

Coquet Trust

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Inspection report

23 Lansdowne Terrace
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Tel: 01912859270

Date of inspection visit:

15 December 2020

16 December 2020

18 December 2020

21 December 2020

22 December 2020

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08 January 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Coquet Trust is a supported living service and a domiciliary care agency providing personal care and support or enablement to autistic people and people with a learning disability and/or mental health needs. At the time of the inspection 104 people were receiving support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe and trusted the staff who supported them. Staff had attended safeguarding training and understood how to report concerns. Risks had been assessed and positive risk taking was supported.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care maximised people's choice, control and independence. Support was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and support staff ensured people using services lead confident, inclusive and empowered lives.

People were supported to live healthy lives and access medical and health care services when needed. Staff were well supported and had attended training to enable them to meet people's needs.

There were two registered managers in post who worked closely with the nominated individual to develop and improve the service following a robust quality assurance procedure.

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 requires improvement (report published 9 January 2020) and there were two breaches of regulation, which related to staff support and good governance. The provider completed an

action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 was completed by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so 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.

This service is also a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers registered with the Care Quality Commission. 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 a short period notice of the inspection. This was because we needed consent from people to allow us to contact them and we requested some information and documentation be shared with us.

Inspection activity started on 15 December 2020 and ended on 22 December 2020. We visited the office location on 16 December 2020.

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 and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We contacted four people who used the service and five relatives about their experience of the support provided. We spoke with the nominated individual and two registered managers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with five staff members and had email communication with a further 11 staff, including service managers, team coordinators and support staff.

We reviewed a range of records, including six peoples care records and four people's medicine records. We looked at three staff files in relation to recruitment. We viewed a range of records relating to the management of the service, including training information, staff support, audits and quality assurance, policies and procedures.

After the inspection

We continued to review information we had received from the provider.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we recommended the provider review their staff allocations to ensure staff do not work excessive hours. Improvements had been made.

- Safe recruitment practices were followed which included appropriate pre-employment checks.
- People said they had a small team of staff who supported them well.
- There were enough staff to support people safely. There were ongoing plans to recruit additional staff to support specific people.

Using medicines safely

- Medicines were administered safely and appropriately recorded by staff who had had their competency assessed.
- The application of creams and ointments were well documented using body maps to indicate where topical medicines should be applied.
- Since our last inspection the medicines policy had been re-written in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding procedures were in place and followed by staff who had attended training.
- Any concerns were documented, investigated and outcomes recorded.
- People said they felt safe with their support staff and trusted them.
- Concerns and incidents were analysed for learning and steps taken to minimise the risks of reoccurrence.

Assessing risk, safety monitoring and management

- Risks had been assessed and measures put in place to minimise hazards and maximise outcomes for people.
- Positive risk taking was promoted and people's choices were not restricted.

Preventing and controlling infection

- Measures were in place to prevent and control the risk of infection, including Covid-19.
- Staff were able to describe the correct procedures for the putting on and taking off (donning and doffing) of PPE (Personal Protective Equipment).
- Training in infection prevention and control and Covid19 was provided.
- Guidance and updates were shared with staff regularly and there was the opportunity for discussion with

team co-ordinators and service managers.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received regular support and training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff said they were well supported and had the required training to meet people's needs.
- Support for staff, and the delivery of training had been adapted to ensure people's safety during the pandemic. This included online or socially distanced learning and telephone support.
- Completion of staff training and support meetings were robustly monitored to ensure completion.

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.

At the last inspection we recommended the provider ensure they follow best practice and update their processes to ensure that copies of legal documentation were maintained. Improvements had been made.

- People's capacity to make decisions had been assessed and where appropriate best interest decisions

had been made. People and their family members had been appropriately involved.

- People said they made their own decisions and were supported by staff.

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

- People's needs, and choices were assessed and well documented within care records. Pen pictures provided information on what was important to each person. These reflected their personality and the persons likes and dislikes.
- People, and their family members, said they were involved in the assessment process. Regular reviews were held where their opinions were sought and these views were reflected in support plans.

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

- Staff supported people to maintain a balanced diet. People said they were supported with shopping and meal preparation. One person said, "Staff support with healthy meals, but I like to have treats too."
- Detailed support plans and risk assessments were in place for people who needed specific dietary or nutritional support.

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

- People were supported to attend healthcare appointments. One relative said, "Staff are very good, they always recognise when [loved one] isn't well, even though they can't say."
- Staff worked with other professionals, such as, dieticians, GPs and specialist nurses to ensure people received appropriate care and support.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective quality assurance systems in place. People's records were not all up to date or reviewed regularly. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- A robust and effective quality assurance system was in place which included the development of action plans to drive improvement and ensure regulatory requirements were met.
- Support records were regularly reviewed to make sure they provided an accurate reflection of people's current support needs.
- Support staff said they were involved in audits. They reported this had increased their knowledge and understanding of the reasons and rationale for maintaining robust record keeping.

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

- There was a clear focus on embedding a culture of inclusive, person focused care with an emphasis on continuous learning and improvement to achieve good outcomes for people.
- The leadership team had worked with the full staff team to develop a shared vision and understanding of the organisation.
- Where poor culture had been identified this had been appropriately challenged and resolved. This had led to clear expectations with regards to the management of poor practice.

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 nominated individual and registered managers understood their responsibility to be open and honest at all times.
- Staff and relatives told us they thought the management team were approachable and would listen to and respond to any concerns. Where family members had raised concerns, the provider was working with them to achieve a resolution.

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

- People, family members, professionals and staff were engaged with and involved in developing the organisation.
- People, relatives, staff and professionals had provided feedback via an annual quality survey. Results had been shared with the board. A whole organisation event had been planned so findings could also be shared with the staff team.

Working in partnership with others

- The leadership team had worked in partnership to develop and improve the service since the last inspection. A registered manager said, "It's inspirational how staff have embraced the change."
- We were told about some ongoing work with the local authority in relation to people being recruited as quality checkers so they could be involved in auditing the quality of services.
- The nominated individual shared their plans for the next 12 months around developing working relationships with other organisations such as AgeUK, the Alzheimer's Society and Carers Associations.