

Coquet Trust

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Inspection report

23-24, Lansdowne Terrace, Gosforth, Newcastle upon

Tyne, NE3 1HP

Tel: 0191 285 9270

Website: www.coquettrust.co.uk

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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

This was an unannounced inspection carried out over two days on 8 and 17 December 2014.

We last inspected Coquet Trust in September 2013. At that inspection we found the service was meeting all of its legal requirements.

Coquet Trust is registered to provide personal care to adults with learning disabilities. People are supported by staff to live individually in their own homes or in small groups, referred to as independent supported living schemes. Different levels of support are provided over the 24 hour period dependent upon people's requirements.

Many of the people are tenants of their home and pay rent for their accommodation which is leased from housing associations. The main Trust office is accessible for people to visit.

There was 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."

Summary of findings

Due to their health conditions and complex needs not all of the people who used the service were able to share their views about the support they received.

People told us they felt safe. They were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. When new staff were appointed thorough checks were carried out to make sure they were suitable to work with people who needed care and support.

People received their medicines in a safe and timely way. People who were able, were supported to manage their own medicines.

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 for themselves. People who had capacity told us staff asked their permission when providing care and support.

Staff told us they received regular training and they were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People who used the service had food and drink to meet their needs. Some people were assisted by staff to plan their menu and cook their own food. Other people received meals that had been cooked by staff.

People we spoke with were appreciative and spoke well of the care provided by staff. Comments included; "The staff are kind, they talk to me every day." Staff are respectful they listen to me." "All the staff are nice to me." A relative commented; "I speak very highly of Coquet Trust staff."

Staff knew the people they were supporting well and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Staff supported people to attend healthcare appointments and involved other professionals as required for specialist advice to meet people's needs.

People told us they were supported to go on holiday and to be part of the local community. They were provided with opportunities to follow their interests and hobbies and they were introduced to new activities.

People were supported to maintain some control in their lives. They were given information in a format that helped them to understand if they did not read to encourage their involvement in every day decision making.

People had the opportunity to give their views about the service. There was regular consultation with people and family members and their views were used to improve the service. Staff and people who used the service told us they were "listened to."

A complaints procedure was available. People we spoke with said they knew how to complain but they hadn't needed to.

Staff said the registered manager was approachable and kept them informed of any changes to the service provided. Relatives of people who used the service also commented; "The registered manager and staff are approachable." The provider undertook a range of audits to check on the quality of care provided.

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?

The service was safe. People were kept safe as systems were in place to ensure their safety and well-being at all times. People received their medicines in safe way.

People were supported to take acceptable risks to help promote their independence such as to manage their own medicines or travel independently.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding.

There were enough staff employed to provide a consistent and reliable service to each person and staff were appropriately checked before they started their employment.

Good



Is the service effective?

The service was effective. People received personalised care they had agreed to. Where people were unable to give consent, staff were aware of and followed the requirements of the Mental Capacity Act 2005.

Staff received support and training to help them deliver care that met the different needs of each person.

People received appropriate support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met.

People were supported to eat and drink according to their plan of care.

Good



Is the service caring?

The service was caring. Relatives and people we spoke with said staff were kind and caring and they were very complimentary about the care and support staff provided.

People were offered choice and staff encouraged them to be involved in decision making whatever the level of support required.

Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People received support in the way they wanted and needed because staff had detailed guidance about how to deliver people's care. Care plans were in place and reflected people's care and support requirements.

People were encouraged to take part in new activities and to be part of the local community. They were supported to take holidays and to enjoy day trips.

People were informed about the complaints process and we saw any complaints received were appropriately dealt with.

Good



Summary of findings

Is the service well-led?

The service was well-led. A registered manager was in place who promoted the rights of people with a learning disability to live a fulfilled life within the community.

An ethos of involvement was encouraged amongst staff and people who used the service. Staff and people who used the service said communication was effective.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We did not receive any information of concern from these agencies.

This inspection took place on 8 and 17 December 2014 and was an unannounced inspection. 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 and after the inspection the inspector visited some people who used the service to speak with them and the staff who supported them. An Expert by Experience carried out telephone interviews with some people who used the service and some relatives.

As part of the inspection we spoke with 11 people who were supported by Coquet Trust staff, four relatives, six support workers and the registered manager. We reviewed a range of records about people's care and checked to see how the schemes were managed. We pathway tracked four people. This meant we spoke with people and staff and looked at people's care records to see how the person was supported. We looked at care plans for five people, the recruitment, training and induction records for five staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

People who used the service said they felt safe. Relatives also confirmed people were safe. People commented; “I feel safe, I’ve known most of the staff for 13 years so trust them.” And; “If I go into a ‘hypo’, staff can see in minutes, they know what to do.” And; “Yes I feel safe.” Another person commented; “I trust the staff supporting me because I know them, they’re like a family to me.” A relative said; “(Name) is absolutely safe, I trust the staff.” And; “Some staff love what they do, some staff just pick up their wages, but I trust the staff and know (name) is not at any risk.”

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They told us, and records confirmed they had completed safeguarding training. The safeguarding unit also said they had provided some be-spoke training for staff, at the request of the registered manager, to raise awareness of safeguarding issues resulting from a national review.

Staff were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident needed to be reported. The safeguarding log showed eight alerts had been raised since the last inspection. One safeguarding incident with regard to financial abuse was still being investigated by the police. We received feedback from the local authority safeguarding team about the positive way in which the registered manager responded to safeguarding concerns. They confirmed safeguarding incidents that had been raised with them, had been appropriately investigated by the registered manager and resolved where substantiated.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. 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. Our discussions with staff confirmed that guidance had been followed. Examples included; travelling independently in the community, cooking, managing medicines or moving and assisting a person.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the operational manager so that appropriate action could be taken. For example, we saw the action that was taken by the registered manager to strengthen and help protect people who did not have capacity to manage their finances. This was as the result of a previous incident of financial irregularities with a person.

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 people using the service and we saw that the number of staff supporting a person could be increased if required. For example, we were told someone who had become more physically dependent due to difficulties with mobility had been allocated more hours, another person who had been admitted to hospital had staff support them during their stay.

We checked the management of medicines. 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. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines. 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 suitable recruitment process was followed. We checked staff records and saw that all necessary recruitment information had been obtained. This included details of their employment history and training, references, and checks with the Disclosure and Barring Service (DBS) of criminal records and suitability to work with vulnerable people. This process meant the provider took appropriate steps to ensure the safety of people receiving support from staff.

Is the service effective?

Our findings

Staff were positive about the training opportunities available to them. Comments included; “Good training opportunities. The office let me know when my training needs updating.” And; “I’ve done loads of training and there are lots of opportunities, I can just say at my supervision what I’m interested in.”

The staff training records showed staff were kept up to date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff told us they also completed training that helped them to understand people’s needs.

Staff told us they were well supported to carry out their caring role. They said they had regular supervision every two months with their line manager. Staff said supervision sessions gave them the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. They said supervision also gave them the opportunity to raise any concerns they had about the person they were supporting or service delivery. Staff also received an annual observation to monitor their work performance and interaction whilst supporting a person.

Staff said they could also approach their line manager and the management team at head office at any time to discuss any issues. Staff also said they received an annual appraisal to review their work performance. This was important to ensure staff were supported to deliver care safely and to an appropriate standard.

CQC monitors the operation of the Mental Capacity Act 2005. This is to make sure that people are looked after in a way that does not inappropriately restrict their freedom and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA and Deprivation of Liberty Safeguards (DoLS). They had a good understanding of the MCA and best interest decision making, when people were unable to make decisions themselves. The registered manager was aware of a supreme court judgement that had clarified the meaning of deprivation of liberty, so that staff would be aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. Within the houses some people did require

constant support to keep them safe. The registered manager was aware the deprivation of liberty process was not applicable within the supported living environment as people were tenants in their own house therefore advice was being taken from the local authority about the Court of Protection process. The Court of Protection will consider an application from a person’s relative to make them a court appointed deputy to be responsible for decisions with regard to their care and welfare and finances where the person does not have mental capacity. One person commented; “My Mum is my appointee so I sort of look after my own money.”

People using the service were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interests’.

The registered manager told us they worked with the local authority to ensure appropriate capacity assessments were carried out where there were concerns regarding a person’s ability to make a decision.

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people’s needs and preferences which showed they knew people well. One relative commented; “Staff interpret (names’) mood and know when she wants to get up and go to bed. They interpret ‘noises’ and know if she’s happy or unhappy.” Staff made appropriate best interest decisions as required. One relative said (name) was supported with decisions made in their best interests; “(Name) would stay in bed all day if left to their own choice. They get other people up and (name) gets up last.”

We saw staff helped people to make choices and information was made available in various ways to help people understand. For example, we saw pictorial communication cards for staff to show pictorial cue cards to a person so they could indicate their preference with regard to activities, daily routine and choice of food.

We checked how the service met people’s nutritional needs and found that people had food and drink to meet their needs. People required different levels of support. Some people received support from staff to help them plan their weekly menu. They would then be supported by staff to

Is the service effective?

shop for their food and help prepare or make their own meals and drinks. A person commented; "Someone helps me with my food." Care plans documented the amount of support that was required for people to help maximise their independence. One person said; "I choose my own food and drink." A relative commented; "Staff cut up (name)'s food and ensure they have food with the right textures." Some people had specialist needs to receive their nutrition and staff received guidance and support to ensure these needs were met. At one of the houses a person required feeding via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicine. The person's relative commented; "(Name) is PEG fed and they get tasters and they like them. Staff introduce different tastes."

People who used the service were supported by staff to have their healthcare needs met. One person commented; "I don't get unwell but if I do the doctor is only five minutes away." Records showed people had access to a range of healthcare professionals. For example, in people's care records there was evidence of input from GPs, opticians, dentists, speech and language therapists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. A relative said; "(Name) is supported to see a doctor, who he visits quite often." Another relative said; "Staff support (name) to visit the dentist every six months and she's going to visit the optician next month." And; "(Name) has just come out of hospital and staff supported her for twelve hours of the day. She also gets physiotherapy at her home."

Is the service caring?

Our findings

People we spoke with were appreciative and spoke well of the care provided by staff. They commented; “The staff are kind, they talk to me every day.” And; “Staff are respectful they listen to me.” Another person said; “All the staff are nice to me.” And; “I like living here.” Another person commented; “Usual staff talk to you as a normal person, staff who cover, can talk down to you sometimes, talk to you like a kid. I tell them I don’t like that.” Relative’s commented; “I speak very highly of Coquet Trust staff.” And; “I’m lucky, (name) has two care workers who were amazing, one left but the replacement is brilliant.” Another said; “I can’t fault them (the staff). I’ve no qualms.”

People were supported by staff who were warm, kind, caring and respectful. People who were able to talk to us about their experiences said they were happy with the care and support they received. During the inspection we saw staff were patient in their interactions with people and took time to listen and observe people’s verbal and non-verbal communication. They were encouraged to make choices about their day to day lives. 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. One person said; “I can get up when I want and I go out.” And; “I choose my own food.” Another said; “I have a key for my own house.” And; “I do what I want, when I want.”

Relatives told us they were kept informed. Comments included; “They’re good at letting me know what’s going on. They ring up if (name) has been sick or something.” And; “They always ring and say if (name) is poorly and say we’ve been to the doctors.”

Staff respected people’s privacy and dignity and provided people with support and personal care in the privacy of their own room. A relative commented; “I can go anytime. Sometimes (name) is in her room because she’s getting changed.” People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people’s dignity. Another relative commented; “(Name) is always nicely dressed and spotlessly clean.” And; “(Name) is well known for being smart and well turned out.” A person also said; “Staff will knock on my door before they come into my room.”

The registered manager had identified that people’s care records should document the end of life wishes of people, and their family, 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. We were told this information was being collected by staff and so the information would be available imminently.

The registered manager told us an advocacy service had become involved where a person needed to have additional support whilst making decisions about their care. Reference was made to the use of advocates in the information guide given to people who used the service. However information was not available on how to access and advocacy service.

Is the service responsive?

Our findings

People said they were supported and involved in planning their care. Comments included; “They have a file at the office where they keep information about me. I’m due a meeting this month to talk about me.” A relative said; “I’m involved in (name’s) care review it happens every six months.” All people were supported to access the community and take part in activities according to their individual interests and abilities. Comments included; “I like looking after my cat.” “I visit friends and go to college.” Another person said; “I like going out for pub lunches.” And; “I have loads of friends and neighbours.” One person commented; “I go out to a lunch club and a social club every week.” Relatives commented; “(Name) has a good social life, she goes out two or three times a week and likes going to the pictures and theatre.” Another said; “Staff help (name) use buses or take him out in his Motability car. He likes seaside and country walks and trips to the pantomime and cinema.”

People’s 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.

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 provided a description of the steps staff should take to meet the person’s needs. For example; a person was learning how to use a cheque book. Another person was wanting to learn how to use the computer to Skype their sister, where they could see and talk to her at the same time. Activities helped maximise people’s independence whilst maintaining their safety and well-being. One person was learning to travel independently, another person was learning to make a hot drink. Comments from people included; “I get my own food and do the hoovering.” Another person said; “Staff help me with reading and writing.” And; “I go shopping with staff to

get my food.” Another commented; “I wash myself, make my bed, take my medicine and do shopping.” A relative commented; “(Name) has aromatherapy and light sensory sessions at home to help her relax.”

Staff rosters showed there were sufficient staff available to meet people’s individual needs and to support them to pursue their interests and hobbies. People told us they were supported to try out new activities as well as continue with previous interests. For example, literacy classes, going for walks, aromatherapy, hydrotherapy, and computer classes. One person commented; “I like going out, I do go out, it’s a bit of a struggle. Staff go out with me, I like trains, football and music.” Another person said; “I go to work three days a week, helped by staff, I love it,” And; “I like gardening and horses.” A relative said; ““(Name) gets out loads. He goes bowling, to the Jacuzzi and he’s a National Trust member.”

People were supported by staff to go on holiday either individually or in a small group. One relative said; “(Name and name) get on fantastic together, they go out quite a bit together. They go on holiday together and this year they went to the Lake District.” And; “(Name) has been on holiday twice this year, supported by two staff members.”

Family members told us they were kept informed and were invited to any meetings to discuss their relative’s care. 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 go twice a month to visit my family and spend Sunday with them.”

Staff at the service responded to people’s changing needs and arranged care in line with people’s current needs and choices. The service consulted with healthcare professionals about any changes in behaviour and medicines. We saw that staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people’s support plans that were up-dated monthly. This was necessary to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

People said they knew how to complain. They said they would talk to staff and could raise any issues at the tenant’s meetings or their planning meeting if they wanted.

Is the service responsive?

Comments included; “The staff are quite nice, if I’m upset they’ll try and sort it out.” “I’d see the boss if I had a complaint.” “I’ve never needed to complain, it’s all pretty good.” And; “I’ve never had to complain, I get loads of care.” And; “I’ve not had to complain.” Another person said; “I’m generally satisfied.”

People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the last inspection. 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.

Relatives said, the registered manager and staff were available and they could raise any concerns with them.

Relatives comments included; “I put my faith and trust in them (staff). I’ve always had 100 percent trust.” Another said; “I’m kept informed of what’s going on and I have no complaints about the staff.” And; “I’ve no complaints, I’m just pleased with everything the staff are doing.” Another said; “There should be three staff but if someone doesn’t turn up, there are only two so they can’t go out. It’s happened a few times. It’s happened too often for me to be happy about it.” We were told by the registered manager this was being addressed. They said a recruitment drive was taking place to employ more bank staff to cover when regular staff were absent from work. Staff were also being recruited as the organisation was expanding and more people were being supported who required individual support from a few hours to over the 24 hour period.

Is the service well-led?

Our findings

A registered manager was in place. She had been registered with previous regulators and became registered with the Care Quality Commission in September 2010. The registered manager, who was also the registered provider 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.

Staff spoke positively about the registered manager and working for the organisation. Staff comments included; “I’m well supported, people are available for advice.” Another person commented; “Staff surveys ask us for our views”, and; “I feel listened to.”

One person commented; “There’s always someone there, you’re not left on your own, if there’s a problem, I can always speak to my line manager or the operational manager.” Staff felt the registered manager was available if they had any concerns. They said the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Relatives of people who used the service also commented; “The registered manager and staff are approachable.” And; “They listen and try to resolve matters.

The registered manager had 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 told us they 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 person centred 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. There was evidence from observation and talking to staff that people were encouraged to retain some control in their life and be involved in daily decision making.

Staff commented they thought communication was good and they were kept informed. They told us they received a

verbal and written handover from the person in charge at the start of their duty. This was to make them aware of any changes and urgent matters for attention with regard to people’s care and support needs. A communication diary was also used to pass on information and recorded any actions that needed to be taken by staff.

We saw records that showed meetings chaired by the registered manager were held with all staff at head office every six months. Staff also attended bi-monthly team meetings at head office, chaired by the team leaders of individual households. Staff could give their views and contribute to the organisation’s running. Areas of discussion included; staff performance, health and safety, safeguarding and support worker duties.

Monthly meetings were held with tenants to discuss the running of the household. Meeting minutes showed topics discussed with people who used the service included; finances for household running such as purchasing of furniture, decoration of communal areas, activities, complaints and any areas that could be improved.

The registered manager monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to staff and people who used the service. Staff meeting minutes also contained feedback from other professionals who worked with staff. We saw surveys had been completed by people who used the service for 2013. We were told by the registered manager a survey was carried out each year, but the findings from the 2014 survey for people who use the service had not been collated and analysed at the time of this inspection.

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, personnel documentation and care documentation. Audits identified actions that needed to be taken. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. The annual audit was carried out to monitor the safety and quality of the service provided.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.