Coast Care Homes Ltd

Coast Home Care (Whitebriars)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

Coast Home Care (Whitebriars) combines a care home and a Domiciliary Care Agency (DCA). The care home provides care and support for up to 26 older people who may be living with a dementia type illness or memory loss. People can stay for short periods on respite care or can choose to live at the home. Staff can provide end of life care with support from the community health care professionals but usually care for people who need prompting and minimal personal care support. At the time of this inspection 24 people were living at the home.

The DCA provides home care services to people within the local area. Most are living with some degree of memory loss and need a range of support including care, prompting and monitoring. Visits range in number and

Summary of findings

time to suit individual need. At the time of the inspection 17 people were receiving personal care from Coast Home Care (Whitebriars). This service is run from a separate office within the care home with a separate staffing group.

This inspection took place 3 December 2014 and was unannounced with an announced follow up visit to meet with the registered provider and to gather further information on the 10 December 2014.

The home and the home care services had a combined registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

We have reported on the services provided by the care home and DCA separately under the evidence sections of the report.

The management of medicines were not always managed safely within the care home. Records were not accurate and systems did not ensure that variable dosage medicines were given as required. This meant that medicines were not always given in accordance with prescriptions. The management of medicines within the home care service was organised and this ensured people received their medicines in accordance with individual prescriptions.

People's views were obtained through a variety of sources and systems were in place to encourage feedback from people about the care home and the DCA. This information was recorded but not fully reviewed and reflected on. This did not allow for people's views to be fully used when shaping the service or reflecting on its quality.

Feedback received from people and their representatives through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. Some general comments included, "The staff care so very much," and "It's such a homely and friendly home."

Feedback from people receiving a home care service and their relatives was very positive. They told us that staff were experienced, kind and caring.

People told us they felt they were safe and well cared for by staff working for Coast Home Care (Whitebriars). Staff undertook safeguarding training and knew the correct procedures for reporting any suspicion of abuse.

Staff recruitment processes ensured the registered provider employed suitable staff to work in the care home and DCA. Staff were provided with a full induction and training programme before they worked unsupervised. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. Time allocated for home visits allowed for all support to be provided in a safe unrushed manner.

Care documentation included individual risk assessments in order to keep people safe. Staff knew and understood people's care needs well and there were systems in place for all staff to share information. This ensured staff responded to people on an individual basis.

Senior staff explained their understanding of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were available within the care home for all staff to reference. All staff had a basic understanding of consent and caring for people without imposing any restrictions.

Mealtimes in the care home were a social event that included visitors wishing to stay. People had a number of choices of food and extra portions were offered. Staff monitored people's nutritional needs and responded to them.

Care records and discussion with staff confirmed that people had access and were supported to health care professionals when needed, for example, the doctor or district nurse. A healthcare professional told us staff referred people to them appropriately and followed their advice and guidance.

People were cared for by staff that knew them well and responded to their individual care needs and preferences.

People had access to the community, friends and relatives. There was a variety of activity and opportunity for interaction taking place in the care home. This activity

Summary of findings

and entertainment was also available to people receiving a home care service if they wanted to come to the care home. This included regular outings on the home's own mini bus. Visitors told us they were warmly welcomed and felt they could come to the care home at any reasonable time.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. Complaints were responded to positively and outcomes were used to improve the service in the care home and within the home care services.

The registered provider had quality assurance systems in place to audit the home and service provided by the DCA. This included regular audits on health and safety, infection control and medication. The culture in the home was open with the registered provider and registered manager readily available and willing to listen to anyone. The DCA was also run in an open way the provider and manager were available and listened to people and staff.

We found a breach of the Health and Social care Act 2008 (Regulated Activities) Regulation 2010

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Care Home

Some aspects of the service were not safe.

Medicine records identified that medicines were not always managed safely. People were at risk of not receiving the correct prescribed medicine as records were not clear or accurate.

People said they felt safe at within the care home and with the service provided by Coast Home Care (Whitebriars).

Staff knew how to recognise and respond to any suspicion of abuse correctly. Risks were managed and people's independence was supported.

The registered manager ensured appropriate recruitment procedures were followed.

DCA

The service was safe

People said they felt safe with the care and support provided by the home care services.

Medicines were well managed and the provider ensured appropriate recruitment procedures were followed.

Staff knew how to recognise and respond to any suspicion of abuse correctly. Risks were managed and people's independence was supported.

Is the service effective?

Good

The service was effective.

Care Home

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

People had access to external healthcare professionals, such as the doctor or district nurse when they needed it.

The registered manager and her deputy were aware of the Mental Capacity Act 2005 and how to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

DCA

Summary of findings

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff ensured people had access to external healthcare professionals, such as the doctor when they needed it.

The manager was aware of the Mental Capacity Act 2005 and was supported by the registered manager to ensure people's rights were protected.

Staff monitored people's nutritional needs and supported them to eat and drink.

Is the service caring?

Good

The service was caring.

Care Home

People were supported by kind and caring staff who knew them well.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

DCA

People were supported by kind and caring staff who knew them well.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

Care Home

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activity inside and outside of the home that met individual interests.

People were made aware of how to make a complaint and these were responded to and information was used to improve the service.

DCA

People had their individual needs and preferences taken into account when their care and support was planned.

People living at home had their social arrangements assessed and responded to.

Summary of findings

People were made aware of how to make a complaint and there were systems in place to respond to them.

Is the service well-led?

Some aspects of the service were not well-led.

Requires Improvement

Care Home

There were systems in place for monitoring the quality of the service. This included regular contact with people, residents meetings and the use of satisfaction surveys that provided feedback on many aspects affecting the service. This information was not always reviewed and documented to show how it was used to develop the service.

Coast Home Care (Whitebriars) had identified aims and objectives that were shared with people and staff. Staff received training on these during their induction.

The provider and registered manager were available and approachable. They were readily available to people staff and visitors and responded to what people told them.

DCA

The DCA used a number of systems to monitor the quality of the service. Satisfaction surveys were used along with regular contact and feedback from people using the service. Information gathered was not fully documented ad used to improve the service.

Coast Home Care (Whitebriars) had shared aims and objectives that were used across the service and shared with people and staff.

The provider and DCA manager were available and approachable. They were readily available to people staff and visitors and responded to what people told them.

Coast Home Care (Whitebriars)

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.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All inspections from 1st April 2015 will be completed against The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place on 3 December 2014 and was unannounced. With a further visit on 10 December 2014 to gather further information.

The inspection team consisted of two inspectors and an expert-by-experience, who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home which included previous inspection reports and notifications received. A notification is information about important events which the service is required to send us by law.

We spoke to a commissioner of care from the local authority before the inspection. After the inspection we spoke with a social care professional and a visiting health care professional.

During the inspection we spoke with eight people who lived at Coast Home Care (Whitebriars) and three people receiving care within their own home from the home care service. All were able to share their views and experiences.

We spoke with three relatives, six care staff, including the deputy manager of the home and the manager of the home care service. In addition we spoke with the registered manager and registered provider

We observed care and support in communal areas and in individual rooms. We ate lunch with people in the dining room and observed the group activities and interaction with staff. We also accompanied one staff member on a home visit and spoke to three people on the telephone who received care within their own home.

We reviewed a variety of documents which included four care plans in the care home and five care plans for the DCA and associated risk and individual need assessments. We looked at four recruitment files for the care home and five for the DCA along with records of staff training and supervision for both staff groups. We read medicine records and looked at policies and procedures and evidence of some written feedback from people.

Detailed findings

We last carried out an inspection at Coast Home Care (Whitebriars**)** in October 2013 when we had no concerns.

Requires Improvement

Is the service safe?

Our findings

Care Home

People living at Coast Home Care (Whitebriars) said they felt safe. They remarked on the easy going atmosphere of the home and this along with knowing everyone well put them at ease. One person said, "Yes I am completely safe, there is nothing to be frightened of." People said that staff responded swiftly if they requested any assistance and there was always well trained staff available to help. Comments included, "The staff come within a minute or two, they're very good," and "They come quickly, I hardly press the buzzer." A relative said they felt assured that people were safe as their relative was treated well and received the correct care.

However, we found some areas of care that were not safe. Medicines were not always managed safely. The medication administration record (MAR) charts were not always accurate, with a number of gaps that identified that medicines had not been administered as required. On one occasion the wrong dosage of a variable dose medicine was recorded as administered. This showed that incorrect medicine may have been administered. Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were no individual guidelines in place for staff to use to ensure these medicines were given in a safe and consistent way.

This was a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were aware that the management of medicines was not always safe and further systems were being established to monitor and audit their administration more closely. Records and staff confirmed that medicine training was undertaken on a regular basis and staff competency was reviewed for all staff who handled medicines within the home and working in people's homes. Records held within people's own homes confirmed that staff administered medicines in accordance with written prescriptions.

The medicine storage arrangements were appropriate and safe. These included a trolley and a controlled drugs cupboard for when controlled drugs were used. We saw staff administer medicines individually from the drugs trolley, completing the medication administration record (MAR) chart once the medicine had been administered. Records relating to the controlled drugs were accurate and well maintained. All areas of the home had call bell facilities and staff had ensured people were able to use these when they needed any help. For example, one person was being cared for in bed their bell had been positioned and secured to ensure they could activate it if they needed to. All staff told us that there were enough staff working to respond to people's needs in a timely way ensuring people were safe. One staff member said, "There are enough staff to provide a good level of care for everyone." The staffing rotas recorded an organised system that maintained staffing numbers and a mix of staff experience and skills. Each shift was led by a senior staff member who had achieved a qualification in care. Catering and domestic staff worked in addition to the care staff.

The registered manager and registered provider ensured they employed staff suitable and qualified to work with adults who may be at risk. Records confirmed robust recruitment procedures were followed when employing new staff. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people, completed by the provider. However, we noted that when information of concern was received about staff following employment that affected their DBS, written risk assessments had not been completed. The registered provider confirmed any associated risk was assessed and following the inspection written assessments were put in place.

Coast Home Care (Whitebriars) was found to be clean and well maintained throughout. We read records which showed the home had regular health and safety risk assessments undertaken with action taken to address any findings. For example, when a window restrictor was found to be broken, all other rooms were checked to ensure safety of the windows. When care was undertaken in a person's own home a full environmental risk assessment was completed to minimise any identified risk for people

Requires Improvement

Is the service safe?

and staff. Staff received regular fire safety training, and were aware of the fire procedures to be followed. There were contingency plans in place that included moving people to another identified care home for safety.

Individual risk assessments were undertaken for people that covered environmental and health and welfare needs. These were used to ensure care was delivered in a safe way. All risk assessments were reflected within the care plan and provided clear guidance for staff to follow. For example, one person was identified to have nutritional risks as they were not eating as much as usual. This had resulted in nutritional charts being undertaken to monitor this need.

Staff undertook safeguarding training each year. Staff understood their responsibilities to keep people safe from abuse and were clear what action they would take if they had any suspicion of abuse occurring. One staff told us they would report any concern to the registered manager and the provider and then to the local authority if necessary.

The registered manager recorded and reviewed the number of accidents, incidents and safeguarding concerns to make sure action was taken when necessary. For example, if people were assessed as being at risk when getting out of bed alarm mats were used to alert staff that assistance may be needed.

DCA

People told us that they felt safe and well supported by the staff that came to their homes. They said staff came when they expected them and the staff were competent. The fact that staff came to their own home and were available made them feel safe.

There was enough staff working in the home care services to cover the scheduled visits. The manager co-ordinated the service from the office and responded to any contact from people or staff that meant staffing needed to be re-organised. For example, when staff were running late this was communicated to relevant people or visits were reallocated.

The employment practice for staff working for the DCA was the same as the care home and the registered manager and provider ensured they employed staff suitable and qualified to work with adults who may be at risk.

Records and staff confirmed that medicines were administered safely by staff trained to do so.

The provider ensured staff working for the DCA undertook safeguarding training on an annual basis. Staff understood their responsibilities to keep people safe from abuse and were clear what action they would take if they had any suspicion of abuse occurring. Records confirmed that staff raised any issues of concern and worked with the local authority for the benefit of people. For example, a concern around pressure areas was reported and followed up with further training for staff to ensure early detection of pressure area damage.

Individual risk assessments were undertaken for people that covered environmental and health and welfare needs. These were used to ensure care was delivered in a safe way. For example, we saw a staff member prepare a bath for a person in their own home using a bath thermometer to check the water was safe to bathe in. All risk assessments were reflected within the care plan and provided clear guidance for staff to follow.

The DCA manger recorded and reviewed the number of accidents, incidents and safeguarding concerns to make sure action was taken when necessary. Recent training on pressure area care had resulted in further risk assessment and monitoring of people at risk within their own homes.

Good

Is the service effective?

Our findings

Care Home

People told us staff knew them well and had the experience and skills to look after them. They had confidence in the staff and felt the staff were approachable and provided the right care at the right time. People said that the atmosphere in the home was friendly and welcoming. One person said, "They (the staff) know me, they know what I need." Another said, "They are all very good, they know all our needs well, and respond to them."

People told us that they had been asked about their individual care needs and some remembered seeing a care plan and telling staff what they wanted included within this. People said, "Staff take notes on different things that concern you," and "I have a plan of care but have not seen it recently."

Staff received training and support that provided them with the necessary skills and knowledge to meet the needs of people who received care from Coast Home Care (Whitebriars) Staff told us and records demonstrated staff undertook an induction programme based on Skills for Care. These reflect the standards that care staff need to meet before they can safely work unsupervised. There was a designated member of staff that co-ordinated the training programme this ensured staff undertook essential training on a regular basis and that practical competencies were observed and recorded.

Training records confirmed required training was completed and included, safeguarding, medicines, dementia, infection control and health and safety. Staff told us additional training was easy to access and included specific care needs that present with a health need like Parkinson's. Staff were encouraged and supported to complete health and social care qualifications including the Diploma in care. Records confirmed that more than half of the staff had achieved a qualification in health and social care. Individual staff supervision and annual appraisals were recorded and staff said these were used to identify any training needs. Records confirmed that these were used as a two way process for sharing information and recording achievements. Staff development was evident with staff being allocated designated roles and responsibilities. Staff confirmed this gave clarity to staff roles within the home. For example, the role of team leader had been established and formalised. .

Communication between staff at all levels was well established. Staff met at staff handovers and with senior staff regularly for updates. Staff knew people well and shared best practice and people's individual choices and preferences. For example, staff discussed how to look after a person who was on respite care and trying to keep their routines the same as they were when living at home. Daily records were used to communicate and these ensured continuity of care between home care workers.

Staff had received some basic awareness training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines in the home and office of the home care service for staff to follow. This act protects people who lack capacity to make certain decisions because of illness or disability. The safeguards ensure any restrictions to their freedom and liberty have been authorised by the local authority as being required to protect the person from harm. The registered manager and deputy manager had received additional training on the Act and DoLS and demonstrated a working knowledge of both. For example, one person without capacity had been admitted to the home from the home care services with a DoLS in place, independent advocacy services had also been involved with this move. A further best interest meeting had been arranged to ensure decisions made on behalf of an individual were undertaken appropriately and in accordance with legislation.

Staff said people were able to make decisions about daily life and these were listened to and responded to. People told us they felt they were consulted about the care and support provided by staff. One person said, "I can spend my time where I want. " People said they were listened to and well able to make decisions for themselves. For example, people moved around the home freely. One person was able to do this at night with staff monitoring this for safety but not restricting their movement.

Records confirmed that people had their nutritional needs assessed and when risks were identified these were reflected within peoples care documentation. For example, charts were used to monitor people's fluid and diet intake and weights were taken on a regular basis to identify any problems.

Good

Is the service effective?

People who had specific dietary requirements had these met and these were reflected within their individual care plan. For example, one person who was diabetic had clear guidelines for staff to follow and this had been shared with the catering staff that were aware of people's individual dietary preferences and needs. Vegetarian options were available each day and one person said, "The food is pretty good, I'm vegetarian. They always ask what we think of it." Snacks were available through-out the day for people who liked to eat at regular intervals rather that set meal times. Staff told us that people often had a sandwich and one person said "they'd be there if I needed a cup of tea in the night." A visiting health care professional told us that specific dietary needs of one person had been well met with extra food being provided at night

People could choose where they wanted to eat their meals, in their own room, the lounge or the dining room. Most people chose the dining room which provided small individual tables set out with napkins and condiments. People sat in small groups with people that they wanted to sit next to. Staff asked people where they wanted to sit and choices were given in relation to food and drinks. People were encouraged to be independent but staff were available to assist when required. When assistance was given this was done in a discreet way ensuring eye contact and plenty of time to engage and maintain a good eating experience. Meal times were a social event that allowed people time to talk and interact with each other and staff.

The lunch provided was served attractively and at the correct temperature for safe eating. Quantities were suitable and people were asked if they wanted any extra portions once they had eaten. Most of the feedback about the food was positive. People said, "It's very good, they always ask us for our options," and "The food is very good they do a nice curry." There had been a change in the catering staff and the registered manager and provider were reviewing the provision to reflect people's feedback. One person confirmed, "It's been very good right up to the beginning of the year, two men are trying to get it right...the choices could be better."

People were supported to have access to healthcare services and maintain good health. Care records showed external healthcare professionals were involved in supporting people to maintain their health. This included GP, district nurses, optician and chiropodist. Visiting health care professionals including the district nursing team told us the staff responded to their advice and ensured people received the best care possible. They said that they were contacted in a timely fashion. We heard staff speak to people about their changing health needs this included discussion with the hearing clinic and liaising with GPs seeking advice and arranging a home visit.

DCA

People told us staff knew them well and had the experience and skills to look after them. They had confidence in the staff and felt the staff were kind and provided the right care at the right time. People felt staff were knowledgeable. One person said, "The staff know what they are doing."

Staff training was co-ordinated through the in house training co-ordinator and training programme established for the care home. This ensured essential training was undertaken on a regular basis by all staff employed by the organisation. This included medicines, and dementia care. Staff wanting to work in the home care service completed a six month probationary period within the care home to ensure they were competent to work independently. Further shadowing and support was then provided within the community to ensure competency when working alone.

Additional staff training opportunities were also available to staff working in the community. Supervision and appraisals systems were established and used in the same way as the Care Home. However, additional supervision sessions included observation of practice and shadowing staff when working in people's own homes.

Systems for communication between staff were well established. Staff met in the office and reported back to the manager regularly with updates and changes to care. Daily records were well completed and used to communicate between staff and family. The allocated staff member who visited people and the manager knew people well and worked together to co-ordinate the care provided. The number of allocated staff were kept to a minimal and any new staff were introduced by regular staff. The manager was mindful that some people would not be compatible and checked with people if new staff suited their needs once they had visited a couple of times.

Staff had undertaken MCA and DoLS training and had access to relevant information in the office.

Good

Is the service effective?

The manager had received additional training on the MCA and DoLS and demonstrated a working knowledge of both, having worked with a person with a DoLS in place while living in her own home. The manager also used the registered manager and deputy manager of the care home for support along with the local authority.

People had their nutritional needs assessed and when risks were identified these were reflected within peoples care documentation. For people, who were identified at risk they had their weight monitored with consent and food and fluid charts were used when required. Staff monitored what people were eating by checking the food in the home. If problems were identified these were raised with the manager to address with relevant family or health and social care professionals. People were also encouraged to attend the care home to eat a meal if they wanted to.

People's health care needs were monitored and responded to when needed. Staff reported back any changes in health to the manager who followed up any concerns. For example, the GP was contacted when staff identified health changes.

Good

Is the service caring?

Our findings

Care Home

People were supported by kind and caring staff. People told us staff made them happy were kind, pleasant and treated them well and with respect. One person said, "The staff are so nice, the carers are lovely it could not be nicer, I am very happy." Another said, "The staff care very much, if there's anything wrong they attend to it they are all very pleasant people. "." One relative said, "We are very happy, we are made to feel very welcome, staff are very friendly. Polite and nice they are very good."

Staff approached people in a sensitive, pleasant and caring way that did not rush people and supported people in a way that promoted their independence. Visiting professional told us that staff were kind and attentive and showed a caring approach to people. They felt staff put themselves out for people getting involved in ensuring they had the best care possible. For example, staff kept in touch with hospital staff if people were admitted to hospital to ask how they were progressing and to promote a good discharge back to the care home.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people's choices, personal histories and interests. For example, staff knew one person liked to return to their room after their lunch and they ensured that he was given this opportunity in a timely fashion. Staff understood the importance of an individual and caring approach. One said, "Everything is important when caring for people, Their health, the way they look, I treat them as I would want to be treated, how I want my family to be treated. "

People told us that they were able to make their own choices and decisions about their care and how they spend their time. Comments included, "I just stay in my room, it's my own choice," "I could go in the minibus if I wanted to, I just don't fancy it," and "I choose to stay in my room, I'm used to being on my own, I go to bed when I want."

People's care records showed they had been involved in developing their care plans. When people moved into the home staff spent time getting to know the person to assess their needs, choices and preferences and this was recorded in their individual care plans. Records confirmed that staff asked people about who they wanted to represent them and details about enduring power of attorney were recorded. Useful information on advocacy and funding was available in the front entrance of the care home.

Throughout the inspection day we saw staff talking with people in a caring and professional manner. There was friendly 'banter' between people and staff. People were happy and comfortable in the company of staff. Showing affection to staff that they had not seen for a while.

One staff member sat next to a lady and offered a manicure while chatting with them. Staff were attentive and responded to peoples' needs quickly. For example, one person returning from an outing removed their coat and held it out. A staff member attended to them and guided them towards the dining room where lunch was being served.

People were treated respectfully, with dignity and offered privacy. Staff knocked on people's doors and waited for an answer before entering. People were called by their preferred names that were recorded within individual plans of care. People were well dressed and supplied with well laundered clothing. A married couple were given privacy within a twin bedroom and had enough space within the communal areas to spend private time. Staff training covered the promotion of privacy and independence. Staff knew to encourage people to do what they could for themselves. For example, staff gave people time when bathing took place so they could be as independent as able. One staff member said, "We never take over we allow people the time to do things for themselves whenever possible."

Bedrooms were cosy and individually and furnished with people's own memorabilia, ornaments, photographs and collections. This recognised people's individuality. One person had their own pet budgies in their room and were supported in caring for them. This gave people a sense of purpose.

DCA

People were supported by kind and caring staff who met their individual needs in a pleasant and efficient way. People told us the care and support provided was "very good" and staff took account of people's privacy and dignity. One person told us "Staff deserve a medal, it's a five star service." Another person said, "The girls are lovely, all

Good

Is the service caring?

marvellous." A third said, "We are always treated respectfully, the staff are very pleasant." One relative told us, "The staff are absolutely brilliant very safe, they meet all his needs."

Staff approached people in a caring way and took time to communicate the care and support being offered. People were treated with respect when personal care was delivered. For example, when people were assisted with a bath staff ensured this was completed privately and in accordance with their own wishes. Staff ensured a private area by closing doors windows and curtains.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people's preferences and personal histories. For example, one person did not want adaptations to their home that had been recommended, this choice was respected and alternative safety measures put in place. Staff understood the importance of an individual and caring approach. For example records confirmed that people were offered the choice of female or male staff.

People's care records showed they had been involved in developing their care plans. These were updated and reviewed regularly by the manager in consultation with the person receiving care and their representatives. People told us the review took account of what they wanted. One person told us that staff worked within the boundaries that had been agreed within the plan of care.

Good

Is the service responsive?

Our findings

Care Home

People said they had plenty to do and interesting lives. Most people joined in the activities and outings provided. The home had a busy activity and entertainment programme. Details of these were displayed on the notice board in the front entrance. These included outings in the home's own mini-bus, music, quizzes, arts and crafts and were decided upon after asking people what they wanted, liaising with care plans and pulling on personal interests and life histories. The home had a pet dog that people spent time and responded positively to this contact.

Some people chose not to get involved with activities and preferred to stay in their rooms but told us they were not bored or isolated and continued with their own interests like yoga and painting. One person said, "I don't go down for activities, I prefer my own company, I have books, puzzle books and watch TV." Another said, "We don't get bored, we join in if we want". The home employed an activities person who worked with everyone in the home to promote a level of activity for people that suited individual preference. A library of books was available in the home for people to use.

Visitors were welcomed and able to stay in the home for meals and entertainment if they wished.

People were encouraged to continue to see friends and relatives and access the community. One person showed us their telephone that had been simply labelled with large numbers to enable them to ring their daughter at the press of a button.

The care home used a keyworker system and the home care services allocated staff who worked with specific people. People were asked if they had preference on who looked after them and if they preferred male or female staff. For example, one person chose their own care staff based on who they had a good relationship with. Staff told us this helped people to form a supporting and trusting relationship. Direct observation confirmed that people received care at times that suited them and in accordance with their individual care plans.

People had full needs assessment completed before admission to the home This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The assessment took account of people's beliefs and cultural choices. For example, what religion or beliefs were important to people. Care plans were written following admission and reviewed on a regular basis. Records included life histories that gave an insight into people's background and history.

People's views and complaints were taken seriously and responded to. People said that they would talk to staff if they had any compliant and that any issue would be dealt with. People said, "I'd tell them, I'm not backward in coming forward," and "If you don't like anything, you voice it."

One person told us about an incident they had raised with the registered manager recently. We found their concerns had been recorded and the registered manager was responding to the incident, taking account of how the person wanted it dealt with. Records confirmed when concerns had been raised about staff conduct in the past these had been followed up with investigation and staff disciplinary action when required.

There was a complaints procedure provided to people within the home information pack. Complaints were recorded within a complaints book. Recent complaints raised and resolved included the provision of a television with better reception.

DCA

People told us they felt their views on their care were taken into account and were consulted regularly about their care. People had their individual needs assessed before a care service was provided. This was used to establish if people's individual needs could be met by an available staff member. Care was taken to allocate a suitable staff member according to people's needs and preference. For example, one person had staff changed in order to find a staff member who met their individual personality. Once staff were matched with people every effort was made to maintain this to promote continuity of care. Records confirmed that people or their representatives were contacted by the DCA manager each week.

Care and support was planned to meet people's needs with visits arranged in a person centred way. For example, if there was a need to change medication times or implement a toileting programme the manager adapted

Good

Is the service responsive?

people's visits to accommodate this care. All visits undertaken were at least 30 minutes long this allowed for care to be provided in a person centred way rather than just responding to tasks.

Some people used both the care home and home care services at different times and in this way had flexible care services .For example, one person was living in the care home while work was being completed at their home other people came to the home for lunch. One visiting professional praised Coast Home Care (Whitebriars) on the flexible care arrangements that were tailored to respond and reflect people's needs.

Records showed that social isolation was assessed for people living in their own home. When a risk of this was identified day care services were used whenever possible. This included using the care home which had a varied activity and entertainment programme. Activity and entertainment provided included outings in the home's own mini-bus, music, quizzes, arts and crafts. People also told us that they had come to the home for Christmas dinner in the past.

The DCA had a complaints procedure that was given to people when a service was established. People said that they would make a complaint to the manager if they needed to. We were shown the systems established to record and respond to complaints when received. There had been no complaints received by the service this year.

Requires Improvement

Is the service well-led?

Our findings

Care Home

People knew the management arrangements in place The registered manager was registered as the manager for the care home and DCA. They knew who the registered manager and provider was and found them both approachable. The provider was often in the home or they could speak to him on the phone. People said that they were comfortable in talking to any of the staff or the provider directly as they were willing to listen to them.

People's views were obtained through a variety of sources and systems in place to encourage feedback from people, visitors, visiting health care professionals and staff. This included annual satisfaction surveys and specific surveys on identified aspects of care. For example, a recent survey had been completed on the nutrition. Records confirmed that information gathered was recorded. However there was no system to reflect and review or feedback on information gathered. This was raised with the provider and registered manager for improvement.

There were quality assurance systems in place to monitor aspects of care and safety. A maintenance plan identified areas around the home that required work and when this work would be achieved. We saw some general decorating had taken place around the home in the past year. Audits were undertaken and covered areas that included care records, medicines and infection control. Information gathered from audits were not reviewed and documented in such a way to demonstrate action taken to improve the service. For example, medicine audits had not established robust follow up to address the issues raised. This was raised with provider and registered manager for improvement.

Feedback was also gained through 'residents meetings' and regular contact with people. The management team made themselves available and were a visible presence in the home and maintained good communication with people using the service and visiting.

Coast Home Care (Whitebriars) had written aims and objectives shared with people within the home's brochure and website. These included treating people with respect and as individuals, promoting independence providing choice and promoting people's rights and fulfilment.

Staff told us that they knew the aims and objectives of the organisations and that these were discussed within supervision and team meetings. The registered provider confirmed a vision for the organisation which they were promoting through supervision of the managers and the generation of individual action plans with them. These included value base of each procedure and analysis of training provided and needed.

Staff told us that they felt valued and although there had been recent changes in the service they had been involved and updated on these as they were progressed. Systems to communicate and listen to staff were in place. Staff meeting notes confirmed that staff were told of changes in the organisation and thanked for the work they had undertaken. An employee of the month scheme was in place to recognise staff achievement. Staff meetings were used to reinforce the homes values and promoted a good working team. For example, we saw that the Christmas party had been discussed and all staff had been invited and encouraged to attend. One staff member told us that they were looking forward to this and a time to get to know all the staff.

Staff told us that they felt well supported and they could call on one of the managers at any time for support and advice. One staff member said that they were being mentored and this was working well. Observation confirmed that the managers had an open door policy whereby staff could talk to them in the office at any time. Staff were seen approaching the managers throughout the inspection day. The managers responded positively to this contact always giving time to whoever wanted to speak to them. Staff were aware of the home's whistleblowing procedure and said they would use it if they needed to.

Records confirmed that the management of Coast Home Care (Whitebriars) responded proactively to information of concern. Complaints and safeguardings were taken seriously, investigated, responded to and used to improve the service. A safeguarding investigation undertaken by the DCA was used as a learning opportunity for the care home with additional training provided on responding and preventing pressure area damage.

DCA

People knew the manager of the DCA well and spoke to him regularly. The provider worked closely with the manager and attended the DCA office often. There was an

Requires Improvement

Is the service well-led?

on-call arrangement that provided cover that staff could contact at any time. The manager had an open door policy and staff were seen talking to him frequently throughout the inspection day.

Although the registered manger had the legal responsibility to manage both the care home and DCA it was clear through discussion that they did not manage the DCA. This responsibility had been delegated to a manager with the provider overseeing the provision. The management responsibilities were under review and the provider confirmed a restructuring process was being progressed.

As with the care home people's views were obtained through a variety of sources and systems in place to encourage feedback from people, relatives, and staff. This included annual satisfaction surveys and specific surveys on identified aspects of care. Records confirmed that information gathered was recorded. However there was no system to reflect and review or feedback on information gathered. For example, the review of care records raised some issues on the quality of completion, suitable action plans to address these were not in place. This was raised with the provider and registered manager for improvement.

Feedback was also gained through regular contact with people, communication systems were well established. This included telephone contact and regular visits as part of the care review and staff supervision process. One relative told us, "the manager is always available and contactable."

Senior staff within the DCA carried out 'spot checks' on staff by visiting people unannounced and observing the practice of the care worker. This included observing medicine administration, care practice and the documentation retained within people's homes.

The care home and DCA had shared aims and objectives recorded within the DCA brochure and website. These included treating people with respect and as individuals, promoting independence providing choice and promoting people's rights and fulfilment. The manager used supervision and team meetings to discuss the aims and objectives and how they could be reflected within the community approach. Staff told us that the main aim of the service was supporting people to live at home as long as they wished. The provider told us that they were developing the DCA to provide a local facility to meet the increasing dementia care needs of people in the community, in a way that suited the community.

As with the care home staff felt they were kept informed of any changes in the organisation. The DCA also had established systems to communicate and listen with staff that included regular staff meetings. Records confirmed these meetings were used effectively to praise staff and to update them. . The DCA also had an employee of the month scheme to acknowledge staff achievement.

Staff understood their designated roles and responsibilities. They were given job descriptions when employed and the DCA manager was able to describe disciplinary action followed when a staff member was reported as being unprofessional. Staff were aware of the home's whistleblowing procedure and said they would use it if they needed to.

The management arrangements for complaints was the same as the care home and was proactive in the way that they responded to complaints. Although no complaints had been received safeguardings were taken seriously, investigated, responded to and used to improve the service. For example, a safeguarding investigation lead to staff receiving further training on responding and preventing pressure area damage. The DCA manager said, "We see complaints and safeguardings as a positive feedback system that helps us improve the service."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12(1)(2)(g)