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? | Requires improvement |
| 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 attend the home for day care. Staff can provide end of life care with support from the community health care professionals but usually cares 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. This service is run from a separate office

# Summary of findings

within the care home with a separate staffing group. The DCA provision was not included as part of this as no areas of concern have been raised about this service since the last inspection.

This inspection took place on 9 and 11 September 2015 and was unannounced.

The service had a registered manager in place. 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.

The provider had not ensured that robust health and safety checks were in place to ensure people's safety. We found that windows were not restricted and all equipment did not have suitable safety checks completed. This meant that people may be at risk from injury from risks within the environmental and when using some equipment.

Information gathered about accidents and incidents was not used to review and respond to any trends within the home and the risks around people administering their own medicines were not managed to ensure associated risks were managed effectively. Staff knew people well and were able to tell us about the care they required. However, some care plans were missing or not up to date. This meant there was a lack of clear guidance for staff to follow to ensure consistent care. Some daily records were not completed in a consistent way others were poorly completed and did not promote safe and consistent care.

Systems for quality monitoring were not always effective to ensure the service was well managed in all areas.

Feedback received from people their relatives and visiting health professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. People told us they felt they were safe and well cared and had their choices respected. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

Medicines were stored safely, all medicines were administered and disposed of by staff who were suitably trained.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the registered manager and provider.

People were very complementary about the food and the choices available. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home and this was promoted by the staff and management arrangements. Staff enjoyed working at the home and felt supported. People were encouraged to share their views though 'residents meetings' and satisfaction surveys.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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

The service was not consistently safe.

The provider had not ensured the service had suitable environmental risk assessments and measures put in place to ensure people's safety. Accidents were documented but information was not used to identify trends and themes. Risk associated with people administering their own medication were not well managed.

Medicines were stored appropriately and there were systems in place to manage medicines safely.

Recruitment practices ensured the required checks had been completed before staff worked unsupervised. There were sufficient staff numbers to meet people's personal care needs.

Staff were able to recognise different types of abuse and understood the procedures to be followed to report any allegation or suspicion of abuse to protect people.

**Is the service effective?**

Good

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary.

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

People's nutritional needs were assessed and recorded. People were consulted with about their food preferences and were given choices to select from.

**Is the service caring?**

Good

The service was caring.

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

People and relatives were positive about the care provided by staff.

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

# Summary of findings

**Is the service responsive?**

**Requires improvement**

The service was not always responsive.

People received care and support that was responsive to their needs because staff knew them well. However, some records were missing and not up to date. This meant there was no guidance for staff to ensure consistency or demonstrate that people's care needs were being identified and met.

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 that staff supported people to participate in if they wanted to.

A complaints policy was in place and people said that they would make a complaint if they needed to.

**Is the service well-led?**

**Requires improvement**

The service was not consistently well-led.

The quality auditing systems did not identify some shortfalls within the care documentation whilst others were used to assess the quality of the service provided.

The registered manager and senior staff were seen as approachable and supportive. The provider also took an active role in the service and took account of staff views. .

Staff, people and visiting health professionals spoke positively of the management team's leadership.

# 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.

This was an unannounced inspection on 9 and 11 September 2015. It was undertaken by an inspector and a specialist advisor who was a pharmacist and had extensive experience of working within the care sector and with people living with dementia.

Before our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were responding quickly to information of concerns that had been raised with us.

During the inspection nine people told us about the care they received and we were able to talk with three relatives.

We spoke with five members of staff which included the deputy manager training manager, care staff and the care staff member allocated the role of activities co-ordinator. We also spoke with the provider.

Following the inspection we received feedback from three health professionals and spoke to a social care professional.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining areas. Some people were unable to share their views with us verbally. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in the lounge. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included four people's care plans, four staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home. We observed two midday meals. The specialist advisor reviewed all aspects relating to medicines.

We 'pathway tracked' four people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

# Is the service safe?

## Our findings

People said they were well looked after, happy and safe at Coast Home Care (Whitebriars). People said they liked having staff around as this made them feel safe and they felt the home and their rooms were secure. People said the staff were quick to respond to any of their needs and answered the call bells quickly. One person said, "The staff look in on you regularly when you are in your room to make sure you are safe and comfortable." Relatives had confidence that people were well cared for and safe in the service. One relative said, "We are happy that she is living here where she is well cared for and not alone."

Despite this positive feedback we found some areas where risks had not been managed and could put people's safety at risk.

The premises and equipment had not been managed to ensure the safety of people. Environmental risk assessments were not being completed in an effective way. For example we found two windows on the first floor were not restricted to prevent people from falling from them. The provider immediately checked all windows and found a number that were not restricted. He confirmed action would be taken immediately to ensure these were suitably restricted. Individual risk assessment for the people occupying these rooms had not been completed. In addition there was no evidence that the passenger lift and chair lifts had been thoroughly checked to ensure the safety of this equipment. This meant that people may be at risk from injury and risks within the environment and when using some equipment.

Accidents and incidents were recorded on appropriate forms and reflected within individual care documentation. A log of accidents and incidents were then recorded from these. However, the information transferred was insufficient to enable an audit of events to identify any trends. For example, it did not record what the accident or incident was or the time of the event. This did not ensure information from these incidents were used to prevent similar incidents and accidents from happening again and improve people's safety.

Some people administered their own medicines. Systems to assess and monitor how this was managed in a safe way were not well established. For example, There was no audit process to establish if the person was safely managing their medication and people were not always storing the medicines they were self-administrating securely in their room. For example, one medicine was found on the table in a person's room that was accessible to other people in the home.

Most records relating to medicines were found to be accurate and consistently completed. However some records relating to medicines that required specific documentation and record keeping were poorly maintained. For example, pages in a medicine book had been stapled together and quantities of medicines being over-written. This could lead to incorrect medicine management.

These issues meant that the provider had not ensured care and treatment was provided in a safe way. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 201.

People said they always got their medicines when they needed them and medicines were managed safely. Staff were professional in their approach checking that each person wanted to receive their medicine and that they took it. Staff also asked people if they had any pain or discomfort and responded to the feedback received. The medicine storage arrangements were appropriate. These included two drugs trolley and suitable medicines storage cupboards and fridge. Checks were maintained on the temperature of areas where medicines were stored, and medicines received into the home and returned to the pharmacy. Medicine administration was undertaken in a safe and person centred way and staff observed took time to explain what the medicine was for. Staff who had undertaken additional training administer medicines individually from the medicines trolley. They completed the medicines administration records (MAR) chart once the medicine had been administered safely. The MAR charts were used effectively to record when medicines were withheld and why and when medicines prescribed 'as required' were given.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it was recognised. Staff were able to describe different types of abuse that they may come across and referred to people's individual rights. Staff gave us examples of poor or potentially abusive care they may

Requires improvement

# Is the service safe?

come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. Staff knew where the home's policies and procedures were and senior staff knew how to raise concerns with the police or the social services directly as necessary. All staff knew to raise concerns with senior staff and to seek further advice from the local authority if need. Senior staff gave us examples of when they had raised a safeguarding alert and how this had been processed in the past.

People were protected, as far as possible, by a safe recruitment practice. Senior staff were responsible for staff recruitment and ensuring the service's recruitment policy was followed. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

Coast Home Care (Whitebriars) was clean and well decorated. The provider had systems to deal with foreseeable emergencies that included fire. Staff had access to relevant contact numbers in the event of an emergency. People had individual evacuation plans and the deputy manager told us she would ensure a copy of these were centrally available for evacuation staff.

Whilst we had identified some risks to people we found there were other systems in place for staff to assess risks associated with people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and people's health. These included risk of falls, skin damage, nutritional risks and moving and handling. For example those people at risk from pressure area damage to their skin were assessed using a recognised risk assessment tool. Those people found to be at risk were provided with equipment like pressure relieving cushions to reduce the risk.

Staffing numbers were managed to ensure people were safe. Staff knew people well and monitored people's individual needs. Staff and people told us there was adequate staff on duty to meet people's care and support needs. Staff indicated that short notice sickness did cause some problems but these were sometimes unavoidable and staffed 'pulled together' at these times. One person said, "My bell is always answered when I ring for help."

Good

# Is the service effective?

## Our findings

People told us staff had the skills and abilities to look after them well. One person said "Everything runs very smoothly as staff know what they are doing. " They told us they were not restricted and able to do much as they wanted. They felt they were well cared for and had any health care need responded to quickly and effectively. A relative said, "Staff are perceptive to what she needs and know what she wants and how best to deal with her." Another said, "Staff are all very well trained."

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines in the office for staff to follow. This Act protects people who lack capacity to make certain decisions because of illness or disability. Staff had an understanding of mental capacity and informed us how they asked for consent from people about daily care needs.

When specific decisions were being considered for people who lacked capacity staff involved relatives, health and social care professionals to support this process. Suitable best interest meetings were held to ensure people's rights were fully considered. For example, when people were moved to another service this decision was discussed appropriately following a capacity assessment. This meant as far as possible that people's rights were taken into account when care and treatment was planned.

The deputy manager confirmed that DoLS were in place for one person. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. In order to safeguard this person a key pad had been fitted to the front door. This restriction and impact on other people had been considered and raised with the local authority to ensure the least restrictive practice was used whilst keeping people safe in the home.

People received care from staff who had appropriate knowledge and skills. Staff told us they received training and support which provided them with the necessary skills and knowledge to meet the needs of people living in Coast Home Care (Whitebriars). One staff members said, "We have plenty of training." One new staff member told us the induction training they received was suitable and included a period of shadowing and working with senior staff. The shadowing had allowed them to understand people's individuality and the different approaches that suited people.

New staff who had not worked in the care industry or had limited evidence of skills and competency were enrolled to complete the 'Care Certificate Framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Staff training was co-ordinated and monitored by the training manager. They had recently established a training programme that ensured all staff completed essential training in a structured and supported way over allocated days. The essential training included infection control, Mental Capacity and DoLS, safeguarding, fire and dementia. The training manager also told us individual professional development plans for each person were being established. Staff told us additional training was available to develop staff roles and care skills For example supervision training was being given to staff who were to be allocated this role and training on end of life care had also been sourced for staff. We also found that staff who administered medicines were suitably trained with regular competency assessments in place. Those staff that were involved in the administration of insulin had been trained by a district nurse. Staff had access to service specific training and guidance to support them in meeting people's individual needs and developing individual staff roles.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted and gave examples of when they had last seen the GP or community nurse. One person said, "The GP has put me on anti-biotics for my eye." Staff confirmed that they had regular contact with a wide variety of health care professionals and we heard two staff talking to the local GP practices arranging GP visits and telephone consultations. Feedback from health care professionals confirmed staff worked with them to promote peoples physical and mental well-being

All feedback received from people relatives and staff about the food was positive. People said the food was good and they were given a choice of meals. One person said, "The food is always very good in fact so good and so much I cannot eat my dessert today."

Good

# Is the service effective?

Most people ate lunch in the dining room areas which provided an environment that allowed people to sit in small groups. The mid-day meal was served in two sittings to accommodate people who had been out on the regular bus outing. Tables in the dining area were set attractively with table decorations, napkins and condiments. Some people chose to eat their meals in their own rooms and this was respected.

Lunchtime was a pleasant social event with staff offering support to those people they knew needed assistance. Most people ate independently and were provided with specialist equipment to support this independence. For example some people used cutlery that was adapted to facilitate people's ability to grip and others had finger food that could be eaten independently. People were offered a choice of cold drinks to have with their lunch which was well presented and reflected people's individual choices.

Stall were fully aware of people's special diets and people told us if they were on a special diet these were adhered to, with choices provided. One person said, "They all know I am a vegetarian and they are very good at sorting out nice meals for me. I like plenty of green vegetables and I get them." Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. One person's eating patterns were different to expected and staff responded by providing regular small portions to ensure an adequate dietary intake across the day. One relative recognised the positive nutritional support her relative had received and said they, "never ate at home but their weight has increased since being here."

Good

# Is the service caring?

## Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives were very positive about the caring nature and approach of the staff working at Coast Home Care (Whitebriars). People told us staff were kind, polite and friendly and always willing to help. One person said, "The girls of all ages are absolutely lovely and look after people so well with lots of patience, some people can be difficult." Another said, "Staff respect you and look after you as a person, the staff are very nice indeed." A third person said, "Actually I rather like it here." A relative said, "I have a good feeling about this home, staff are all very nice and nothing is too much trouble." Visiting professionals were complimentary about the care and said people were 'content'.

Throughout the inspection process staff were kind and attentive to people and used positive encouragement. Through the SOFI we saw good interaction and staff approached people in a way that demonstrated respect. For example one staff member asked if they could join a person and sit in the chair next to them. When staff spoke with people it was meaningful and staff made it an important interaction. Eye contact was made and people responded to staff in a positive happy way. Staff approached people with a smile and asked how they were and commented on their appearance if people appreciated this feedback. One person dressed smartly and when staff commented on this they smiled happily. This demonstrated staff understood the approach needed when caring for people living with a dementia. Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them. Care and support was provided with good humour and staff and people enjoyed each other's company.

Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity. The training manager had undertaken dignity champion training and used this theme throughout the essential training delivered to staff. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. They talked about on-going development of dignity in the service. One option under consideration was door knockers to each person's door. People were given the option to lock their own doors and one person used this whenever they vacated their room.

Staff gave us examples of how they promoted people's dignity. This included basic awareness of ensuring privacy when providing care and for private conversations, and also an understanding of people's individual rights and recognition of people as an individual. For example one staff talked about recognising people with past life's and experiences including being partners, parents and siblings and these relationships continued.

Key areas in the home were signposted in a way which supported people to find their way around the home independently. This included the toilets. This enabled people to use the toilet independently whenever possible. It was clear that where people wanted to have personal items in their rooms, they were free to do so. Most rooms had photographs of family and/or older photographers of themselves at a younger age. Two people also had pets in their rooms which staff supported them to care for. This gave staff a point of reference for conversation and gave people a sense of identity. People's bedrooms were seen as their own personal area which supported people to maintain their own private lifestyle. One person told us they had been introduced to a person who had moved to the room next door. They were pleased that they had been introduced. "It's good to know who your neighbour is."

Requires improvement

# Is the service responsive?

## Our findings

People and relatives told us they received care that was focussed on their individual need and reflected their choices and preferences. People told us they enjoyed the activity provided by the home and joined in what they wanted to. One person told us how they were able to administer their own medicines and staff supported them with this task which respected their choice on this matter. Visiting professionals told us staff responded appropriately to people's needs and were able to deal with queries and questions from them effectively.

Although people received the care and support they required, their current needs were not always reflected accurately in the care plans. Staff knew people well however care plans lacked detail of how to manage and provide care for people's individual needs. For example, one person who had a medical condition did not have any care plan to reflect how this was managed or how changes in blood tests would be responded to. Another person required specialist equipment to prevent pressure damage to skin however, how staff were going to ensure the effective use of this equipment was not included in the plan of care. Their decreasing mobility was also not clearly reflected within a plan of care. We also found that one person who attended the service for day care did not have a care plan in place. This lack of clear and accurate guidance for staff to follow did not ensure all individual care needs had been identified or that they were being met in a consistent and effective way.

Other daily records were poorly completed and did not fully reflect the care and support people received. For example, the records for topical cream applications were not completed in a consistent way. Charts used documented where the creams were to be applied and should be signed once applied. Signatures were found to be missing and therefore the record did not record when creams were applied or not applied. We also found that daily charts that were being used to record the food eaten by people had not been completed for four days. There was a lack of documented evidence that people's care needs had been attended to.

Personal records were not accurate or complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A complaints procedure was available within the service and within the service's 'information pack' that was given to people when they moved into the service. We found that written complaints were recorded within a complaints file. However, records relating to the most recent complaint received four months ago were not complete and did not demonstrate a full investigation and response. We were told a full response was sent to the complainant. One person told us about a concern they had raised with the management of the home. There was no record of this complaint or what action staff had taken to resolve the problem. It was however clear through discussion with this person and staff that concerns raised were taken forward and resolved whenever possible. Systems for recording complaints, subsequent investigations and actions taken were not robust and did not clearly demonstrate how complaints were used to improve the service. This was identified to the provider as an area for improvement

Everyone told us they were able and happy to express concerns or make a complaint.

People said that they would talk to staff if they had any compliant and that any issue would be dealt with. People said, "I know how to make a complaint and who to raise it with." Relatives were confident that complaints would be dealt with one said, "I would make a complaint if I needed to without hesitation."

Before admission people had full needs assessment completed. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The service was using new care documentation that was being embedded into practice. 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 were to include life histories that give an insight into people's background and history.

Coast Home Care (Whitebriars) used a keyworker system. People were asked if they had preference on who looked after them and if they preferred male or female staff. The keyworker system allowed staff to take a particular interest in people and meeting their physical and emotional needs. This approach which includes working with relatives and friends helps people living with dementia feel secure.

Requires improvement

# Is the service responsive?

Staff facilitated people to be involved in any activity that would interest them. The service had a busy activity and entertainment programme. Details of these were displayed on the notice board in the front entrance. People told us they had plenty to do either with staff or on their own. They said they really enjoyed the bus trips that included outings to local attractions and shopping trips and were available three times a week. These were well advertised within the service and allowed for social interaction with people from two other care homes within the organisation. One person said, "We have a list of outings arranged each week and we can choose which ones we want to go on. We have a nice new mini-bus". An activities person also worked in the service and provided a variety of activity and entertainment. This included music, quizzes, arts and crafts and were decided upon after asking people what they would like to do. For example, people sitting in the lounge were asked what they would like to do and agreement was made to listen to some music.

Activities and entertainment was completed in small groups and the activity person also spent individual time with people. This was important for people who did not participate in other activities and ensured a meaningful social interaction. One person said, "We have a very good entertainment lady, she talks to people who are not on the bus. It is her job to keep us happy she is excellent." The service had a resident dog who was very much part of the service and supported the home like environment for many people. People responded positively to her spending time with her which reminded them of times they had their own pet dogs.

People were encouraged to share their views on the service on a daily basis during discussion with staff. Residents meetings were also held on a regular basis and used to gain additional feedback. People told us they knew the provider who did visit them for their views. Any written compliments received were filed for staff to read. This ensured staff could access positive feedback from people using the service when received.

Requires improvement

# Is the service well-led?

## Our findings

The registered manager was also the registered manager for the DCA. People and their relatives knew who they were along with the other senior staff in the service. During the inspection the registered manager was on annual leave and the deputy manager was responsible for the day to day management of the home. The provider had a high profile in the service and people knew who he was and found him and the senior staff approachable and willing to listen to them. One person said, "You can always speak to the manager or owner." People told us the home was well managed with all staff knowing what to do. One person said, "Everything runs smoothly."

Despite this feedback we found some areas where the service was not well managed.

A number of quality audits were in place however, these had not identified shortfalls in record keeping. For example an audit of medicines had not identified a lack of accurate records relating to topical creams. Documentation recorded people had given their consent for care and treatment it was however unclear if people had an understanding or capacity to give their consent due to people living with a dementia. People's capacity was not assessed as part of the admission process. These areas were identified for improvement. On the second day of the inspection the provider had sourced capacity assessments that were to be used to establish a more formal system to record people's ability to consent.

Other audits completed including an infection control audit and record audit on daily care notes had identified some poor record keeping that included inappropriate language which had been followed up with the relevant staff member.

The provider told us the management structure for the whole location was being reviewed to ensure robust support for the registered manager within the care home and DCA. Senior care staff were aware of this review and were involved with the inspection process at all levels by the provider.

People's views were obtained through a variety of sources and systems in place to encourage feedback from people's relatives and staff. This included annual satisfaction surveys and regular 'residents meetings.' Feedback from these was used to develop the service. Individual concerns raised by people and relatives during this process were followed up individually to resolve and improve individual care and support. Staff surveys were also completed and a full audit identified some staff morale issues. The provider had taken these issues forward to address, establishing further staff meetings and the use of staff supervision to review and monitor. This demonstrated that information gathered from people was used to improve the service.

Despite this feedback within the staff survey staff told us they felt well supported with regular supervision and 'good training'. They felt they could speak to any of the management team for advice and the whole staff group worked well as a team. They told us, "I love my job," and "I enjoy my work it can be a real laugh." During the inspection staff communicated with the senior staff and were given the time to share their views. Staff were aware of the home's whistleblowing procedure and said they would use it if they needed to. One staff member told us how they had raised issues around staff approach with the provider and these had been listened to and responded to effectively. The culture in the home was open and both staff and people could say openly what they thought about services and care provided.

Staff said they felt valued and the provider took the time to praise people for their work and approach. Systems to communicate, reinforce the values of the service and to listen to staff were in place. This included staff meeting notes which confirmed that staff were updated of changes in the care industry and within the organisation. For example, the changes in how the local authority dealt with safeguarding referrals had been discussed.

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 talked about promoting independence and a social life that suited the individual. Staff were familiar with the need to take account of people's individual rights and choices. One staff member said, "We encourage people to be themselves and to enjoy things that were and are important to them as a person."

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations and a procedure to guide staff on what notifications should be submitted was being written.

Requires improvement

# Is the service well-led?

The deputy manager and provider were reminded of their responsibilities to also establish a robust procedure to respond appropriately to notifiable safety incidents that may occur in the service and to maintain an open and transparent response to people and relatives.

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 | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>There was a lack of risk review and analysis to mitigate any risks to people's health and safety.<br><br>Regulation 12(1)(2)(a)(b) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The provider had not ensured that service users were protected from unsafe care and treatment by the appropriate use of accurate and complete records.<br><br>Regulation 17 (1) (c) |