One person told us "I know I have a care plan, I do meetings about that." Formal reviews of people's care plans took place every six months. Relatives told us they were invited to any meetings to discuss their family member's care. One relative told us "I go to all the meetings and they (staff) let me know what is going on." Another relative commented "I go to all the reviews I can." A third relative said "We do all the reviews and we get regular updates."

People were involved in a wide range of vocational and leisure activities. These included sessions at a local college, workshop or farm. Some people also engaged in voluntary or employed work. People had opportunities to go out each evening and at weekends to social or sports activities such as bowling, horse riding, swimming, discos, shopping or meals out. People's choices about whether to engage in these activities were respected.

People and their relatives told us they were supported to keep in touch and in some cases helped to visit and spend time with family members. One person commented "I see my Mum once a fortnight and I'm going to see my Dad next week."

Monthly meetings were held with people to discuss the running of their household. Meeting minutes showed topics discussed with people who used the service included holidays, activities, complaints and any areas that could be improved.

The provider had a complaints procedure which was available to people, relatives and stakeholders. Relatives said, the registered manager and staff were available and they could raise any concerns with them. People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. Staff meeting minutes also showed the complaint's procedure was discussed with staff to remind them of their responsibilities with regard to the reporting of any complaints.

Is the service well-led?

Our findings

The service had a registered manager in place. 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 registered manager understood their role and responsibilities. They had ensured that notifiable incidents were reported to the appropriate authorities or independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies, for example, safeguarding.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

People and relatives told us the service was well led. Their comments included "I couldn't recommend it (the service) highly enough to anyone", "It's been brilliant", "I am so pleased that [Name] is there" and "I'm sure [Name]'s Mum died happy knowing they were safe with the service." People said they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff said the registered manager was supportive and accessible to them.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received a company handbook when they started to work at the service to make them aware of conditions of service. They were also made aware of the rights of people with learning disabilities and their right to live an "ordinary life." The culture promoted personalised care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves.

The registered manager was supported by a management team that was experienced, knowledgeable and familiar with the needs of the people receiving support. The registered manager, operations manager, training manager and service managers were based at the location office. They had daily contact with one another, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised of and discussed the operation and development of the service. Since the last inspection other organisational achievements had included the Investors in People Award.

The staff team were reflective and looked at how they could tailor their practice to ensure the support delivered was completely personalised. The registered manager was continually reviewing the service to identify any potential improvements. Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how they could improve the service. Support staff attended three monthly team meetings at head office, chaired by the team leaders of individual households.

The meetings minutes showed these were an opportunity for staff to receive consistent information and direction, discuss expected practices and make suggestions.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

Feedback was sought from people through meetings and surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey. The results of the most recent survey in 2016 had been compiled and showed that all people who responded were happy with the service and where areas of improvement were identified an action plan was completed to show action that was to be taken to improve outcomes for people. Topics surveyed included friendships, money, health, living arrangements, support and hobbies and interests.