

Coast Care Homes Ltd

Coast Home Care

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

We carried out this announced site inspection on the 1, 5 and 7 June 2018.

The registered manager was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Not everyone using Coast Home Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection, 14 people were supported with their personal care needs by the service.

Coast Home Care was registered in March 2017. This was their first New Approach Inspection and rating.

There was a registered manager in post. 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.

People and their relatives placed great value on the friendships that they developed with staff. They felt that staff went beyond all expectations in the care and support that staff provided. Staff would often visit people on their day off to say hello and to spend social time with them.

People were positive about the care provided by the service and said that they felt safe receiving care in their homes. One person said, "Amazing staff, make sure I'm safe and check my life line button before they leave." Staff recognised the signs of potential abuse and knew the reporting system to keep people safe. People were placed at the centre of their care and their risks were assessed and reviewed regularly to ensure care remained appropriate to meet their needs. There were sufficient numbers of trained staff who had the appropriate recruitment checks to ensure they were suitable for their role. Staff arrived on time for their visits and the right numbers of staff were available to provide the support people needed. People received their medicines as prescribed by staff who had been assessed as competent to give people's medicines safely.

People and their relatives were involved in all decisions about how they wanted their care and support needs met. People spoke positively about the relationships they had with staff. Staff ensured people consented to the care they received and were aware of how to respect people's choices and rights. People were supported to have sufficient to eat and drink and were encouraged to have a balanced diet. People were supported to access healthcare services when required. People told us staff had the skills and knowledge required to support them. Staff had received training relevant to their role.

People said staff went above and beyond what was expected from them. People and their relatives told us staff and the management team as being extremely kind, caring and friendly. People were placed at the centre of their care and people told us they felt listened to by the staff who supported them. People told us staff always respected their privacy and dignity when providing care and where supported to develop their independence. One person said, "They are very polite and respectful, always encouraging when I need it."

People were encouraged to give their feedback and views about the quality of the service they received. Communication systems used to share information about people's care and support needs ensured that staff were responsive to any changes. There were systems in place to record and investigate concerns with details of the investigation and outcomes. This meant people were assured concerns and issues were dealt with appropriately. People were encouraged to give their feedback and views about the quality of the service they received. Staff knew people well and people received care in a way they wished to receive care. Care records were personalised, regularly reviewed and updated to ensure they were reflective of people's current needs.

People said the service was well run. Comments included, "Very well run, no complaints at all," and "Very organised and punctual." The leadership within the service was strong and an open and a positive culture was promoted. People were supported by caring committed staff. Staff said they felt valued and were listened to by the management team. Staff were confident in their roles and were aware of their responsibilities and said they had access to support and training they needed. Effective quality audit checks were completed regularly to monitor the quality of the service provided. People were happy to recommend the service to family and friends based on their own experiences.

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 ●

Coast Home Care was safe.

People told us that they felt safe. Staff understood how to respond to suspected abuse.

Care plans and risk assessments were in place to manage risks to people. Where accidents and incidents occurred, staff responded appropriately to reduce further risks.

People received their medicines safely, from appropriately trained staff.

The provider carried out appropriate checks on new staff to ensure they were suitable before they started work. There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good ●

Coast Home Care was effective.

People were supported by staff who had the skills and knowledge to meet their care and support needs. Staff received training and on-going support from the registered manager.

People's rights were protected as staff asked for their consent before providing care. People were supported to have sufficient to eat and drink to maintain their health. Staff monitored and responded to people's health needs when required.

Is the service caring?

Good ●

Coast Home Care was caring.

Staff exceeded expectations to ensure that people were treated with kindness and compassion. Friendships developed between people and staff and the focus from staff was on ensuring that people's emotional as well as personal needs were being met.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. Staff maintained kind and caring relationships with people.

Is the service responsive?

Good ●

Coast Home Care was responsive.

The service was responsive.

The service was responsive to people's needs. Care records were personalised and accurately documented people's requirements, likes and dislikes. People were involved in all aspects of their care planning and were supported by staff who understood their needs. Effective communication systems were used to share information. People were encouraged to give their views about the service provided. People knew how to raise concerns and said they would be confident any issues raised would be taken seriously.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and open culture within the organisation and everyone said the service was very well-led. The provider actively sought people's views and strived to deliver the best possible care to people. Staff were proud to work for the service and were very motivated. Everyone said the culture of the service was open and friendly. The provider had quality audit systems in place to check the health and safety of people and there was an emphasis on continually learning and improving the quality of service delivered. □

Coast Home Care

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 site inspection took place on 1 and 5 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection. We also visited two people in their home on the 7 June 2018 accompanied by the deputy manager of Coast Home Care.

The inspection was carried out by an inspector and telephone calls were made on the 1 June 2018 to people and their relatives by an Expert by Experience. An Expert by Experience is a person who has had experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, this included the results of questionnaires CQC sent to people, their relatives and community professionals and information received from the provider which they are required to send us by law. We used information the provider sent 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.

We visited the office location on 1 and 5 June 2018 to see the registered manager and to review care records and policies and procedures. In addition to visiting two people in their homes, we also had telephone calls with two other people. At the office we spoke with the registered manager, provider, deputy manager and two members of staff. We read care plans for three people, medicines records and the records of accidents and incidents, complaints and safeguarding. We looked at records of audits and surveys. We looked at records of staff training and supervision. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and evidence of partnership working with external organisations. We also spoke with two external professionals.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. They told us they trusted the staff and that they were treated well. One person said, "I feel very safe with them, they know me very well and nothing is too much for them." Another person told us, "Safe, always check my phone and life line are working and my fire alarms, if something is not right they deal with it immediately." Relatives gave positive feedback about the staff's ability to keep people safe. A relative commented, "I am really happy with carers that visit (relative) and I know they feel safe with them."

Staff demonstrated a good understanding of abuse and how they would recognise potential harm or abuse. One member of staff said, "If I saw something I would report it to the manager and they would deal with it. I would inform the office straight away to protect the person from further harm." Staff, were confident the registered manager would take action if they were made aware of any concerns about people's safety. Another member of staff commented, "[Registered manager name] would report it to the local authority, CQC or police. I have every confidence they would do that." Conversations we had with the registered manager demonstrated they understood their responsibility to refer any allegations of harm or abuse or incidents or events that might constitute abuse to the local authority safeguarding team. This demonstrated that people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

Risks to people were assessed and managed to enable people to live in their own homes safely. One person commented, "They know what I can do and support me safely. They know my limitations and my strengths, I like to be as independent as possible and staff make sure I can do that safely." One member of staff said, "We know people really well and what their risks are. We have very clear care plans in people's homes which we read through. If there has been change in a person's risk the registered manager will contact us and the information is then updated." Staff we spoke with explained how they considered people's safety when they provided care or support. For example, ensuring equipment was easily accessible and removing obstacles or clutter to enable people to move freely around their homes. Staff told us they telephoned the registered manager or updated information in the daily notes in order to inform all staff of a person's change in need. After which, risk assessments were updated to reflect any change. One staff member mentioned that they had concerns about one person's mobility and their stairs. We checked with the care plan and office log book and saw that this had been taken forward by the registered manager and the risk mitigated by the involvement of the GP and the community occupational therapy team. All staff we spoke to were aware of the risk.

Risk assessments were comprehensive and clearly identified any risks to people's health and care needs. They also contained guidance for staff in how to reduce any risk of harm. For example, how to support people to be safe from pressure damage to their skin. Staff monitored peoples' weight, mobility and skin condition to manage the prevention of skin damage. One person told us that staff had liaised with the district nurse and a pressure relieving cushion had been given to them to ensure she didn't get sore when sitting for long periods of time.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. For example, one person was at risk of falls. Information in the risk assessment required staff to ensure the person had their walking frame near them and that all rugs and carpets were looked at with the person's permission. A plan to manage the risks was in place and understood by staff.

People felt there were sufficient numbers of staff to support their needs. This was because people we spoke with had not experienced any missed calls. They said on the rare occasion staff were running late they were contacted straight away by the staff at the office. One person told us, "No missed calls, if there is a change in the time due to a problem they get in touch to tell me what is happening." People also confirmed staff arrived on time and stayed the required length of time of the call. One person said, "They arrive on time and they stay for the allocated time, sometimes longer, never rush me." People explained that on the rare occasion their regular carer was not at work they were contacted by the office staff and another member of staff attended the call, this included the registered manager and deputy manager. For example, a staff member recently had a car problem on their way to a visit and the registered manager undertook the call in their place. This was confirmed by the person involved. We were also told, "We have someone else come and are informed about what has happened," and "They will always send someone else, they have never let me down." This told us that Coast Home Care provided a reliable and effective service.

The registered manager explained to us that they only took on new packages of care which they were able to cover. They explained this was important as it ensured people received calls when they wanted them and meant there were sufficient numbers of staff available to meet people's needs. Staff we spoke with confirmed this, one member of staff said, "The registered manager contacts us to see if we can meet a new client's requirements, he knows the service inside and out, so would never just take someone unless we can do it safely."

Staff continued to explain that sufficient time was assigned to people to ensure they received the support they required and adequate travelling time between calls was allocated which meant people received calls at their agreed times. One staff member said, "He gives me longer time between calls as I'm not young. Very thoughtful of him."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work for the service. The provider's recruitment process was thorough. One member of staff said, "I had an interview and employment checks were completed before I started work." We looked at three staff member's records and saw relevant checks had been completed by the provider such as applications forms, references and Disclosure and Barring Service (DBS) checks before staff started to work with people. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. This meant people were supported by staff with the suitable experience and character.

People told us that where necessary care staff assisted them with their prescribed medicines. One person said, "I started to get muddled with my tablets and so staff now help me." Medicine training was undertaken in house by the deputy manager who had completed a train the trainer in medicine management. A member of staff told us, "I feel confident helping people with their medicines. We have also had training and the medicine trainer completes spot checks to see we are doing it correctly." We looked at the systems used to manage medicines which confirmed regular competency checks of staff were completed. We looked at records such as Medicine Administration Records (MAR) and saw they were completed correctly. Some people required medicines 'as required'; we saw guidance was available for staff to refer to if needed. This meant people received their medicines as prescribed and in a safe way; by staff who were competent in this procedure. We spoke to a GP who said, "The staff contact us if there is a problem or a query regarding

medicines, the staff I have had contact with are knowledgeable about what they are asking and seem to have a good grasp of the individual needs."

We looked at the systems in place in regard to infection control. People told us staff wore aprons and gloves when providing personal care and when rubbing in creams. One person said, "Yes they wear aprons and gloves, and it was explained why this was necessary when they first came." Staff spoken with confirmed they had received training and spot checks were completed by the registered manager to ensure infection control measures were in place and followed by staff. Staff told us they had sufficient amounts of gloves and aprons-Personal Protective Equipment (PPE) provided and they could also go to the office for additional supplies when required. Staff were able to discuss what to do if some was unwell with a sickness bug and what precautions they took to ensure affected linen and laundry was appropriately taken care of. This showed staff understood what they needed to do to reduce the risk of spreading infection.

We looked at how accidents and incidents were managed. Systems demonstrated that all incidents and accidents were taken seriously, reported first by the staff member in attendance and then by the registered manager and then analysed with an action plan to prevent any re-occurrence. For example, upon identifying a medicine error, immediate action was to inform GP, Local Authority, family members and CQC. Further training and competency tests were undertaken by the staff member involved. The registered manager said they would review the actions they had taken in order to improve the quality and safety of the service provided and reduce the likelihood of them happening again.

We saw that in the event of an emergency situation the service had adequate measures in place to ensure people were kept safe. For example, calls to people who were isolated or did not have any other support available to them were prioritised during occasions of inclement weather and checks were completed to ensure they remained warm and had enough to eat and drink. The safety of staff was also a priority and all staff had a lone working policy in their file and were supplied with mobile phones that had important phone numbers programmed in. All staff ensured that their cars were insured and road worthy. The registered manager kept a list so all were up to date.

Is the service effective?

Our findings

People told us an assessment of their needs was completed before they received support from the service. They confirmed they were involved in developing their care plan and said a copy of it was available in their home. Care records showed an assessment of a number of areas including personal care, medical history, dietary needs and sexuality had been considered when developing people's care plans.

People and their relatives were positive about the staff that supported them. Everyone we spoke with thought the staff had the skills and knowledge to meet their care and support needs. People spoke highly of the staff and said, "Very good, seem knowledgeable and gentle," and "They are certainly highly trained because they do things so well." An external professional we spoke with also confirmed the staff had the necessary skills and experience to support people's needs. Everyone confirmed care staff completed all the tasks required of them at each visit. Scheduling of calls were planned and considered people's requirements in relation to call times and the tasks required, length of call and care staff travelling time. This ensured people experienced a good quality of service from the care agency.

People were supported by staff that had undergone an induction programme which gave them the skills to care for people safely and effectively. The provider information return stated that the induction programme had been reviewed and 'had ensured a more thorough and supportive period for new staff members.' This included, an induction day, a period of training and a period of shadowing within the community. This was followed by a competency assessment undertaken by the management team to ensure the new employee could demonstrate their competency in all required areas before commencing lone working. The PIR also stated that the induction had ensured 'people had benefitted from having more confident and capable staff members attend their calls right from the start and has made the service more effective.'

The registered manager told us, "New staff are expected to do the care certificate [a set of standards that health and social care workers adhere to]." The registered manager also told us that staff were not asked to work alone until they had received all required training, had shadowed experienced staff and they felt confident in their role. A new member of staff confirmed this with us.

Staff received training appropriate to the needs of the people the agency supported. At this time there were no clients that required two staff and people's needs were assessed as low to moderate. Some identified needs included companionship. One member of staff said, "The training is really good. We are well prepared to deal with anything, the first aid training was really good." Staff were kept up to date with mandatory training which included areas specific to the needs of the people who they provided care to. The training included Moving & Handling (Theory & Practical), Fire Safety, safeguarding and food hygiene. Specialist training in dementia was also provided.

Staff's competencies were assessed regularly and recorded. Spot checks by the senior staff were undertaken on staff at people's homes. This was to ensure that care was being delivered appropriately. People confirmed that this took place. Staff also confirmed that they had one to one meetings with their managers. The areas discussed included any additional training needs and feedback on how staff were performing.

One member of staff said, "If I need to talk over anything then I can." The registered manager told us that staff would not be signed off to work independently until they were satisfied that they were competent. This had meant that the induction programme would be extended until they were assured the staff member was ready to work alone. Staff were also encouraged and supported to enhance their knowledge to then provide training to other staff. One member of staff said, "When I joined care I never thought I would be involved in training staff, but I enjoy it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. None of the people that received personal care at this time lacked the capacity to make decisions.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. People told us that staff would support them to make appointments to see their GP and if necessary take them to the appointment. One person told us that staff would check on their well-being, and would contact a doctor if they became unwell. Another person said that a member of staff had helped them with hospital appointments and getting their medicines sorted out.

Through discussions with staff, they demonstrated an understanding of human rights principles learnt through the organisational policies and induction training. Best practices of how to treat individuals with dignity, respect, fairness, equality and autonomy were explained to staff upon joining the company. Once the induction was completed, the registered manager undertook observational supervisions within people's homes to ensure that they continued to respect and demonstrate a full understanding of people's human rights.

Some people required support with preparing their food and drink. People who required support were complimentary about the staff who supported them. One person said, "They prepare my breakfast, lunch and evening meal, they always ask me first what I would like." People told us staff always made sure they had sufficient food and drink available to them before they left their home. One person said, "If I run out of food or milk, staff will pop out for me." Staff we spoke with, were able to explain people's different nutritional requirements and how they met these. Staff recorded the food and fluid taken during their visits, these were used as a prompt rather than a nutritional tool. Records identified any nutritional risks people might have and how these should be safely managed to ensure they maintained good health. For example one person needed to drink regularly to manage a health problem and with the involvement of the family had set up a system of certain amount of small bottles of water per day and monitored how much the person drank.

Is the service caring?

Our findings

People said the service they received was good. They told us they were able to build positive and caring relationships with the staff who supported them and with the office staff. When talking to people about the care they received they were complimentary. Comments included, "The carers are great, we get on so well," "They are very patient, they stop and chat and have a laugh." and "Nothing is too much trouble."

We were told the level of care staff gave often exceeded what people expected or paid for. We were told of one care staff member who took one person to church on their day off and another staff member took a person to a gardening centre, just because the person really enjoyed visiting garden centres and they enjoyed their company. Other examples of staff going beyond what was expected of them included that staff regularly picked up items from the pharmacy or shops so people did not run out of essential items and had medicines available when they needed them. The Registered manager and staff told us they treated people as they would like their own family members to be treated, with dignity, kindness and respect.

People's care records confirmed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example, to remain living in their own home. These were then taken into consideration when planning all aspects of their care. The management and staff team were determined and committed to enabling people and their relatives to live their lives as they wished and found ways to overcome obstacles. We saw that they liaised with people in the community such as neighbours when it was required. For example, one neighbour kept an eye on tradesmen visiting as they had been bothered before and the agency had worked with the police and family to enable the person to live safely in their own home.

People told us the same staff attended to their needs to provide continuity of care and the staff that attended their calls understood their needs, preferences and abilities. The Provider Information Return submitted by the provider stated the service tried to match staff with people as far as possible in order to promote positive relationships which would put people at ease when receiving care. This information was supported because people we spoke with were extremely positive about the effort the registered manager put into the introduction process when introducing new staff. They said this process had helped them develop caring relationships with staff and this had promoted their well-being. People confirmed they were given plenty of notice when staff were on annual leave and were informed who would be providing their care in the absence of their regular carer.

People were complimentary about the communication methods used within the service to share information or obtain feedback. We saw in people's records and in the office log regular communication between people, family members and professionals updating them with information or keeping them informed of people's well-being or events that had occurred. People said when they required their care to be delivered at a different time such as when they had an appointment, their requests were accommodated. One person commented, "I have had appointments at the hospital and it was no problem, they are always flexible."

People said they were involved in the planning and the decision making about their care. Comments

included, "(name of the deputy manager) always sits and discusses if my pills or something needs to be changed or be different," and "They work with me and I make decisions with their support." People confirmed when their care needed to be reviewed this was done in consultation with the person and their families if appropriate.

People were supported and encouraged to be as independent as possible. Care records we looked at were written to promote a person's independence to lead the lives they chose. The registered manager and staff we spoke with all knew people well, including their personal life histories and what was important to them. People confirmed staff always asked them about how they wanted their care to be provided and supported and encouraged them to be as independent as possible. One person said, "They encourage me to do what I can and do everything possible to keep me independent." Staff provided examples of how they promoted people's independence and enhanced their well-being. One member of staff said, "I encourage people to do as much as they can do; I don't rush them and work at their pace or I do part of a task and the person completes the rest." Another member of staff explained how they supported people to take part in events they had enjoyed. They explained they understood people's relationships and interests were important to them and they looked at ways of overcoming any obstacles to their independence.

People had access to independent advocacy services if required; although no one was currently being supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider questionnaires sent out to people and their relatives confirmed 100% of the respondents felt the support and care people received helped them to be as independent as possible.

Everyone told us staff treated them with dignity and respect and ensured their privacy was upheld when personal care was delivered. One person told us, "They are very respectful to me." Staff told us they ensured people were comfortable and happy with the way care was provided. They were able to provide us with examples of what this meant in practice. For example, a member of staff said, "I always think about a person's dignity when I am caring for them. I close the door and curtains, I always chat and make sure person is happy with what I am doing and that I have their consent." This demonstrated people's wishes were actioned and their dignity and privacy respected.

Is the service responsive?

Our findings

People confirmed that before they started using the service an assessment of their needs was undertaken. One person said, "They [the manager] came to my home and had a thorough talk with me. I felt listened to. At the time I had no idea what I wanted but they talked through my options." Another said, "I wouldn't be in my own home if it wasn't for these lovely people."

The registered manager told us that when they received the initial call about providing care they would go and visit the person and invite relatives if appropriate. They said that they provided a minimum of a half hour call. They said from that conversation with the person they would know whether they could provide what the person wanted and that they, "Focused on the wellbeing of the individual." They said that the initial care plan would be flexible in terms of when staff arrived at the home to enable the person to settle in with the routine that best suited them. They said, "We look for flexibility as we may want to change what we can do and based on the best outcomes for people." From there they would develop the full care plan and would ensure (as much as they could) that the same staff visited the person.

Care plans were personalised and detailed daily routines specific to each person. There was information around the person's background and how staff could support them with their emotional needs. This was confirmed with one person who told us how they came to need the assistance of homecare. Their care plan detailed this information and captured how the person's personal circumstances had impacted on them emotionally. The person told us that staff offered them the support they needed. They told us, "I still get sad but the staff know the reasons, and cheer me up."

Staff were able to explain the support people needed and what was important to the person. There were care records which outlined the individual's care and support. For example, personal care, medicine, health, dietary needs, and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative said, "If anything is untoward staff will also let me know." There were no people at the service receiving end of life care however the registered manager advised us that they were organising end of life care training for staff.

Staff told us that they would ensure that any care provided was written in the person's notes. They said that if there had been a significant change to the person's needs they would call the office. The office would then ensure that all staff were contacted and informed of the changes. We reviewed the daily log entries for people and viewed the daily check list for people and saw that they contained detail on medicines that had been given, what food and drink people had been offered, what personal care they had been provided and information on how the person was feeling.

The provider was introducing a new computerised system which will enable the service to become even more responsive. An important area in which this will help is the instantaneous receipt of digitally completed daily documentation undertaken by care staff within the community. As soon as a carer completes a daily report, Mar Chart entry, food or fluid chart entry or checks off completed duties on the client's daily care schedule, management will have instant access to information for review. This will

produce a living document for staff to work with. The system will also enable the registered manager to audit the time staff arrive and depart from a call to ensure not only the safety of the staff member but also whether the time allocated was correct.

To enable a responsive service, all care staff had a direct line to the office at all times whilst carrying out their duties in the community. The phone lines opened an hour before their first call and closed an hour after the last call each day (6am to 11pm). This line was also in use for clients or representatives to call during these times. This meant that all important information and any concerns could be raised to the management team immediately without delay. Upon receipt of any such information, management then decided what action was needed as a result of the information they received. Whether this was contacting other health professionals such as GP's, Social Workers, rescheduling visits at the client's request, documenting important information or updating a care plan or risk assessment, swift, decisive and appropriate action was always taken at the earliest possible opportunity. All important information received into the office was logged in a designated Office log folder and this was used to keep detailed records that formed part of their quality assurance monitoring.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. We saw this in one person's home when we visited them. People and relatives said that they would not hesitate in making a complaint if needed. One person told us, "They ask me for feedback. [The registered manager] is very good. He always responds immediately." Another person told us that that they had never felt any need to complain as they received a, "good level of care." We looked at the complaint log and saw that complaints received had been responded to and the response clearly documented.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. The staff had developed a section within the care plan that could be used to inform emergency services of important information should it be required. This included information of next of kin, any communication problems such as vision or hearing and their ability to make decisions. The registered manager said training had been arranged to ensure all staff had a clear understanding of AIS.

Is the service well-led?

Our findings

The service had a culture which was positive, open and inclusive. The people who used Coast Home Care service were at the heart of everything they did. It was clear throughout the inspection that the registered manager and all senior staff that worked at the service were committed to delivering good quality care. One of the senior staff members said to us, "It's not like a job, I spend time with people and I love doing this job." This was evident to us when we spoke to people and relatives. Comments included, "I am so impressed with [the service]. They are all kind and lovely"; "The manager is so kind and good tempered. Certainly knows what he is doing."

Steps were taken by the provider to drive improvements and to provide the best possible quality of care to enhance people's lives. This included accessing other services if the need arose. The provider also has three care homes and there have been occasions when someone's health had deteriorated and they had moved in to the care home until they had recovered (with their permission) and then enabled to move back to their own home. Another example was when a property had no heating, staff had arranged an overnight stay at the care home until the heating was fixed. The provider also had a minibuss and day care services that people could access if they wished to. A recent purchase of a static caravan at a local holiday park had enabled people the offer to experience a holiday supported by care staff.

Staff understood their role, what was expected of them, were happy in their work, were motivated, and had confidence in the way the service is managed. There were systems in place to make sure high standards of care were delivered. The PIR stated, 'Our service is about engaging with people, building trust and taking the lead and so our culture is incredibly important to us. Promoting effective communication and the development of productive professional relationships essential to achieving this. The staff were able to describe the values and we saw that they used them in practice through the way they cared for and spoke to and about people. One member of staff told us, "It's about building a trusting relationship." Another member of staff said, "We are a small and inclusive service, we know our clients well and are supported to go over and above, it's never a problem if we stay and chat for a bit longer when it is needed." A third told us, "I just love this job, it a great company to work for."

There were systems in place to ensure that people received their calls from staff. Staff used a phone app that they logged into when they arrived at a call and when they left. This alerted the office if care staff were running late or experienced difficulties. In addition to using this system, staff also used a confidential 'group talk' to enable effective communication between staff that had clients in common. Staff used this system to convey important information about any changes to the rota.

The management team maintained positive and effect working relationships with relevant Health Professionals such as GP's, Nurse Practitioners, and the pharmacies. They also had contacts with the police, where concerns were raised. Whenever there are concerns around a client's needs or wellbeing, the service worked in partnership with the relevant health professionals in order to address the issue and safeguard the client from coming to harm. We saw evidence that staff addressed issues quickly and professionally. They did this by ensuring that they followed up on any referrals or visits that had been made for the client to

determine the outcome or changes that may have been made in regards to meeting their needs. The registered manager told us, "There have been times that getting issues and concerns addressed has proved a challenge and there have been occasions when they had chased other services to get the answers. However, the majority of issues and concerns that are raised are dealt with quickly and professionally which enables the staff to support people to live safely and successfully within the community."

Staff fed back how positive they felt about working for the organisation and that this impacted on how they delivered care to people. One member of staff said, "Since joining I find being a caregiver the best job. The office staff are extremely supportive and the training has been of a very high standard, which I was glad about because I am new to care." Another told us, "[The senior management team] have gone above and beyond regarding support for me." A third said, "I feel lucky to be part of such a fantastic team of lovely people, it really does feel like a family which is an absolute privilege to be a part of."

Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. There were a number of systems in place to make sure the service assessed and monitored its delivery of care. People, relative and staff surveys were completed. High scores were seen in all of the questionnaires that we reviewed. Various audits were carried out such as care note audits, care plan audits and, medicine audits. The registered manager discussed any shortfalls with staff and recorded this in the event that this needed to be raised again. The records that were kept at the service were comprehensive, well ordered and easy to navigate.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.