

Coastal Homecare (Hove) Limited

# Coastal Homecare (Worthing)

## Inspection report

1st & 2nd Floor 323 Goring Road  
Goring by Sea  
Worthing  
West Sussex  
BN12 4NX

Tel: 01903246651

Date of inspection visit:  
11 July 2019

Date of publication:  
04 September 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Coastal Homecare (Worthing) is a domiciliary care service providing personal care to approximately 41 people at the time of the inspection. People using the service were living with a range of care and support needs such as dementia and physical disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were 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 were protected from the risk of abuse and felt safe. One person told us, "They provide excellent safe and secure care. Coastal are the best." People's medicines were well managed, and lessons learned when things went wrong.

Staff were kind and caring to people and knew them well. People's privacy and dignity was respected, and their independence promoted. People were supported to express their views by staff who understood their communication needs. People felt listened to. One person told us, "The Manager and Care Coordinator supervisor are excellent people who listen."

People received care from trained and knowledgeable staff. People's nutritional needs were understood and met by staff. Staff worked proactively with other professionals to meet people's health and wellbeing needs in a timely way.

Staff were responsive to people's needs and delivered their care in the way they preferred. People understood how to make complaints, and these had been responded to in a timely way. One person told us, "Issues are dealt with immediately." People were supported compassionately at the end of their lives.

The service was well managed. People, their relatives and staff were complimentary of the management of the service. Quality assurance and audit processes were in place and actions taken to improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (the last report was published on 13 January 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Coastal Homecare (Worthing)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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 and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection. Inspection activity started on 8 July 2019 and ended on 11 July 2019. We visited the office location on 11 July 2019.

#### What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications sent to CQC about important events at

the service and information sent to us from other stakeholders for example the local authority and members of the public.

#### What we did during the inspection

We spoke with seven people who used the service and 10 of their relatives, the registered manager and three members of staff. We pathway tracked the care of four people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and three staff recruitment records.

#### What we did after the inspection

We spoke with the registered manager who was not present at the office visit, to gain their views of the service. We also spoke with one member of care staff. Their feedback has been used within this report.

# 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 was because the registered manager had now ensured that all potential safeguarding concerns were referred appropriately to the local authority safeguarding team. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were to be protected from the risk of harm. Staff had a good understanding of safeguarding and knew how to report concerns. Safeguarding referrals were made appropriately to the local authority safeguarding team.
- People and their relatives told us they felt safe. One person said, "They (staff) are very competent and my safety is important to them."
- Staff were confident the registered manager would act should they raise concerns for people's safety. One member of staff told us, "I would report concerns to my manager, and they would raise a safeguarding, they would look into all information and take concerns very seriously."

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans remained in place to reduce risks to people. Staff had a good understanding of how to support people to reduce risks to them. For example, one person had significant mobility needs and used a hoist for transferring from their bed to their chair. There was a detailed risk assessment in place which gave staff detailed guidance to move them safely. A relative told us, "They take great care of his safety when hoisting him and moving him, he is never put at risk."
- Specific risks relating to people's health were assessed and known by staff. For example, one person was at significant risk of choking. There was detailed guidance in place to support staff to reduce the risk to this person. Staff were aware of this and told us how they supported the person to drink safely by thickening their fluids.
- Environmental risks to people and staff had been assessed. For example, people had detailed risk assessments of their home environment and equipment to ensure staff could support them safely.

Staffing and recruitment

- Safe recruitment practices were in place; the registered manager had made improvements to the recruitment process to ensure people were of good character and suitable for the role before starting work.
- People's needs were met by sufficient numbers of staff. One member of staff told us, "We have enough staff and the way we plan care means that people see the same staff which is good for continuity and building trust."
- People told us they received their care calls on time by regular carers that knew their needs. One person said, "The carers come in daily. I know all of them, I never feel alone. I see the same five carers. They are all excellent"

### Learning lessons when things go wrong

- Accidents and incidents were managed safely, and lessons learned to improve the care people received.
- The registered manager analysed incident reports to reduce the risk of a similar incident happening again. For example, one person had experienced a fall. Staff sought necessary medical help. The registered manager noted an increase in their falls from analysing their incident reports. They made a referral to the falls team and the person's GP to ensure their safety and improve the care they received. This intervention had reduced the number of falls they experienced.

### Using medicines safely

- People's medicines continued to be managed safely. Staff were trained to administer medicines and had regular competency and spot checks which supported safe practice.
- People had detailed medicines care plans and risk assessments which supported staff to administer their medicines safely.
- People told us they felt safe with staff administering their medicines. One person said, "The carer gives them to me and watches me swallow them, they record everything."

### Preventing and controlling infection

- People were protected from infection control risks and staff had completed training in this area.
- Staff told us they access to personal protective equipment (PPE) such as gloves and aprons as and when they needed them.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives all said staff were well trained and knowledgeable. One person told us, "The staff are well trained and skilful"
- People were supported by staff with the skills and knowledge to deliver effective care and support. Staff were provided with training to meet people's individual needs. For example, one person had specific continence needs. Staff were provided with specialist training to meet this need. A member of staff told us, "The training is really good, and the manager will find the training we ask for. We had stoma training which really helped us to understand how to manage a person's stoma care safely."
- Staff received an induction when they started their job, which included getting to know people's needs and shadowing more established staff. A member of staff told us, "The shadowing was really good and hands on. I went out with senior carer, they really helped me understand how people liked things to be done."
- People were cared for by staff that were suitably supported within their roles. Staff received regular supervision, observations and feedback about their performance. One member of staff told us, "(the registered manager) is really supportive, if there is anything we even need, and it is dealt with straight away."

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

- People were supported at mealtimes to have food and drink of their choice, where it was delivered as part of the package of care. One relative told us, "They (staff) work very hard. They make her breakfast and tea time sandwiches and cake. They are very efficient."
- If people had specific dietary requirements guidance was in place for staff to support them effectively. For example, for people living with diabetes, their nutritional needs were clearly documented in their care plan to support staff to provide them with the right diet.

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 healthcare services as and when needed and staff supported people to attend appointments.
- Staff responded to people's health needs to support their wellbeing. For example, one person did not like having two carers to support them but required this due to the type of hoist they had. The deputy manager discussed this with the person and worked with social care professionals to install a type of hoist that could be used by one member of staff. This had a positive impact on their wellbeing as they found the support of one member of staff more dignified.

- Staff worked with each other and other professionals to meet people's needs in a timely way. For example, one person had difficulty sitting in certain positions. Staff worked with the person's occupational therapist to review their needs. This resulted in them having a specially adapted chair which has improved their comfort.

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

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

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

- Staff had a good understanding of the principles of the MCA and how this affected people using the service.
- If staff had concerns about a person's ability to make a specific decision, a member of the management team carried out a mental capacity assessment with the person to ensure they were being supported effectively.
- People told us staff asked for consent, and respected their decisions, before providing care and support. One person told us, "They tell me what they are going to do and ask me how I prefer things to be done."

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

- People's needs were assessed before they used the service and regularly thereafter. This ensured staff had information about their needs, backgrounds and preferences. This information informed the care they received.
- Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of people's initial assessment. This demonstrated that people's diversity was included in the assessment process.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives all told us staff were kind and compassionate. Staff continued to have a caring and friendly approach to supporting people. One person told us, "They have made huge difference to my life." A relative said, "I really think they care for my husband 100%, I trust them 100%."
- Staff knew people's preferences and personalities and spoke positively about people they supported. One member of staff told us a person was living with significant physical needs which made them feel low in mood at times. The member of staff showed real empathy for the person and said, "I go and make them laugh by sharing jokes, we have the same humour. If I feel there is something I can do to resolve any issues, we get to the bottom of it and resolve it to get them back on a high and make them smile."
- People and their relatives told us staff were empathetic to their needs. A relative said, "I hear them in the bathroom, they (staff) make him laugh. They understand his dementia and they demonstrate good care without ever being impatient"
- People's cultural and religious needs were met. For example, where people had religious needs these were respected and supported by staff.

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

- People and their relatives, if appropriate, were fully involved in discussions about their care. Care plans were regularly reviewed, people were involved in this process and were happy with how staff listened to them.
- Staff told us how they offer people choices daily, during their care calls. This was confirmed by people and their relatives.
- The management team offered people and their relative a variety of ways to express their views such as, review meetings, questionnaires and informal feedback when they were delivering care. The deputy manager told us, "I regularly do people's care calls, so I can see what is going on for people, support staff and act on people's feedback to improve their care."

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's needs and were proactive in ensuring people received good quality care that supported their independence. For example, one person had difficulty in turning off their lights and television due to limited movement in their hands. Staff had sourced equipment with large, easy press buttons to allow them to continue to do this independently.
- People told us that staff supported them to be as independent as possible. One person said, "They keep me independent by letting me do the things I am still capable of doing."

- People's privacy and dignity was maintained. Staff told us how they support people to remain covered and close doors and curtains during personal care to maintain their dignity. A relative confirmed this and told us, "He is treated with dignity and respect, his privacy is ensured. They even shut the bathroom door on me."
- People's confidentiality was respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care and staff knew their preferences well. People's care plans contained information about their life history and the way in which they liked to be supported, and staff knew this information about people. For example, one member of staff told us of a person's previous employment, life history and relationships that were important to them. This reflected the information in the person's care plan, showing the member of staff knew them well.
- Staff were responsive to people's health and wellbeing needs. When people's needs changed these were reflected within their documentation to ensure staff had access to up to date guidance. For example, one person had experienced issues with the integrity of their skin. Staff responded to this change in their needs in a timely way by seeking medical advice and reviewing their care plan. They increased the number of care calls to monitor the person's skin and to reposition them more regularly. This prompt action has improved the condition of the person's skin.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff and the management team understood the AIS and people were given information in a way they could understand.
- The registered manager had considered the use of technology to support people's access to information. For example, one person was registered blind. The registered manager had worked with them to find equipment such as a speaking watch and talking books. Their relative said, "The carers ensure this equipment is kept available to him."
- The management team ensured people's communication needs were assessed and documented so staff could be responsive to these needs. For example, one person had difficulty hearing in one ear. There was clear guidance for staff on how to communicate with the person, so they could hear and be understood.

Improving care quality in response to complaints or concerns

- Complaints continued to be responded to in a timely manner. People and their relatives had access to the provider's complaints policy.
- People and their relatives told us they felt they received a good service and their concerns were listened to. One person said, "I complained once about timing and it never happened again, action was taken."

#### End of life care and support

- Staff continued to support people sensitively at the end of their lives and received training in this area. Care was put in place promptly for people and staff worked alongside other healthcare professionals to ensure people had a dignified death.
- People's wishes at the end of their lives were respected. For example, one person had requested only to have female carers and to stay in their home at the end of their life. Staff respected these wishes, they were supported by only female carers and passed away at home.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received support from staff that promoted person centred practice. People told us they were happy with the care they received. One person said, "I have an easier happier life because of them."
- Staff supported people to achieve good outcomes. For example, one person was living with a mental health condition. Staff were aware of their needs and what they could do to help the person feel safe. They supported the person daily with their anxiety by keeping to their routine and offering reassurance. This meant the person felt safe and secure in their own home.
- There was a positive, person focused culture at the service. Staff told us there was good morale within the team. One member of staff said, "We are a supportive, friendly team. We get on well and have good staff morale."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider had a good understanding of the duty of candour and worked honestly with people if things went wrong. For example, one person raised a concern that they did not feel all staff were confident with their medicines. The registered manager listened to these concerns. Although staff were trained and competent to administer medicines, the registered manager sought additional specific training for staff. The person was happy they were listened to and now felt confident in staff's practice.
- People and their relatives told us the manager listened and was open with them when things went wrong. One relative said, "When things go wrong I ring the manager she is very open and gets things done immediately."

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

- People and their relatives all told us they felt the service was well-led. One person told us, "The Manager and Care Coordinator are excellent people who listen."
- Staff understood their roles and felt supported. Staff were complimentary of the support from both the registered manager and the provider. One member of staff told us, "The manager is really supportive and approachable. (Providers) are very friendly, I would be happy to contact them."
- The registered manager and staff were committed to continuous learning and driving improvements to the care people received. The registered manager told us how they keep up to date with changes in the

sector and attended management training opportunities. They also told us how the provider arranged regular managers meetings, so they can share best practice across their services. This helped improve staff practice and the care people received.

- Quality assurance processes were in place to ensure the quality of the service and to drive improvements. Actions were taken from audits to ensure the care people received continued to improve. For example, the registered manager identified that although care plans were person centred, this could be improved. They sought additional training for the deputy manager in person centred care planning. The deputy manager used this learning to improve the detail within people's care plans to provide individualised guidance about people for staff. This has improved staff's understanding of people and their interactions with them.

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

- People and their relatives were engaged in the running of the service. People told us they felt their opinions were listened to and acted on.
- People, their relatives and staff were given various opportunities to provide feedback to the management team such as; surveys, meetings, newsletters and care reviews. The management team also delivered care, so they could observe staff practice and offer people informal chats to listen to their feedback.

Working in partnership with others

- Staff spoke positively of partnership working and understood the importance of working with others to provide high quality care.
- Staff worked in partnership with other health and social care professionals to ensure people's needs were met in a timely way. For example, one person was at risk of becoming isolated as care staff were the only people they saw. Staff worked with the person and their social worker to support them to go to a day centre. This has improved the person's wellbeing as they now have a network of people they know and can talk to outside of their home.