

Hartlepool Care Services Limited

Coastal Care North East Redcar and Cleveland

Inspection report

Dove House
5 Turner Street
Redcar
TS10 1AY

Tel: 01642756966
Website: www.coastalcarene.com

Date of inspection visit:
13 February 2023
16 February 2023
20 February 2023
01 March 2023

Date of publication:
14 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Coastal Care North East Redcar and Cleveland is a domiciliary care agency providing care to people in their own homes. At the time of the inspection there were 42 people in receipt of personal care.

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 extremely satisfied with the service and felt staff always went above and beyond in delivering the care. They described the little extras staff just did as a part of their job. Staff were passionate about providing good care outcomes and took ownership for their practice.

There were enough staff on duty to cover the care packages. Staff reported the rotas were very well organised and enabled them to easily travel to deliver each care package and have enough time to properly support people. Recruitment practices met legal requirements and the registered manager used a variety of effective strategies to encourage people to apply to work at the service.

Medicines management was effective and closely monitored. Staff who administered medicines had the appropriate training.

The staff used the assessments as the basis for the care records and ensured these fully captured people's need. When necessary, external professionals were involved in individual people's care. Risk assessments were clear and readily identified how to mitigate them. Staff were familiar with these documents and the actions they needed to take.

Staff had received mandatory and condition-specific training. Staff supervision sessions were regularly completed, as well as spot checks and competency assessments. Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt confident applying this in their practice.

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. Staff took steps to safeguard people and promote their human rights.

The management team had created an extremely robust governance system, which rapidly identified the smallest of issue, which was then quickly addressed. The registered manager critically reviewed the service and proactively looked at how improvements could be made. Staff told us that the registered manager was approachable and listened to their views. People felt the registered manager was running a good service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 9 December 2021).

At the time we found the service had addressed breaches found during the July 2021 inspection, but it was too early to determine if these improvements would be sustained. At this inspection we found the improvements had led to the service safely and effectively meeting people's needs.

At our last inspection we recommended that kept staff COVID-19 testing under review to ensure best practice and government guidance is followed. At this inspection we found the provider had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coastal Care North East Redcar and Cleveland on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Coastal Care North East Redcar and Cleveland

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 Act.

Inspection team

An inspector carried out the inspection.

Service and service type

Coastal Care North East Redcar and Cleveland is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. We used the information the

provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We contacted 6 people who used the service and 7 relatives. We spoke with the director, registered manager, deputy manager, training officer, finance manager and 6 staff members.

We reviewed a range of records, which included 4 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection we recommended the provider kept staff COVID-19 testing under review to ensure best practice and government guidance is followed. At this inspection we found the registered manager ensured current infection and control prevention guidance was followed.

- Effective systems were in place to mitigate the risks of people and staff catching or spreading infections.
- Staff had access to appropriate personal protective equipment and checks were carried out to ensure they complied with current infection control and prevention guidance.

Staffing and recruitment

- There were enough staff to meet people's needs. The management team closely monitored staffing levels to ensure they could always meet people's needs.
- Effective systems were in place to ensure no calls were missed. The team had developed contingency plans to ensure people received their call if staff were delayed at a call. One person said, "The staff are wonderful and never let me down."
- The provider operated safe recruitment systems that ensured suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do and had received appropriate and effective training in this topic area.
- People said staff made sure they were safe and staff were kind and compassionate. One person said, "There is nothing to complain about at all, they are great."
- People's medicines were appropriately managed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place to reduce the risk of harm to people. These included environmental and individual risk assessments and provided staff with guidance on the actions to take to reduce the risk.
- The provider was committed to driving improvement and learning. Staff responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used 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 February 2020 inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At the February 2020 inspection we recommended the provider consults best practice guideline in relation to recording mental capacity and 'best interests' decisions. At this inspection we found this recommendation had been acted upon

- At the time of the inspection nobody using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation.
- People told us they were involved in decisions about their care.
- Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt confident applying this in their practice.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. Staff completed training in relevant areas to ensure they could carry out their role safely and competently.
- Staff had received relevant and good quality training in evidence-based practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent,

effective, timely care

- Staff completed assessments of each person's physical and mental health. The provider used an electronic care record system, which readily captured information about people's needs and staff could easily access whilst in people's homes.
- People's records included contact details for GPs and immediate family members, and information about healthcare conditions. This helped staff recognise any deterioration in health so they could contact people's relatives and health and social care professionals.
- Staff effectively supported people with eating and drinking where they had needs in this area.

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

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

- Reports had been sent to alert the CQC and local authorities when incidents occurred. The regional manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.
- The provider and registered manager were understood duty of candour and were very open and honest with people. The registered manager was proactive and resolved issues in a timely manner.
- Action plans were used to identify and monitor where changes were required and how these could improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted a positive, person-centred culture. The registered manager and staff put people's needs and wishes at the heart of everything they did. One person said, "The staff really put me first and are so kind."
- People told us the registered manager was approachable and acted swiftly to address any issues. They ensured people and their families were involved in discussions about their care and support needs. People told us they were confident staff had the skills they needed to provide them with the right care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager regularly reviewed the systems and processes in the service to determine if improvements could be made. Action plans were used to identify and monitor where changes were required and how these could improve the service.
- Staff we contacted were passionate about providing good care outcomes and took ownership of their practice. They understood their roles, responsibilities and their accountability.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.