

Miss Sophie Moore

South Coast Homecare

Inspection report

Basepoint, Chichester Enterprise Centre, Unit 1
Terminus Road
Chichester
PO19 8TX

Tel: 01243280022

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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

South Coast Homecare is a service providing personal care to 18 people with a range of health and support needs at the time of the inspection; some people were living with dementia. 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 were positive about the service and the care they received from staff. One person said, "If staff are off sick, then many carers are very willing to cover, and staff seem content. They manage well and there appears to be a lot of goodwill".

People were protected from the risk of harm. People's risks had been identified and assessed to ensure people received safe care and treatment. Infection prevention and control systems were effective and staff wore personal protective equipment when undertaking personal care. Medicines were managed safely.

Staff had completed a range of training and received regular supervision with their line managers. Spot checks were undertaken to monitor and ensure staff delivered a high standard of care to people. New staff were recruited safely. People told us that staff were rarely late for calls, and this only usually happened if there had been an emergency. Some people received support from staff with their meals. Staff contacted healthcare professionals if people became unwell or additional support was needed. 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.

People commented on the caring and compassionate nature of the staff who supported them. One person became worried that their garden plants might die because of the lack of rain, so care staff went to water them, then passed on the message to other carers, to check on the plants when they visited.

Care plans provided detailed information about people and guidance for staff which was followed. Complaints were managed in line with the provider's policy.

People spoke positively about the management team, of the high standard of care they received, and the calibre of staff. People's diverse needs were recognised and catered for. A robust system of audits had been implemented to measure and monitor the service, and to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 26 July 2019 and this is the first inspection.

Why we inspected

The service had not been inspected since it registered with us.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

South Coast Homecare

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 undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 April 2021 and ended on 7 May 2021. We visited the office location on 29 April 2021.

What we did before the inspection

We reviewed information about the service, including notifications sent to us by the provider. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people, including one relative, about their experience of the service. We spoke with the registered manager, office manager, a senior carer and two care staff. We reviewed a range of records including two care records, and two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm.
- We asked people if they felt safe when they received support from staff. One person said, "Yes, absolutely. They [staff] come when they say they will and they anticipate what I need; they will take on extra tasks too. They usually arrive on time, traffic notwithstanding". The person added that they always knew which staff would be coming to their home, usually a week or up to ten days in advance.
- Staff had completed safeguarding training and demonstrated their understanding. One carer explained, "It's about making sure clients and family members are safe. If I had suspicions of an abusive situation, I'd contact the police and raise a safeguarding. I'd also report to [named management team]".
- The registered manager showed us the safeguarding policy which staff followed. The registered manager told us of an incident of potential abuse, how this had been managed, and notified to CQC and the local safeguarding authority.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and mitigated.
- Risk assessments provided detailed information for staff on how to support people safely. People understood how their risks had been assessed and were involved in this process. For example, one person chose not to have an airflow mattress to minimise their risk of pressure areas. They understood the risk of choosing a memory foam mattress instead, but found this more comfortable.
- Briefings were shared with staff relating to regular checks that needed to be completed to minimise people's risks. Staff read these information briefings in conjunction with the training they completed. For example, staff checked fire risks in people's homes, using the information they learned in their fire safety training. Staff checked that where people wore pendants to raise an alarm, these were working.
- One carer said, "When I go into a person's house, I check there's nothing unsafe. I check the box counts for medicines and that medication administration records (MAR) are all signed. If any equipment was unsafe, I would phone the company and alert other carers".
- Accidents and incidents were logged satisfactorily, including actions taken, and the outcome.

Staffing and recruitment

- There were sufficient staff to ensure call times when visiting people were adhered to.
- One person told us that staff could sometimes be late, but they would also let them know when this might happen. The person added, "But they're a new business and doing as good as they can and the manager is prepared to come out if they're short-staffed". Another person confirmed that staff arrived on time, unless they had to deal with an emergency.

- Staff generally had set rotas and supported the same people, providing consistency of care. When staff undertook calls, their hand-held devices monitored these and provided a live call monitoring report. This helped the management team to oversee when staff arrived and left people's homes.
- Staff told us they had enough time to spend with people. One carer said, "Yes, there's enough time. Mostly you have a bit of spare time to spend with people, perhaps go for a walk with them if they want, or do their nails. I reminisce with people who have dementia".
- New staff were recruited safely.
- We looked at recruitment records for two staff. Disclosure and Barring Checks, which related to a person's good character and whether there was any criminal record, had been completed. Application forms provided information about potential staff, and included their education, qualifications gained and employment histories. References were also obtained.
- The registered manager told us they had a rolling recruitment campaign, interviewing new staff as the business expanded.

Using medicines safely

- Medicines were managed safely.
- Some people managed their own medicines, others needed staff to prompt them or administer their medicines.
- MARs were completed by staff when medicines were administered and these were audited.
- The registered manager told us they worked closely with people's GPs when a medicine might need to be reviewed. For example, a medicine for one person needed to be taken late in the day, which had not suited them. Their GP was consulted and now the person took this medicine at teatime instead.
- Stocks of medicines were monitored and when people's stock dropped to a certain level, a carer would ring the pharmacy to make sure a repeat prescription was in hand.
- Where people required pain patches, body maps were marked to show which part of the body the patch was located, to ensure the used patch was removed and the new patch applied to a different part of the body.
- People who smoked had risk assessments completed when staff used paraffin-based creams.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date. One carer said, "[Named registered manager] updates the policies and makes sure we have all the PPE we need, for example, paper towels to dry our hands on when we're in people's homes".

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- The registered manager said, "Anything that does go wrong is a real, live example, so we could use this for training. For example, if there was a discrepancy in someone's medicines, we would use this as a training opportunity. Our Tuesday training and supervision sessions are vehicles to reflect on our working practices, and we monitor the situation afterwards if something does go wrong".

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 before they started to receive personal care from staff.
- The registered manager explained they would speak with any potential new clients over the telephone first, with no-obligation. An assessment would then follow and information provided to people about the company and prices. The registered manager would visit new people and told us, "I always give people time to make a decision on whether they want to use our service or not".
- South Coast Homecare provided support to people who lived between Emsworth to the east and Rustington to the west.
- Care records showed that people's needs and choices were documented. People confirmed to us that they had been consulted and involved in the development of their care plan.

Staff support: induction, training, skills and experience

- Systems were effective in ensuring staff were inducted, trained and received regular supervision.
- People felt that staff were well-trained to deliver care. One person said, "Yes, I know staff complete various training modules and new starters shadow other staff".
- Staff told us that the induction they received equipped them to undertake their responsibilities and supported them to be confident when delivering care. One carer said, "Induction was really good. I've been in the office with [named registered manager] and there have been group induction sessions too". The carer completed shadow shifts before working independently. They explained, "Because the shadow shifts are so good, I felt confident to work independently with clients. I support new staff now and they shadow me".
- Because of the restrictions caused by the pandemic, the majority of training for staff was delivered electronically. Staff told us of the training they had received, such as safeguarding, infection prevention and control, moving and handling, medicines, and health and safety. One carer said, "You have to do all this training before you go and visit clients".
- Staff also received training from district nurses on various topics, such as conveyer management, where urine is collected in a bag attached to the person's leg. One carer explained that 'Tuesday training' was an opportunity to refresh training and could be in the form of a video and quiz at the provider's office. They said, "It's good to have a refresher occasionally and [named registered manager] always asks if there is any training you need or would like to do".
- Staff received regular supervision meetings. These meetings occurred monthly for the first six months for new starters, then every quarter, with an annual appraisal. One carer said, "At first supervision was every month, but now it's every three months. The manager always asks if we have any worries and about our wellbeing. We discuss feedback from clients too".
- Spot checks were completed by senior staff to monitor staff competence in providing personal care to

people.

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

- People were supported by staff to eat well and maintain a healthy lifestyle.
- One person said, "I have help with my meals, breakfast lunch and supper. Staff always ask me what I would like to eat".
- When one person had lost weight, staff consulted the person's GP for advice. When staff prepared meals for this person, they took a photo of the meal, so it could be seen what the person had eaten during the day. Finger foods were also provided, so the person could snack at any time of the day or night. A referral was made to a speech and language therapist to check whether the person had a swallowing difficulty, so staff knew which food groups were safe and which to avoid. The person was weighed weekly, with their consent, and their weight had increased.

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

- People received support from a range of healthcare professionals, such as GPs, occupational therapists and district nurses.
- One person told us that their GP had been contacted by staff when their breathing had been particularly bad.
- Another person received support from their GP and paramedic practitioner. When they had difficulty in standing up, a referral was made to an occupational therapist, who recommended a rotunda stand be used; this supported the person to stand independently.

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.

- An agency could be recommended to people, who could be legal advocates to provide support for people with health, welfare and financial needs. This company could also hold power of attorney for people if needed, with their consent.
- Staff had completed training on mental capacity and understood how consent should be gained lawfully. One carer explained the five questions they would use as a checklist to understand whether a person had the mental capacity to make a specific decision.
- One person had capacity to decide they did not want to go into hospital when they became unwell. This person had communicated clearly that they did not wish to go into hospital and preferred to stay at home. This was recorded in their care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 well treated by staff and their diverse needs were catered for.
- The registered manager told us that when they carried out an initial assessment of people's needs, they looked at matching people with staff, based on their interests and preferences. The registered manager provided an example – if a person followed a religion, this would be researched and the information shared with staff. This would give staff a good understanding about a person's beliefs and enable them to accommodate people's wishes.
- One member of staff described the importance of understanding that people living with dementia had good days and bad days, and of the need to adjust their approach accordingly.

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

- People confirmed they were consulted on all aspects of their care.
- One person explained, "Staff are exceptionally good. My father had carers years ago, but I wasn't impressed with them. Staff here are not in a rush and stay for as long as needed. We have a chat, they're very friendly. I have nothing but praise for them".
- When asked how they involved people in decisions about their care, one staff member said, "If they decline personal care, I would talk to them. If they kept declining, I would suggest a chat, and then go into the bathroom and help them wash, then a cup of tea; that normally works".
- Another staff member said, "When I was first introduced to customers, I didn't find it daunting and I wasn't nervous at all. I love it and I've had good feedback from customers and staff".

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff.
- One person confirmed that staff were always respectful and maintained their dignity and privacy when providing care. They described the attitude of staff as, "Excellent".
- A staff member explained how they would help people in the bathroom, and the importance of covering people up, to maintain their dignity. They added, "Everyone's different, but I treat people how they should be treated, treated with dignity in their own home. I think I'm a really caring person and hopefully that shows in my work".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People received a high standard of personalised care to meet their needs and choices. There were elements of outstanding care.
- One person did not wish staff to wear a uniform when providing care, so they wore a tee-shirt instead. Another person could become distressed when receiving personal care. They loved butterflies, so the registered manager ordered some artificial butterflies to stick on the person's wall which they could look at. A 'butterfly' cushion was a source of comfort, and provided a calming effect when the person held it.
- People spoke positively about the service. One person told us how unwell they had been before receiving support, that their son had rang around lots of care agencies and was impressed with what was offered by South Coast Homecare. Another person told us, "I cannot recommend them highly enough. They have time for my husband and they chat and laugh; they're very good. They always ask me if I need anything too. They bought milk for me the other day when I ran out".
- The registered manager explained how they tried to provide, 'whole family care'. They gave an example where one person had suffered a bereavement and had become very sad and upset. Staff at the service made all the arrangements for the funeral, ensuring the person's suit was dry-cleaned for the service, and even arranged the wake.
- Staff demonstrated a good understanding of person-centred care. One staff member told us, "The person is treated as their own person. The care plan is designed for them and they are at the centre of the care plan".
- Care plans provided very detailed information about people and guidance for staff on how to provide support. The plans provided accessible information to people and staff. For example, if a person had a particular health condition, the plan stated how this affected the person, with a picture of the part(s) of the body, which staff could see at a glance. Staff told us the care plans were easy to view on their mobile phones; a password was required so information was kept confidential.
- One staff member said, "The care plans are so in-depth. Even if you didn't do a shadow shift to get to know a person, the care plan is so good, you know exactly what you should be doing".

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.

- People's diverse communication needs were considered and met by the service.
- A variety of methods was used to communicate with people, and a range of apps on social media, such as

Face Time.

- Where people were hard of hearing, or had a visual impairment, information was presented in a way that suited them. Some people preferred verbal communication, whilst others favoured emails. Their preferences were recorded, respected and followed.

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 culturally relevant to them

- The service had identified ways to support people, to combat feelings of loneliness, where people had been unable to access the community during lockdown or who lived alone. For example, there was a PAT (Pets as Therapy) cat called Molly, who visited people with a member of staff, who was Molly's owner. Photos of people with Molly showed how happy this had made them.
- There were plans for 'Pick a Wish', asking people what they would like to do. There would be a monthly draw, and, if possible, the service would enable people's wishes to come true.

Improving care quality in response to complaints or concerns

- Complaints were addressed in line with the provider's policy.
- We asked people if they ever had cause to make a complaint. One person said they had nothing to complain about. Another person told us they had refused to see one carer, so the service had organised an alternative carer to visit the person. The person was happy with the way their complaint had been managed. A third person said, "I would ring the office and tell them if I thought anything was wrong".
- A review of the complaints logged showed complaints that had been formally recorded, with the actions taken. A relative had complained about the lateness of one call, and this was because staff had spent longer at a previous call, resulting in a backlog. The relative was contacted and the reason for staff being late was explained to them.

End of life care and support

- No-one supported by the service was receiving end of life care at the time of the inspection.
- Staff were given the opportunity to complete training in end of life care. One staff member told us of an experience when they looked after a person as they came to the end of their life, how privileged this made them feel and how rewarding this had been.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; 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 service provided personalised care that was inclusive and resulted in people receiving a high standard of care.
- One person said, "[Named registered manager] seems very confident and very professional; I'm impressed. I only use a small number of carers and they all know my routines; familiar faces are important to me".
- The registered manager was passionate about the service which they had helped to develop. They said, "We're still building the business, but we've developed a lot of things within the last couple of years since we started".
- The registered manager had a clear understanding of their responsibilities under of duty of candour. They explained, "It's about making sure everything is safe in the workplace and anything that needs reporting is reported, looking at near misses. If this happens with people we support, it's about what you would do to prevent reoccurrence. We always say to our customers, we are very open and transparent, if it's a mistake we have made, and what we're doing about it".

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

- The management team and staff demonstrated a good understanding of their roles, delivered a high quality service, and met regulatory requirements.
- The registered manager had worked hard to be clear about the regulatory requirements before registering to become the manager. They added, "My vision is to have high quality care and not to get overwhelmed if we don't have capacity. We want to be bespoke because the customers are at the heart of what we do. Our customers are at the forefront of my mind and it's a beautiful thing to see the changes we've made to our customers' lives. The care team is the face of South Coast Homecare, so if I don't train them well and support them, it will filter through the business".
- Staff were positive about the service and felt supported in their roles. One staff member said, "I've worked for other care agencies, but I'm very impressed with this one. I feel appreciate here. You always get a 'thank you'". They added, "The management is excellent. I really cannot fault them. If you're having a bad day, you can phone them and they're very supportive".

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

characteristics

- People's needs were fully assessed before they started to receive a service; people and staff were treated equally.
- People told us they were encouraged to provide feedback about the service, and the office manager made monthly calls to people to ask how they were; these were well received. The registered manager had offered to buy signs which people could display outside their homes such as, 'No cold calling' to keep people safe.
- Newsletters for people and staff provided regular updates on what was happening at the service.
- One staff member who could struggle with e-learning and understanding of various concepts with their training, received additional support from the registered manager.
- Control measures were in place for staff with lone working. For example, if care staff found themselves in a vulnerable situation, they could text a particular word back to the management team, who would then take immediate action, such as calling the police.
- Employees benefited from a range of reward schemes, including the 'Star Performer Award', where people and staff voted for staff who had gone above and beyond when providing care.
- Staff felt valued by the management team. One staff member said, "I've worked in a lot of care settings and with a lot of companies, and this is the best service I've worked for. I feel supported by management, who care about staff as well as customers".

Continuous learning and improving care

- This relatively new service had developed a culture of learning to drive improvements.
- One person said, "The company is growing slowly and I understand that. They've pretty much got their act together, 10 out of 10 for effort; generally they're superb".
- A family member had left a review on a feedback website which read, 'We have been very happy with the care given to my father by South Coast Homecare. They endeavour to keep the staff going to him consistent, which he finds less unsettling. He gets on very well with most of the staff, especially the male member who my father will only allow to help with washing and dressing'.
- The provider had developed a robust system of audits to measure and monitor the service provided. These included customer feedback, complaints, compliance monitoring, incidents and accidents, medicines, workplace risk assessments, and pre-employment checks for staff. These were effective in identifying areas for improvement and actions that had been taken as a result were recorded.

Working in partnership with others

- The service worked with a range of health and social care professionals.
- For example, one person told us that when their family member sustained a fall, care staff telephoned for an ambulance immediately. There was a concern the person might have contracted a urinary infection, so care staff collected a urine sample and took it to the person's GP for testing.
- Where people required additional support, referrals were made to occupational health and speech and language therapists, for example.
- There was regular communication with a representative from the local council who supported small businesses.