Care Quality Commission

Avocet Trust

Coxwold & Priory

Inspection report

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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

Overall summary

An unannounced inspection was carried out at the service on 21 and 22 October 2014.

Coxwold and Priory is situated in the west of the City of Kingston Upon Hull. It is registered to provide care and accommodation for six people with a physical disability, learning disability or autistic spectrum disorder. A registered manager was in place at the time of the inspection. 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 majority of people who lived at the home had complex needs which meant they could not tell us their experiences. We saw that staff gave encouragement to people who lived at the home and supported them to make choices about their daily lives.

Care plans and communication passports had been produced to enable care workers to communicate

Summary of findings

effectively with people who lived at the home. Care workers had completed 'objects of reference' training. 'Objects of reference' is a way to communicate with a person who has complex needs by showing them objects to indicate to them what is about to happen.

People who lived at the home were protected from abuse and avoidable harm. Care workers had completed safeguarding of vulnerable adults training and knew what action to take if they suspected abuse had occurred. The care workers we spoke with were confident the registered manager would respond appropriately to any allegation of abuse.

The registered provider had a dedicated medicines room for the safe storage of medication.

Appropriate arrangements were in place for the safe ordering, dispensing and disposal of medication. A medication policy in place that outlined how to manage medicines effectively and we saw evidence to confirm that medication audits were completed on a monthly basis.

Care workers had completed training in relation to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them or safely provide treatment. People who lived at the home were supported in the least restrictive way.

Care workers that we spoke with told us they felt supported in their role and that the registered manager was approachable. Staff meetings took place regularly and supervisions were completed at least four times a year.

We saw evidence that care plans and risk assessments were kept under review and updated as required. Before people moved into the home, assessments of their individual needs were completed and care plans were produced to help ensure their safety and welfare.

The registered provider had an effective system in place to highlight areas for improvement within the service. Audits were completed on a monthly basis covering a range of topics including medicines, care planning and the environment. We saw evidence that when shortfalls were identified action was taken by the registered manager.

Summary of findings

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. People who lived at the home were protected from discrimination and abuse because the registered provider promoted an open culture that encouraged staff to share their concerns.

Accidents and incidents within the home had been investigated appropriately. Risk assessments and behaviour management plans were introduced to reduce the risks to people who lived at the home.

People who lived at the home received their medicines as prescribed and had their needs met by sufficient numbers of staff who had been recruited safely.

Is the service effective?

Good

The service was effective. People who lived at the home received effective care from staff who had completed a range of training pertinent to their role.

Consent was gained by staff before care and treatment was provided. We witnessed staff asking people questions and giving them appropriate time to respond and make choices.

People were supported to eat and drink sufficient amounts to maintain a balanced and healthy diet. Some people received support from healthcare professionals to meet their dietary needs.

Is the service caring?

Good

The service was caring. Care workers understood people's individual needs and the preferences for how to receive support.

People were supported to make choices in relation to their care and treatment. Care workers explained things to people in a way they could understand.

Care workers ensured people's dignity was maintained and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive. Suitable adaptations had been made to the property including the addition of a walk in wet room, sensory rooms and grabs rails in bathrooms and on stair ways.

People who lived at the home were encouraged to maintain contact with their family members. We saw evidence to confirm family meetings took place within the home.

Care plans and risk assessments were kept under review and updated as required. People took place in a range of activities to meet their social care needs.

Is the service well-led?

Good

The service was well led. The registered manager understood their responsibilities and liaised with other professionals or organisations when required.

Team meetings were held regularly and used as a forum to discuss changes in the behaviour of people who lived at the home and gave staff an opportunity to raise concerns.

Summary of findings

People who lived at the home and their relatives completed 'satisfaction surveys'. This helped to ensure people's views were listened to and acted upon.

Coxwold & Priory

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 registered 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 was carried out by an adult social care inspector. It took place on 21 and 22 October 2014 and was unannounced.

At our last inspection on 13 August 2013 the service was compliant with all of the regulations that were inspected.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke to five health care professionals involved with the service before the inspection took place including service commissioners and social workers. The majority of people who lived at the home had complex needs and could not tell us their experiences; however we spoke with one person who lived at the home.

During the inspection we spoke with the registered manager, two senior care workers, six care workers, a speech and language therapist, a learning disabilities nurse and a social worker who supported younger people during their transfer from children's to adults services. We spent time observing how care and support was provided and completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed three care plans which included support plans and risk assessments, two sets of medication administration records (MARs) daily menus and team meeting minutes. We also looked at a range of audits covering mediation, recruitment, activities, infection control and care planning.

Good

Is the service safe?

Our findings

One person who lived at the home told us, "I am safe here; my friends (care workers) look after me."

We saw that support plans and risk assessments were in place to protect people who lived at the home from abuse or avoidable harm. The registered manager explained, "We know that there are lots of risks but we try and plan for things and make sure that the clients are always fully supported."

Risk assessments and behaviour management plans were introduced to reduce the risks to people who lived at the home. The registered manager told us, "I review all of the incidents that take place, then they are looked at by the health and safety manager; we will implement new support plans and risk assessments." We saw that adaptations to the home had also been made to ensure people's safety.

Care workers had completed safeguarding of vulnerable adults training (SOVA) and non violent crisis interventions (NVCI). The care workers we spoke with could independently describe the different types of abuse and what action to take if they suspected it had occurred. A care worker told us, "I know my responsibilities to report abuse or bad practice."

People who lived at the home were protected from discrimination and abuse because the registered provider promoted an open culture that encouraged staff to share their concerns. A care worker we spoke with told us, "We have to learn everyday because things can change really quickly, the senior and manager listen to what we have to say and all the staff work well together to make sure the clients are safe and happy."

The registered manager ensured that risks were managed effectively to minimise the restrictions on people's choices and freedom. For example, one person who lived at the home enjoyed drinking a small amount of alcohol from time to time. We saw that discussions had taken place with the person's GP so that the GP could assess how the person's alcohol intake would affect their medication. A care worker told us, "She (the person who lived at the home) always had a drink with her Mum and we wanted her to continue to do what she used to do so we spoke to the GP and we monitor her intake to make sure she's ok."

The registered provider had a 'disaster plan' in place that included guidance for staff in case the service was adversely affected by a fire, floods, power loss or other natural events. Having continuity plans in place helped to ensure that people who lived at the home had their needs met during and after an emergency.

We asked the registered manager how they ensured people who lived at the home had their needs met by sufficient numbers of staff. The registered manager told us, "We are allocated hours (from the local authority commissioning team) for each person and staff accordingly. Everyone gets one to one care but we do get extra hours for activities that need two to one support." A care worker told us, "He (a person who lived at the home) used to have two to one or even three to one support for some activities and accessing the community but because he is so settled here we can support him one to one which is so much better."

The registered manager told us, "All staff have to have DBS (Disclosure and Barring Service) checks done before they can work here." A member of staff we spoke with confirmed that before they could commence working within the service appropriate checks were completed. We saw records to confirm appropriate checks had been completed before care workers commenced working within the registered service.

We saw that medicines were managed safely and that people who lived at the home received their medicines as prescribed. Care workers had completed training in relation to the safe handling of medicines. Medication audits including reviewing the completion of medication administration charts (MARs) were completed on a monthly basis. A care worker we spoke with told us, "A recent audit highlighted an issue with PRN (as required) recording when they weren't needed so we have changed the way we do it now."

We asked the registered manager how they ensured people's behaviours that challenged were not controlled by the excessive use of medicines. We were told, "Audits are done every month by another manager (from Avocet Trust, the registered provider) so any issues like frequent use would be highlighted." We reviewed medication administration records and saw that PRN (as required) medication was used appropriately and recorded.

Good

Is the service effective?

Our findings

People who lived at the home received effective care from staff who had completed a range of training that was essential to their role. This Included food hygiene, first aid, health and safety, manual handling, epilepsy, infection control, medication and safeguarding of vulnerable adults. A care worker told us, "I've done all the mandatory training but we do client specific training as well like epilepsy, buccal midazolam, bowel management, and pica (pica is characterised by an appetite for substances that are largely non-nutritive).

A visiting health and social care diploma assessor told us, "The organisation is really good at supporting staff to complete thorough training" and went on to say, "Part of the staff's employment contract states that they have to do an apprenticeship in health and social care level two and seniors have to do level three." This helps to ensure that care workers have the appropriate skills and knowledge to support people effectively.

We saw evidence to confirm that staff supervisions were conducted regularly. The registered manager explained, "The staff are supported by one to ones and team meetings." A member of staff we spoke with told us, "When I started I spent time with another member of staff to see how things were done. It was really beneficial and let the client build up some trust with me before I supported them."

Communication passports had been developed for each person who lived in the home by care workers, seniors and the registered manager. Communication passports inform the reader what a particular gesture, facial expressions or noise means, enabling more effective communication with the person. A speech and language therapist told us, "I have worked really closely with a lot of the staff doing 'objectives of reference' training which is working well for people in the home." Objects of reference is a way to communicate with a person who has complex needs in order to indicate to them what is about to happen. For example showing a pair of swimming shorts was used to ask one person if they wanted to go swimming. We saw that another person who lived at the home tapped the sole of their shoe when they wanted to go out. This ensured that people who used the service were able to communicate with others and were involved in decision making about their lives.

We saw one person who lived at the home had regularly refused to take their prescribed medicines. A best interest meeting had been held and the decision was made that future medicines would be given covertly. Best interest meetings are held when someone lacks the capacity to make a considered decision for themselves. A number of health care professionals including the GP and a learning disability community nurse as well as the person's family were involved in the decision making process. A care worker we spoke with explained, "We have built up a lot of trust (with the person who lived at the home) and found a good time, which is after we have read a story in bed and now they will happily take their medication so we don't give it covertly anymore."

A three weekly menu was in place at the home. A senior care worker told us, "We try and have a healthy menu but that has to be balanced with the choices people make so if we have a salad on the menu and they decide that they want a lamb stew then it's their choice." We saw that the community dietician had supplied healthy eating information that was incorporated into the menu.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards are designed to protect the interests of vulnerable people and ensure they can be given the care and support they need in the least restrictive way. The registered manager was aware of the recent changes to the DoLS and had made successful applications to ensure that people were only deprived of their liberty lawfully. At the time of our inspection people who lived at the home were subject to such safeguards and we saw that appropriate assessments of their capacity and mental health needs had been made prior to the authorisation being granted.

We saw that a range of healthcare professionals were involved with the care, treatment and support of people who lived at the home. Records showed that GPs, learning disability nurses, speech and language therapists, dieticians and social workers were all involved with the care and treatment of people who lived at the home. A senior care worker told us, "One of the guys (a person who lived at the home) came to me and pointed to his mouth, he hadn't eaten a lot and he was clearly in pain so I contacted the emergency dentist. We had to see a dentist who worked with people with learning difficulties."

A social worker told us, "My client has recently moved in from a children's home. The service have made the

Good

Is the service effective?

transition as smooth as possible and my client is really settled." A care worker said, "It's difficult at first and you have to learn as you go but it's so rewarding knowing that his quality of life is improving."

Good

Is the service caring?

Our findings

One person who lived at the home told us, "I have meetings about living here and we plan what I want to do" and "I choose to spend time with my friends (care workers) and go out to nice places."

During the inspection we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We saw how care workers interacted with people who lived at the home. It was apparent that trusting relationships had been built and people were at ease in the company of the care workers who supported them. Staff spoke to people calmly and in a meaningful way, allowing them time to respond in their own way.

The majority of people who lived at the home had physical and learning disabilities, which meant they could not communicate verbally. We saw that through thorough care planning and building positive relationships effective communication was still achieved. A care worker said, "I always know what she means, you just have to listen and be observant."

A social worker said, "My client had real issues with certain aspects of care being provided but the staff have gained his trust so quickly he has them all done regularly now" and went on to say, "He is so much happier, you can see that immediately." We observed care workers spending time with this person and saw that the person was physically affectionate and tactile during their interactions. The community nurse we spoke with also said that the person's life had been improved by the, "Excellent, hard work and perseverance of everyone at the service."

People who lived at the home participated in a range of activities and were involved in the planning where possible. A care worker said, "We went to Lanzarote last year, she really enjoyed it. It wasn't just the one week away though, it was the planning, looking through brochures, getting swimming costumes and singing we're all going to sunny Spain." The care worker told us, "She (the person who lived at the home) travelled a lot with her family before she moved into the home so we know it's something she enjoys but also has good memories for her." We saw evidence that a best interest meeting was held and the person's relatives were involved in the decision making process to book and go on a foreign holiday.

The registered manager told us, "New activities are a lot of trial and error, we have to take people to try new activities and gauge their reactions; we will take them two or three times and if they enjoy it, it is something we will do regularly." A care worker told us, "You have to really encourage, give choices but keep them small. If I show him (the person who lived at the home) swimming shorts he can let me know if he wants to go swimming; if I show lots of cereals he can pick the one he wants."

At the time of our inspection no one who lived at the home required the support of advocacy services. The registered manager explained, "All of the people have families that are involved in making decisions about their care; we do use them in other services but not this one right now."

We saw that care workers treated people with respect during their interactions with them. A member of staff described how they would uphold a person's dignity, "You treat people how you would want to be treated, when I give personal care I always do it privately and away from other people." The registered manager told us the bottom part of a bedroom window had to be painted to promote the privacy of one person who lived at the home.

The registered manager explained, "We are happy for people's families to come round at anytime, we don't have any restrictions like that." A member of staff told us, "(name) mum just gives us a call and pops round if we are in."

Good

Is the service responsive?

Our findings

A person who lived at the home told us, "My sister comes to my meetings (reviews)" and "I don't have any complaints but if I did I would just tell one of my friends (care workers)." We were also told they did not know about the registered provider's complaints policy. However, they told us, "If I was unhappy I would tell my friend (care worker) and they would fix it." A person who lived at the home told us, "I like to go out and see my friends, I go to bingo, I have my tea out and my lunch."

People's needs were assessed and care plans and risk assessments were developed before people moved into the home. A senior care worker explained, "Before he (a person who lived at the home) moved in there was a long transition period, we spent time visiting him where he lived, then he started visiting us and coming for sleep overs" and went on to say, "All his behaviours have stopped, when he first moved in we had to take all the pictures off the walls but they are back up now and we think that is because he is really settled here."

Reviews of people's care were completed periodically by their social worker and placing authority. A social worker told us, "The six week review went really well, the home have got really detailed support plans in place, I was pleased that happened so quickly." The registered manager explained, "We invite families to every review we have and always have service users there as well but they usually get bored so we don't make them stay." A senior care worker told us, "We invite families to be involved with reviews but also gain their opinions from stake holder surveys."

People who lived at the home were supported to take part in a range of social and educational activities. A community learning disability nurse told us, "The staff have really changed his (the person who lived at the home) life, he is doing more now than he ever has. He currently attends a school but it's becoming less appropriate because of the limited activities. Here in the home he is experiencing so many new things." A care worker told us, "We go out everyday; we go to the shops, cafes and social clubs so people in the local community know her and she has friends who she plays bingo with."

A care worker explained, "(Name) loves the sensory room, he decides what he wants to play with. He has a set of drums that make a huge racket but he loves to play it so it comes out most days." We saw people who lived at the home spending time in the sensory room which they appeared to enjoy.

A community nurse we spoke with told us, "I asked them (the care workers) to complete ABC (antecedent behaviour charts) charts so that we could get a picture of their (the person who lived at the service) behaviours and try and see if there were any triggers." We saw that ABC had been completed consistently and showed that the person had very few episodes of behaviour that may challenge the service. The registered manager told us, "We will put together management plans but he has improved so much since he moved in, the picture keeps changing."

The registered manager told explained, "All of the staff give personal care to all of the service user's but they will choose who they want to help them by complying or not. Only certain staff can do certain tasks and they have to respond to what the service users want." We observed that people who lived at the home gravitated to the care workers they wanted to spend time with and be supported by.

Suitable adaptations had been made to the property including the addition of a walk in wet room, sensory rooms and grabs rails in bathrooms and on stair ways. A 'kitchen gate' had been added to the property to ensure the safety of people who lived at the home. A senior care worker told us, "When people are cooking or ironing we have the gate closed so they (people who lived at the home) can't come and grab anything or touch something that will hurt them." We saw evidence that a best interest meeting was held before the gate was added to the property, this ensured the least restrictive intervention had been implemented.

People who lived at the home were encouraged to maintain contact with members of their family. We saw evidence to confirm family meetings took place within the home. We also saw that one person was supported to visit their family in the community every week. A care worker told us, "She see's her Mum once a week unless her Mum isn't very well; we call before hand then just pop round."

The registered provider had a complaints policy in place which was available in an easy read format. The registered manager explained, "We can explain the complaints policy

Good

Is the service responsive?

to our service users but they wouldn't understand it. We can supply it to families at their request and would obviously use any criticism as a way to improve the service."

Good

Is the service well-led?

Our findings

A registered manager was in place at the time of the inspection. The registered manager understood their responsibilities to report safeguarding and other notifiable incidents. The Care Quality Commission had recently been informed of the registered provider's intention to lawfully deprive a person of their liberty.

We asked the registered manager how they reviewed the day to day running of the service and were told, "I have hand picked the staff who work here because some of the clients behaviours can be challenging and these staff are experienced and know how to handle things" and went on to say, "We have had staff in here that haven't worked as hard as they should or just haven't been right so I have moved them to work in other homes."

A whistle blowing policy was in place at the service. A care worker we spoke with said, "I have never had to blow the whistle about anything that happens here." A senior care worker told us, "We are all really open, we have to be; we have to discus things and make sure we are all on the same page so things are as consistent as possible for them (the people who lived in the home)." The registered manager told us the Chief Executive Officer (CEO) met with all new starters during their induction to promote an open culture and ensure care workers were comfortable to raise any concerns.

We saw evidence that team meetings were held regularly and used as a forum to discuss changes in the behaviour of people who lived at the home, the agreed way to manage the behaviours and gave staff an opportunity to raise concerns or discuss issues. A managers meeting was attended by all the managers who worked for the registered provider and the CEO on a weekly basis to discuss issues and ways to improve the service. For example at a recent meeting the need for the registered provider's policies and procedures to be reviewed had been discussed and was taking place.

We saw evidence that the registered manager used compliments received from the organisation's CEO and other organisations to raise and uphold staff morale. A senior care worker told us, "We have Avocet (the registered provider) awards, I was given the outstanding achievement award last year; it's something I am really proud of."

We saw evidence that an effective quality assurance system was in place to identify, assess and manage potential risks to people who lived at home. An extensive audit schedule was in place for 2014. The registered manager told us, "Another manager from the organisation completes the audits here so nothing can be hidden or covered up." Action had been taken to improve the service when issues were highlighted through auditing. For example, changes to the recording of PRN (as required) medication have been implemented.

The registered manager ensured care workers had knowledge and skills in line with best practice and current legislation in relation to learning and physical disabilities. For example newly available training. A speech and language therapist we spoke said, "I have provided information about some intensive interaction training that the manager wants to get the staff on so people receive the best care possible."

We saw evidence that people who lived at the home, their relatives and relevant professionals were asked for their opinions about the service and they were acted on. A senior care worker told us, "We have the customer satisfaction surveys in an easy read format and will we have to assist some people with them but we do what we can to understand their feelings" and "We listen to what people say and change things when we can."