

Coquet Trust

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Coquet Trust provides personal care and support or enablement to people with learning disabilities, autism or associated related conditions and/or mental health needs. 49 people received support with personal care. Although after the inspection, the management team confirmed this figure was to be reviewed as it was thought more people received personal care than they originally advised. CQC only inspects where people receive personal care. This is defined as help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received a caring and responsive service, but other aspects required improvement. There were issues and gaps in records which had not been effectively identified and addressed by the provider's quality assurance system.

Staff had not always received the support they needed, including regular supervisions or annual appraisals. Some staff had not received competency checks to ensure they were following safe working practices. There were enough staff to support people. However, we have made a recommendation regarding reviewing the number of hours staff work to ensure it is not excessive.

Medicines management needed some improvements, including in connection with recording medicines applied in the form of creams or ointments. The provider confirmed these issues were to be addressed immediately.

People were protected from abuse and staff advised they would report any concerns. Risks had been assessed for people and the provider was working through paperwork to ensure these were all up to date and relevant.

People were treated with kindness by caring staff. Care was person centred, but records needed to be further reviewed to fully reflect this. People were supported to maintain social inclusion.

Arrangements were in place for people and their relatives to raise complaints. We noted the associated policy needed to be updated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some best interest decisions records needed updated and reviewed. We have made a recommendation about the records in relation to keeping copies of lasting power of attorney or court of protection.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain skills and become more independent. However, outcomes were not always recorded fully or reflective of support or opportunities provided.

There was a registered manager formally registered with the service but they were no longer working for the provider and had not requested the CQC cancel their registration at the time of the inspection.

We found two breaches of regulations in connection with staffing and good governance.

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

Rating at last inspection (and update) The last rating for this service was good (published 18 May 2017). The service has now deteriorated and is rated as overall required improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Coquet Trust

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one 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 this type of care service.

Service and service type

This service provides care and support to people living in supported living settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission, however, they no longer worked for the organisation and still needed to deregister. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and to organise contact with the people who use it. Inspection activity started on 15 November and ended on 22 November 2019, which included visits to people on 15 and 22 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning teams in the areas in which the provider supported people. We also sought feedback from Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. We used all information to plan our inspection.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We contacted ten people who used the service and ten relatives about their experience of the care provided, this included visits to people in their homes. We spoke with the nominated individual and contacted 32 members of staff. A nominated individual is someone appointed by the provider to represent them. Not all staff responded to our contact, but those that did included, four operational managers, two human resource managers, the finance manager, five service managers, three deputy managers, eight support workers and three office administration staff. We also contacted a clinical manager at the community learning disabilities team, a member of the speech and language therapy team, two care managers, two social workers, the district nurse team and an advocate. We used any comments to support our judgement of the inspection.

We reviewed a range of records. This included ten care plans and ten medicine administration records. We looked at six staff files in relation to recruitment, training and support. We also reviewed a range of management documentation, quality assurance checks and policies and procedures.

After the inspection

The provider sent us further information as requested.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines management needed some improvements. Medicines were administered appropriately. However, topical applications (creams/ointments) were not always fully recorded when staff had applied them; although staff knew people well and confirmed they had been applied. People who were able and their relatives also confirmed staff administered medicines correctly. The management team agreed to address this immediately.
- The medicines policy was out of date and in need of a full review to ensure it was in line with best practice guidance to support staff.

Staffing and recruitment

- There were enough staff to support people, but some staff worked long hours. On occasions agency staff were used, but the provider worked to ensure this was not a regular occurrence. A recruitment drive was in place and a new member of the HR management team had been employed to support this area of the service. One relative said, "Staff are very good at getting the balance right. He likes his own company, so he does not want staff around him all the time, but he also needs to be safe. He seems very well looked after."

We recommend the provider review their staff allocations to ensure staff do not work excessive hours.

- Recruitment processes were in place. The provider had obtained two suitable references and checked with the Disclosure and Barring Service (DBS) to make sure potential staff were suitable to work with vulnerable people.
- We found some issues with recording of the recruitment process. For example, application forms had not requested a full employment history with dates, although discussion had sometimes taken place during the interview process. The management team confirmed they had addressed these issues.

Learning lessons when things go wrong

- Accidents and incidents were recorded when issues arose. From the records we checked these had been dealt with appropriately. However, reports were not fully analysed to fully monitor for any trends and the way they were stored made this more difficult. The provider told us this would be addressed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were available to staff. Suitable training had been provided to staff, although some staff needed update or refresher training.
- People and relatives told us they felt safe. One relative said, "I don't see anything that makes me worried, I

am confident in his care at the moment...enough to leave (person) for two weeks to go on holiday."

- Staff told us they would have no hesitation in reporting any issues of concern if any arose.

Assessing risk, safety monitoring and management

- Safety was monitored. Fire safety was checked in supported living accommodation and personal emergency evacuation plans were in place. One person said, "Sometimes we have a fire drill."
- Positive risk taking was promoted and risk had been assessed, although some records lacked detail or needed review. The management team were aware and were working to address this.

Preventing and controlling infection

- Infection control measures were in place. Staff were provided with personal protective equipment, such as gloves and aprons.
- We noted during one visit to people in a shared, 24 hour supported, house that paper towels and foot operated bins were not always available to staff who provided personal care to people. We spoke with the management team about this and they said it would be addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff support was not always in place, including individual supervision and annual appraisal. We found some staff had large gaps between supervision sessions. Staff confirmed this. We also noted that a number of staff were related to other staff they supervised which is not conducive to good working practices. We discussed this with the management team who agreed it was not appropriate. We received some information about one staff member in relation to their interaction with other staff. We asked the management team to look into this. They later confirmed that additional training was to be provided.
- Training was in place to help staff meet people's care and support needs, however, there were gaps in training found for some staff members and others needed refresher training.
- Some staff had not had their competencies checked to ensure they were safe or continued to be safe to work with vulnerable people.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing.

- Staff received an induction to the service and completed the Care Certificate standards if new to care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care and support needs assessed prior to using the service to ensure staff could meet them.
- Care and support plans were not always reviewed regularly, and the management team confirmed this, but told us they were working to address this.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been considered. Best interest decisions had been made where people required support with more complex issues. We found a small number of examples where a best interests decision had not been fully documented. The management team were going to address this.
- Records of lasting power of attorney authorisations were not always maintained which meant it was difficult to confirm legal authority had been given to make decisions for people where this had been authorised.

We recommend the provider ensures they follow best practice and update their processes to ensure that copies of legal documentation are maintained.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough nutritious food which met their dietary needs, this included people who were fed via a PEG. A PEG is a medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate or possible. One relative said, "The menu is very varied and healthy."
- People who had concerns around their food or fluid intake had been referred to specialist teams when necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with people, their representatives and relevant healthcare professionals to manage any specific health needs. One relative said, "They (staff) realised they were not right and rang for the doctor."
- People were supported to attend health care appointments and hospital passports were produced to support this. Hospital passports contain key information about the person to support the visit.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people, including calling them by the name they preferred. Staff told us they enjoyed working with vulnerable people and we saw good examples of the dedication to the role they were employed in.
- People were treated by kind and considerate staff. Staff demonstrated a caring approach to people and expressed they wanted to provide care that met people's needs to improve their quality of life. There were examples of where staff had been particularly considerate in their approach. One person was supported to complete paid therapeutic work at the main office delivering post within the building. The person told us they, "Loved their job" and "Staff are really nice". Another person said, "Staff are caring...when you need to talk or if you are upset they are always there for you." One relative said, "They (staff) are educated and dedicated, they treat (person) like a relative, they have been working with them for a long time and they go over and above what they are meant to do for (person)."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. People's preferences were documented in care and support records. One relative said, "Yes we are very involved and fight the battles (person) needs us to fight on their behalf, like their two to one care needs, but the company are good and help support us with those battles."
- Feedback was sought from people and their relatives via visits, phone calls and surveys.
- Advocacy services were used by people when needed. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. One advocate told us, "Staff have been proactive in involving an advocate when they feel their service users would benefit or when a social worker has referred."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were able to have personal space when needed and staff knew they needed to protect these times. One relative said, "Staff always shut the toilet door (when providing personal care)."
- Staff were diligent and patient when supporting people to eat who needed additional support.
- People were supported to remain as independent as possible. Guidance was available for staff to support them to help people achieve their potential, including what people could do for themselves and where additional support may be required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same. This meant people's needs were met through good organisation and delivery.

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

- Personalised care was delivered by staff. Some records needed further review, but the management team were working to address this, which also included updating documents in people's homes and on their electronic systems. One healthcare professional told us, "The team have been responsive and effective to (person's) needs and provided a good service ensuring this (person) has thrived in (person's) ISL." ISL means independent supported living.
- Staff supported people to have choice. Staff used picture cards, verbal prompts and gestures to support this.
- People's likes and dislikes were known to staff.
- Care calls were generally on time with staff given enough time to get from one to another. One relative said, "Yes they always arrive on time and will always text me if they are going to be a bit late." We noted a small number of calls where staff were late, but the office staff were working to address this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care and support plans were in place to support people's individual communication needs.
- Information was available in easy read or pictorial format, and the provider was working to develop a greater range of accessible information.
- People were supported to use various technologies, including iPad's and computers to promote their independence.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People maintained family ties and associations with the local community. One relative said, "The staff are like part of the family now. They bring (person) to see us regularly and are great. We really enjoy visits and so does (person)."
- People could participate in activities they preferred. This included trips out to various venues and holidays. One person said, "I go out to the Metro Centre or anywhere I like. I love shopping!"

Improving care quality in response to complaints or concerns

- Complaints had been recorded and dealt with effectively. People and their relatives told us they knew how

to complain, and a policy was available to support this. We noted the complaints policy needed some review, including having details of the ombudsman for people and relatives to refer to if needed. The management team said they would address this.

End of life care and support

- No one currently on end of life care. The management team confirmed they would work with healthcare professionals should this occur.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. Recent changes to the management team had occurred, including the departure of the registered manager. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems to assess and monitor the quality of the service, however, due to changes in the management team and the departure of the registered manager these had not always been carried out as effectively as they should have been.
- People's records had not been reviewed as regularly as they should have been to reflect changes to people's care.
- Discussions had taken place on how to address the shortfalls management had identified, however, there was no action plan or timescales in place to support this provided.
- An updated statement of purpose had not been completed when the registered manager had left the organisation. This was immediately addressed.
- Some of the issues we identified in the inspection process had either not been identified or not been fully addressed by the provider. This included some out of date policies, ensuring staff training, support or competency checks were fully in place and having some management supervising members of their own family.

This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

- The nominated individual told us they were currently recruiting to fill the post of registered manager to ensure their legal responsibilities were met.

Continuous learning and improving care

- Since the last inspection we had issued a fixed penalty notice to the provider for failing to notify the CQC of several incidents which they are legally obliged to tell us about. The provider had improved procedures and now ensured that all relevant notifications were sent.

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

- The management team promoted a positive culture which had achieved good outcomes for people, although outcomes were not always recorded fully. This was to be addressed.

- People were provided with person centred care from staff who knew them well.
- Communication with staff teams was generally good. However, some staff told us communication at times could be better with the management team, particularly regarding change. We saw evidence of effective communication in the form of emails, meetings and information on the provider's website. The provider also used a mobile app (application) to send messages to staff. The nominated individual said, "It's a two-way thing and we are always at the end of the phone if needed, and staff do ring if they need to." Some meetings were a little behind those planned but the management team were working to address this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team were open and responsive to feedback and before this report was finalised sent us an update on the actions they had taken since we visited.
- People and their relatives told us the provider acted quickly when things went wrong. We did receive some less positive feedback, but confirmed that the local authority and the management team had been fully involved to help resolve issues.

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

- Staff meetings had taken place, but these were not as regular as planned due to changes in the management teams. This was planned to be addressed.
- People's and their representatives were asked to feedback on the quality of service provided. People were contacted individually to check they were happy with the care provided to them.

Working in partnership with others

- The service worked in partnership with other agencies. We received positive comments from local authorities and other healthcare professionals about good joint working undertaken with staff. One healthcare professional said, "Communication and requests for advice have been received pro-actively."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always have effective quality assurance systems in place. People's records were not all up to date or reviewed regularly.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured staff were supported effectively or had suitable monitoring checks in place.</p> <p>Regulation 18 (1)(2)</p>