

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 ●

# Summary of findings

## Overall summary

### About the service

Coxwold and Priory consists of three houses and a bungalow situated in the west of the City of Hull, providing personal care and accommodation for up to six people with a learning disability, physical disability or autism. The service can support up to six people.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had systems in place to safeguard people from abuse. Staff could recognise and report any safeguarding concerns. Relevant risk assessments had been completed. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe, and staff understood how to keep people safe.

Care plans had been developed and were regularly reviewed. These contained relevant information about how to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

The environment was warm, welcoming, clean and free from malodours. People had personalised rooms.

There was a wide range of opportunities for people to engage in activities and follow hobbies and interests.

People were positive about the staff and told us that their privacy and dignity was promoted. Preferences and choices were considered and reflected within records.

People had access to a varied balanced diet. Staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention when needed.

People were able to see their families as they wanted.

People and staff spoke positively about the registered manager and felt able to raise concerns and were confident these would be addressed. Staff told us they were well supported by the registered manager and management team.

People who used the service, their relatives and staff had the opportunity to feedback about the service. There was a system in place to respond to any concerns.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

Rating at last inspection

The last rating for this service was Good (published 10 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Coxwold & Priory

## 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 carried out by one inspector.

#### Care Homes

Coxwold and Priory is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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

This inspection was unannounced.

Inspection activity started on 11 June 2019 and ended on 14 June 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 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. We used all of this information to plan our inspection

#### During the inspection -

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. And sought feedback from partner agencies and professionals. We spoke with one person who used the service, six members of staff and the registered manager.

We reviewed a range of documents. This included three people's care and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection -  
We spoke with four relatives.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic.
- One person told us they felt safe and supported by members of staff. They said, "Yes, I am safe. I can go to any of the staff with any problems." Relatives told us they were confident their family members were safe.

Assessing risk, safety monitoring and management

- The provider completed assessments to evaluate and minimise risks to people's safety and well-being. Risk assessments had been updated to reflect people's changing needs. People were supported to take positive risks to aid their independence.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans clearly documented the control measures for staff to follow to keep people safe.

Staffing and recruitment

- The provider operated a safe recruitment process. There were sufficient staff on duty to meet people's needs, enable people to participate in social activities and to attend medical appointments.

Using medicines safely

- Medicines were safely received, stored, administered and disposed of. The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour.
- Where medication errors were found during audits they were investigated, and action taken as needed.

Preventing and controlling infection

- Effective cleaning and infection prevention and control practices were in place. All areas of the service were clean and free from malodour. Relatives told us, "The service is always lovely and clean when we visit, there are never any unpleasant odours."

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

# 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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. One relative told us, "Yes, we are invited to all meetings and fully involved in all decisions."
- Staff worked closely with health and social care professionals, people and their families to ensure people's abilities, hopes and preferences were recognised, recorded and shared amongst staff.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. The registered manager had systems to understand which staff needed their training to be refreshed and who required supervision.
- Staff had completed a comprehensive induction and training programme to prepare them for their role. Staff were satisfied with the training they received. A staff member told us, "Yes, there is plenty of training available and any additional training we may be interested in is made available." One relative told us, "Yes, they are, and they have been up skilled further to meet my relative's physical decline and changing needs, they have managed these really well."

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

- People had a choice of and access to sufficient food and drink throughout the day. Menus were planned in consultation with people based on their preferences. Where people required support with meals this was carried out in a way that people were encouraged to use their skills to maintain their independence.
- People's weights and nutritional intake were monitored by staff and appropriate action was taken if there were any concerns. Food and fluid charts were completed and up to date. Relatives told us their family members were provided with nutritious, home cooked, balanced meals and had access to snacks and drinks throughout the day.

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

- People had access to health care professionals when required. Advice and guidance from professionals was documented within care files and staff followed their instructions. Relatives told us, "Always, they keep

me fully informed, they never lose sight of anything, they are always on the ball and act quickly when they feel there is a problem."

- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- The premises were designed to provide a homely environment for people. There was no indication Coxwold and Priory was a care home; it blended in with neighbouring family properties.
- One person told us they enjoyed the environment and were fully involved in the design and decoration of where they lived. All areas of the service were personalised with photographs and personal items.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- We found the provider had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored and reviewed by the registered manager.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.

# 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 has 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

- People were treated with kindness and people were positive about the staff's caring attitude. Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history which is a known way of promoting positive relationships between people and staff.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. Relatives told us, "They are lovely, each and every one of them, little saints and they always have my relative at the heart of everything they do." Another told us, "They are all fabulous. They genuinely care for them (people) and are good people, you can't put a price on something like that."

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

- Staff supported people to express their views and be involved in making decisions about their care and support. People were directed to sources of advice and support or advocacy when this was required.

Respecting and promoting people's privacy, dignity and independence

- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community. Relatives could visit at any time and were made to feel welcome.
- People were offered choice and control in their day to day lives. We observed some very kind and caring interactions between staff and people, where people were encouraged to be as independent as possible. For example, going to the local shops, cinema visits, bowling, local hydrotherapy pool and accessing community-based groups.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way. People's rights to privacy and confidentiality were respected. One relative told us, "Staff ensure they get to do all the things they enjoy. They always take the time to research less busy times for activities and consider barriers and how these can be overcome so that my family member can still do the things they enjoy, without being placed in a position that may cause them distress or embarrassment."

# 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 remained 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

- Care records were personalised to a very good standard and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed. A member of staff told us, "We have a keyworker system in place and work closely with people to develop positive, professional relationships with them."
- People were empowered to make choices and have as much control and independence as possible, including developing care, support and treatment plans. Relatives were also involved where they chose to be and when people wanted that. People were supported to prevent ill health and promote good health.

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.

- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the AIS.

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 currently relevant to them

- People's feeling of wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- People were engaged in a programme of activities.

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and staff knew how to make complaints should they need to. They told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be listened to.

End of life care and support

- The registered manager worked with people during the review process to explore their views and wishes. They explained that when required, people would be supported to make decisions about their preferences

for end of life care.

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

# 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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff spoke positively about the registered manager and the quality of care provided. One staff member told us, "I have only been here six months, [Name of registered manager] rings me regularly to see how I am and if everything is okay. I have never had this before in previous jobs. Her approach makes me feel valued, it is more like being part of a family, rather than just work colleagues."
- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with people and stakeholders. Staff understood the provider's vision for the service and they worked as a team to deliver these.

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 registered manager displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was managed appropriately in line with providers processes. This ensured standards were maintained in the service.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- The registered manager worked to develop the staff team so staff at all levels understood their roles and responsibilities. They were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- Staff performance was managed appropriately in line with providers processes. This ensured standards were maintained in the service.

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

- Residents and relatives meetings provided an opportunity for people and their representatives to be involved with the service and any planned changes. Regular newsletters were also shared with people and families.

- Annual surveys were used to gather the views of people, relatives and professionals. The surveys showed positive responses. The registered manager used this information to make changes when this was required.
- Quality assurance checks were shared with staff to include them in the running of the service and to drive improvements.

#### Continuous learning and improving care

- A robust system of internal and external audits was used to monitor the quality and safety across the service. Where audits identified any concerns or trends, detailed action plans were put in place and communicated to the staff team.

#### Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.