

Coastal Homecare (Hove) Limited

# Coastal Homecare (Hove) Limited

## 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

Coastal Homecare (Hove) Limited is a domiciliary care service. The service provides personal care to adults living in their own homes in the community. These included people living with dementia, a mental health illness, a physical disability, a learning disability, people with substance misuse or sensory impairment. On the day of inspection there were 120 people who received support with the regulated activity of personal care.

At our last inspection on 17 February 2016 we rated the service Good.

At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be protected from the risk of harm. Staff had a good understanding of safeguarding and knew how to report concerns. Staff recruitment practices remained in safe. Checks were made to ensure staff were of good character and suitable for their role. Risks to people's personal safety were assessed and plans remained in place to minimise identified risks to people. One person told us, "They help you avoid risks, there are now no trip hazards in my bungalow." People's medicines continued to be managed safely. Staff had a good understanding of infection control procedures.

People's needs and choices continued to be assessed prior to people using the service and regularly thereafter. People continued to receive effective care and support from staff who were well trained and supported in their roles. People continued to be supported to access healthcare services and staff responded to people's health needs. People were supported with their dietary needs, where needed.

People and their relatives all told us staff were kind and compassionate. Staff knew people's preferences and personalities and spoke positively about people they supported. People and their relatives, if appropriate, were fully involved in discussions about their care. Staff remained respectful of people's privacy and maintained their dignity. People's confidentiality was respected.

People and their families continued to be involved in developing their care and support plans. People's care plans were personalised and reflected people's needs and choices. People were given information in a way they could understand. The registered manager had considered the use of assistive technologies to improve people's experience. Complaints continued to be responded to in a timely manner. Staff continued to support people sensitively at the end of their lives.

People and staff spoke highly of the management of the service. One person told us the registered manager was, "Very conscientious and considerate." The culture of the service continued to be positive and respected people's equality, diversity and human rights. The registered manager had a keen focus on quality

assurance to drive improvements to the service people received. People and staff remained engaged and involved in the service provided and staff worked with other organisations to ensure people's needs were met.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Coastal Homecare (Hove) Limited

## **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.

This inspection site visit took place on 9 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because staff were often out of the office providing care. We needed to be sure that they would be in. Inspection activity started on 5 October 2018 and ended on 9 October 2018.

This was a comprehensive inspection carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience called people who used the service on the day of the site visit.

Before the inspection we reviewed information relating to the service including; correspondence from people and professionals and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 10 people, six relatives, two care workers, a supervisor, the registered manager and a director. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, staff training, two staff employment records, quality assurance audits, incident

reports and records relating to the management of the service.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "They are well aware of safety. I tend to fall over, if I do it when they are here they ring for an ambulance and always stay with me until they arrive."

People continued to be protected from the risk of harm. Staff had a good understanding of safeguarding and knew how to report concerns. One member of staff told us, "I would report any concerns to my manager and I know they would listen and act." The registered manager told us, "Safeguarding's inform our training and supervisions, we use it to improve." We saw that learning from safeguarding had been used as a training opportunity for staff to reduce the risk of a similar incident happening again.

People needs were met by sufficient numbers of staff and people received rotas to let them know who would be coming to see them. The registered manager said that the summer period had been difficult in relation to staffing, this was confirmed by people we spoke to. The registered manager and provider had worked proactively to improve numbers of staff and implemented new recruitment processes. This resulted in several new staff being recruited. Even though staffing had been a challenge, office staff had ensured people received their care calls in a timely manner, by supporting care staff and attended care calls themselves, when required. The registered manager had identified learning from this and was using this experience to inform how they plan recruitment for next summer.

Safe recruitment practices remained in place. Checks were made to ensure staff were of good character and suitable for their role. This included seeking appropriate references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Risks to people's personal safety were assessed and plans remained in place to minimise identified risks to people. One person told us, "They help you avoid risks, there are now no trip hazards in my bungalow." Staff were provided with clear information about how to manage and reduce risk as much as possible, whilst allowing people to remain independent. For example, as one person's mobility declined they required a ceiling hoist to assist them to move. The risks relating to this were fully assessed. Their risk assessment provided staff with detailed information about the person's condition and how to support them safely. The provider bought a ceiling hoist to be used as part of mandatory training for staff. This ensured they had the experience of using this safely.

There were systems in place to manage accidents and incidents safely and lessons were learned when things went wrong. For example, one person required an early morning call to support them with their diabetes. On one occasion this call was late. The manager put steps in place to learn from this incident. This call has been flagged as time critical to staff and if care staff cannot attend a member of the office team completed the call. Since these measures have been put in place the person has received their morning call on time.

People's medicines continued to be managed safely. Care workers were trained to administer medicines

and had regular competency and spot checks which ensured safe practice. There was detailed guidance in people's risk assessments to guide staff on how to administer medicines safely and in an individualised way.

Staff had completed infection control training. Care staff told us they access to personal protective equipment (PPE) such as gloves and aprons as and when they needed them.



## Is the service effective?

### Our findings

People's needs and choices continued to be assessed prior to people using the service and regularly thereafter. Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

People continued to receive effective care and support from staff who were well trained. Staff had access to a range of training opportunities that supported them to care for people's specific needs. For example, staff had reported that some people's needs in relation to their dementia had changed and they wanted support in that area. From this feedback, the training manager developed a dementia course for staff specifically focussing on behaviours that may challenge. This supported staff to feel more confident supporting people living with dementia.

Staff received an induction when they started their job, which included getting to know people's needs and shadowing more established staff. A member of staff told us, "The training is great, it was really useful. You get to practice by shadowing. I shadowed two different carers and different rounds it was very useful to see our training in action before doing it yourself."

People continued to be cared for by staff that were suitably supported within their roles. Staff received regular supervision and appraisal from their line manager. One member of staff told us, "We have supervision every three months and we can raise any other concerns at any time. Supervisions are helpful as you get things done, my manager always actions my concerns."

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. Staff were working within the principles of the MCA. Care staff had received training on the MCA and were aware of how it applied to their practice. People told us staff gained their consent before carrying out any care or support.

People continued to be supported to access healthcare services and staff responded to people's health needs. One person told us, "They are vigilant, my regular carer was washing me and noticed a rash and rang the GP right away." During visits, care workers monitored people's health and welfare conditions whilst reporting any changes to the relevant professionals. For example, one person's condition meant they could not always take their medicines safely. Staff recognised when this may be an issue and liaised with the GP regularly to ensure the person's needs were met.

People were supported at mealtimes to have food and drink of their choice. Where it was delivered as part of the package of care, people were happy with the meals that were prepared for them. One person told us, "They are very good with food. I have oxygen so can't go near the gas stove. They microwave things for me."

If people had specific dietary requirements guidance was in place for staff to support them effectively. For example, one person had been referred to the speech and language team as they were at risk of choking. Guidance was put in place and followed by staff to reduce this risk.

Staff worked well within their team and across organisations. When staff were required to work together they did so effectively. One member of staff told us, "We work well as team as we have regular team members for double up calls. We have developed a good working relationship. Paramedics have commented that we know people well and work well together."

## Is the service caring?

### Our findings

People and their relatives all told us staff were kind and compassionate. Staff continued to have a caring and friendly approach to supporting people. One person told us, "I look forward to the coming for a joke and a chat." A relative told us, "I look forward to their cheerful manner."

Staff knew people's preferences and personalities and spoke positively about people they supported. A relative told us, "They know my husband's likes and dislikes and it is all in the care plan." One member of staff told us of a person's interests and background. They told us of how the person did not like to be away from their partner but wanted to access the community. This was detailed as part of their outcomes in their care plan. Staff were working with the couple's social worker to find a community day centre which they could go to together.

Staff had a detailed understanding of people's needs and were proactive in ensuring people received good quality care and support that promoted independence. One person told us, "They help me to keep independent." The person said they did this by supporting them with their personal care needs and allowing them to complete tasks they could do by themselves. One person was living with complex needs, they had a regular care worker who had built a positive relationship with them and their family. The care they received was flexible to support their independence but recognised when they may need support. The member of staff told us, "I am flexible in my approach to their support, we take it daily and I ensure I report any concerns."

People and their relatives, if appropriate, were fully involved in discussions about their care. Care plans were regularly reviewed and people were involved in this process. The registered manager ensured rotas were scheduled so staff had time to spend with people, talk and listen to them. One person told us, "I look forward to the coming, they make my day." A member of staff told us, "The rota gives me time to have conversations with people. I have a lot of banter with people. I am the only person they see and I like to make them smile, it is rewarding."

People's well-being and happiness continued to be promoted. Staff told us they had formed good relationships with people and had become skilled in recognising when people were not their usual selves. The risk to some people of experiencing social isolation was recognised by staff and addressed where it could be. The registered manager had organised charity events at the office and people using the service were invited to attend. Staff were currently planning the winter newsletter for people which has a feature on loneliness over Christmas, signposting people to different groups and charities they can contact for support.

Staff remained respectful of people's privacy and maintained their dignity. All the people we spoke with said staff treated them with respect. A member of staff told us, "I always ask consent before doing things. I talk to people, general chit chat to start with. If we need their consent for example, medicines. We ask and explain why they are important, if they say no we respect that."

People's confidentiality was respected. Staff had a good understanding of the need to ensure people's

confidentiality was maintained. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager was aware of this legislation and were embedding this within their practice.

## Is the service responsive?

### Our findings

People and their relatives told us that the staff were responsive to their needs. A relative told us that their mother had been in hospital and discharged without care in place, they said, "Coastal homecare responded immediately and gave me peace of mind at once. I could not ask for more consideration or vigilance."

People and their families continued to be involved in developing their care and support plans. People's care plans were personalised and reflected people's needs and choices. For example, one person's care plan stated they enjoyed watching tennis, cricket and football. Their regular care worker knew this information and told us the person, "Enjoys watching sport, we chat about the football results during care calls."

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager ensured people's communication needs were assessed and documented so staff could be responsive to their needs. For example, if people have a visual impairment their care plans had been produced in large print. One person receiving care did not speak English so staff worked with their family to understand the person's likes and dislikes and planned care calls for when family were present to aid communication.

The registered manager had considered the use of assistive technologies to improve people's experience and made referrals where appropriate. People were supported to use 'care alarms' this meant they could call for assistance in an emergency at any time. One person used a computer which they controlled with their eye movements. The registered manager ensured the person had a core group of staff who understood their needs and how they used the computer to communicate. The provider was implementing a new computerised care system which aimed to improve the service people received, by adding additional safeguards to ensure calls are received as per people's care plans.

Complaints continued to be responded to in a timely manner. One person told us, "I have never needed to complain" and others said they felt happy with the care they received. In July 2018 a complaint was received from a relative regarding staff not completing cleaning tasks. The registered manager responded to this in a timely manner and identified the person's care package did not include cleaning tasks. The registered manager discussed this with the person and their family and contacted the local authority to arrange a review of the person's care needs. The registered manager audited complaints monthly to identify any trends and areas for learning. They told us, "We use it as an improvement tool, if there are shortfalls we put steps in place to try and resolve the issue moving forward."

Staff continued to support people sensitively at the end of their lives. Care was put in place promptly for people and staff worked alongside other healthcare professionals to ensure people had a dignified death. For example, staff had liaised with the local hospice to ensure one person had the right medicines in place to control their symptoms. This ensured they were pain free.

## Is the service well-led?

### Our findings

The service continued to be well-led. People felt able to contact the office and speak with the management team at any time.

The service had a registered manager. 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 registered manager was knowledgeable about their role and responsibilities. People and staff spoke highly of the management of the service. One person told us the registered manager was, "Very conscientious and considerate." A member of staff told us, "It runs well because (the registered manager) is very approachable. I respect her position and I take notice of what she asks. We trust each other."

Staff felt supported within their role by the registered manager and the provider. One member of staff told us, "I love working for Coastal, I wouldn't work for anyone else now. I know the difference and you won't find a better employer. I get up every morning and want to go to work." Another member of staff told us, "I feel valued by the company, they respect me and acknowledge my hard work and I feel my input is valued."

The culture of the service continued to be positive and respected people's equality, diversity and human rights. Staff said the culture of the service as open and transparent. A director described the values of the service as, "Person centred and staff centred." We observed these values to be embedded in practice. This was evident in the person-centred support people received and the positive attitude of staff.

The provider's systems remained effective in assessing and monitoring the quality of the service. The registered manager had a keen focus on quality assurance to drive improvements to the service people received. For example, the manager completed monthly checks of various aspects of service delivery to look for issues, trends and ensure lessons are learned. In September 2018, a care file audit identified that one person's support plan was not fully person centred. The registered manager spoke with the member of staff who completed the plan and ensured that this issue was rectified. The member of staff spoke with the person to capture more person specific detail about their life and how they wanted their care delivered. The support plan was updated following this.

People and staff remained engaged and involved in the service provided. Feedback was sought from people regularly and in a variety of ways to ensure people had a say on the service they received. For example, surveys were sent to people and staff. Following the survey in 2017 the registered manager responded to each person individually with a response to any concerns or queries they had and acted upon feedback. For example, one person was concerned that they did not always receive their rota of what member of staff was going to see them each week. The registered manager acknowledged their concern and agreed to post their rota directly to them each week so they would have it in advance.

The service continued to work in partnership with other organisations to ensure people's needs were met.

We saw evidence that people have access to a range of other health and social care professionals as and when they needed. For example, staff provided a 'home first' service which supported people's discharge from hospital. Staff worked closely with occupational therapists and other organisations to facilitate people's safe return to their own homes following a hospital stay.