

Mrs Sheena Calvert

Coastal Carers

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Coastal Carers is a domiciliary care agency which is registered with the Care Quality Commission (CQC) to provide regulated activities of personal care to people living with dementia, mental health, older people, physical disability and sensory impairment in their own homes. At the time of the inspection, regulated activity was provided to 36 people.

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 told us they felt safe with the staff who supported them. Staff were clear on types of abuse to look out for and how to raise any concerns they may have. Processes were in place ensured any incidents were routinely investigated with outcomes and actions implemented to help keep people safe.

Risks associated with people's care were assessed and recorded with information for staff to follow to provide safe care and support. Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people.

Where people required support to take their medicines, this was done safely as prescribed with appropriate record keeping checked for accuracy.

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 received appropriate induction, training, professional development, supervision and appraisal as necessary to enable and support them to carry out the duties they were employed to perform.

Management completed a range of audits and checks to maintain standards of service. Provider oversight supported the sharing of best practice for the benefit of individuals who were supported.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 January 2020 and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The provider completed an action plan after the last

inspection to show what they would do and by when to improve.

At our last inspection we recommended that the provider reviewed and followed medicines best practice guidance. At this inspection we found the provider had acted on our recommendations and had made improvements.

Why we inspected

We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coastal Carers on our website at www.cqc.org.uk.

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?

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 Carers

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC 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 the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. We visited the location's office on 28 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke with the registered manger and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with six family members and four people receiving the service. We reviewed two care plans, medication records and three staff files. We reviewed records associated with the management of the service, which included policies, procedures, audits, and checks. We looked at staff recruitment details, training, supervisions and appraisals to determine staff were competent in their roles.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider best practice guidance on the management and administration of people's medicines and update their practice accordingly. At this inspection we found improvements had been made.

- Where people required support to take their medicines this was completed safely as prescribed.
- 'As and when required' protocols contained information to support the safe and proper use of these medicines. For example, where people required occasional pain relief, records ensured these were administered within recommended timescales.
- Body maps were used to ensure staff applied topical applications in line with manufacturers guidance. For example, pain relieving patch records were used to ensure they were rotated as per best practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe in the company of staff who supported them. Staff had received training in safeguarding people from abuse and understood how and when to raise any concerns. One staff member said, "We are vigilant and keep an eye on people. If we have any concerns, we share them with the office and the manager who will always make any further enquiries necessary."
- Processes were in place to ensure all incidents were documented with systems to record outcomes and actions to help prevent similar events as part of lessons learnt.

Assessing risk, safety monitoring and management

- People received appropriate pre-assessments of their needs to ensure staff had the required information to provide safe care and support.
- Staff understood how to manage known risks when carrying out their duties. Care plans were in place and included information for staff to follow to safely provide care and support.
- A range of observations were completed to ensure staff routinely followed safe practice when providing care and support to people. For example, staff were observed to ensure they used equipment safely when assisting people to mobilise.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing was monitored to ensure people received their care and support from regular staff who they

knew, and that staff turned up on time and stayed for the right duration.

- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff had good access to PPE and understood the latest requirements.
- People and their relatives told us staff followed relevant infection prevention and control guidance.
- We were assured the provider's infection prevention and control policy was up to date.

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 our last 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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had appropriate training, support, supervision and appraisal to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us they received their care from skilled staff who understood how to meet their needs. One person said, "[Staff] are well trained and know what they are doing."
- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have had.
- Staff had completed training relevant to their roles. This included topics such as safeguarding, food hygiene and infection control. One staff member said, "We have access to good quality training. Some of it is on-line and some is delivered in the office. If we need specific training to meet people's needs, then that is also provided."
- Staff were supported through supervisions where they could discuss any issues. Staff valued one to one support and supervisions. One staff member said, "I can speak with my supervisor or the manager whenever I need support. We also have regular supervisions where we have a confidential discussion. I find staff are supported just as much as we support people."
- The management team completed spot checks to monitor staff performance. This was used to help develop staff and to identify any further training needed to improve the care provided.

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

- The provider completed assessments before agreeing a new package of care to ensure they were able to meet the person's care needs. The registered manager told us they would only accept a new care package once they had the staff capacity. This meant the provider was able to assure themselves of their ability to provide effective support.
- People were involved in all aspects of their care and support. Care plans included people's signed agreement to the service. A relative told us, "I planned [name] care with staff. They usually ask before doing things and explain the processes well. They respect [name] choices if they refuse."
- Policies in place ensured people were treated equally with respect and adjustments were made to meet

any individual diverse needs.

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

- People were supported to maintain a healthy nutritional intake and any dietary needs were met.
- Assessment of people's dietary needs was recorded, and staff confirmed they worked with other health professionals for example, dieticians where this was required.

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

- People were supported to access other health professionals to maintain and improve their wellbeing, where required.
- Staff understood how to ensure people received timely access to health professionals. For example, staff told us people had routine access to their GP, dentist, occupational therapist and district nurse. One person said, "I had a problem with my skin and the care staff called the GP who has reviewed my meds and creams, it seems to be ok now."
- Staff ensured any health advice for people was recorded and staff made time to encourage and support people with ongoing reablement.

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 MCA 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 and found the service was working within the principles of the MCA.

- Where decisions were made for people without capacity they were supported with authorisations from the Court of Protection.
- People told us, and records confirmed, they were asked for their consent prior to being supported.
- Staff understood the importance of offering people choice and to promote their independence. One staff member said, "I always offer choices to people, give encouragement and provide them with prompts to help them with their independence."

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

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider the provider had failed to have systems and process to assess, monitor and improve quality and safety across the service and evaluate these systems. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way.
- People told us they felt confident that the service would act if they suggested an area for improving care.

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

- Staff told us the service was managed well with a small caring staff team providing people with care and support to meet their needs.
- Staff told us senior staff were approachable and supportive which resulted in good communication and support for the benefit of people receiving a service.

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

- Processes ensured any incidents, concerns and complaints were investigated and responded to.
- Staff were confident they would be supported with any enquires and any required actions, would be included in feedback to help improve the service and reduce further similar events.

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

characteristics

- People were given the opportunity to feed back on the service they received.
- Thorough pre-assessments of people's needs followed by regular reviews of their care ensured the service continued to meet their needs.
- Care was planned to meet any personal characteristics and preferences.
- Staff told us managers were responsive to suggestions and feedback which helped to improve the service.
- Management and staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independence to remain in their own homes.

Working in partnership with others

- The service had good partnership links with stakeholders including other health professionals for the benefit of people who stayed there. For example, input was available to maintain people's health and wellbeing as required.