

Coastal Homecare (Hove) Limited

Coastal Homecare (Worthing)

Inspection report

115 George V Avenue
Worthing
BN11 5SA

Tel: 01903246651
Website: www.coastalhomecare.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

Coastal Homecare (Worthing) provides personal care for people in their own homes, most of whom were older people with associated health needs. 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. At the time of this inspection the service was providing personal care to 34 people.

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

People were protected from the risk of abuse and felt safe. Staff understood what their responsibilities were in relation to keeping people safe. People had risks associated with their health, wellbeing and home environment, assessed and managed to ensure they received personal care and support safely. A relative said, "I have never felt anything but safe with the carers."

Staff administered people's medicines safely and prevented people from the risk of cross infection. A person said, "I am and have always been confident that they follow good infection control procedures."

Staff were recruited safely, were trained and their competency was checked by the management team following an induction into the role to ensure they had the skills to do their job well and effectively meet people's needs.

People said staff were always on time, they had not had any missed visits and stayed for their allocated time. A person said, "I really can say, hand on heart, I never feel rushed by staff, they do everything that needs doing and more." Another person said, "I have never had a missed call. I have a group of carers but have never been sent a stranger."

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. A person said, "I didn't feel in control when on my own as so much could go wrong. It was a blessed relief to have the back up of such a good team. They do all they are required to do and a lot more, they're just fantastic."

Staff supported people to have enough to eat and drink and to make choices about what they ate and drank. A person said, "I always have a nice cup of tea and a glass of water left before they leave." A relative said, "I'm impressed by their subtle methods of encouraging [person] to eat and drink it really is very effective and shows their training is good." People received a service which was personalised and met their individual needs and preferences. People were involved in decisions about their care and people and relatives were communicated with effectively.

People spoke highly of the staff who looked after them and said they were treated with dignity and respect.

People and relatives told us they had support from regular staff who were kind, understood their needs and were competent in providing personalised care. A person said, "They are so very caring and kind, it's humbling to see. They are most respectful at all times and make sure I don't get embarrassed or worried about what they're doing to care for me." A relative said, "It's a game changer having them, I can relax and not have the constant guilt and worry that I carried before they started to help. I trust them to stay longer if needed and I know they get everything done to keep her safe and comfortable." Another relative said, "I know that each and every member of staff know her very well."

People and their relatives spoke highly of the service and had opportunities to provide feedback and action was taken to address issues which were raised. A person said, "I know the manager and feel listened to and cared for. They are just pretty good all round and I would recommend them. I can tell you they are all cheery, chatty and helpful whatever the weather."

Systems were in place to assess and monitor the quality and delivery of care to people. The registered manager was committed to providing good care to support people to achieve the best possible outcomes. A relative said, "I do know the manager and the supervisor, they are more than helpful at all times. The communication is great, they're brilliant and very organised. We simply couldn't do without them and their fantastic team." A staff member said, "We are all friendly and everyone is helpful. We have a good team."

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

Rating at last inspection

This service was registered with us on 31 December 2020 and this is the first inspection. The last rating for the service at the previous premises was Good, published on 4 September 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Coastal Homecare (Worthing)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

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

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that

someone would be in the office to support the inspection. Inspection activity started on 5 July and ended on 6 July 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 11 people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We pathway tracked the care of five people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed staff training / recruitment documentation and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed training in safeguarding from abuse and whistleblowing for adults. Whistleblowing is when a member of staff reports concerns, they have about conduct at work without the fear of reprisal. Staff understood their responsibilities for recognising and reporting signs of abuse.
- There were effective safeguarding processes and a policy in place. The registered manager understood their responsibility to keep people safe and how to manage safeguarding concerns. There were no open safeguarding incidents at the time of our inspection, which the local authority confirmed.
- Staff wore uniforms and identification badges to identify themselves, so people could be assured they worked for the service.
- People said they felt safe with the staff who supported them. A person said, "I feel happy and safe with all the carers." A relative said, "We both feel most safe with the carers. Neither of us have ever felt worried about any of the carers who have visited our home."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to health and well-being were assessed and managed in consultation with people. Where a risk had been identified, control measures and guidance for staff detailed how to minimise the risk. For example, for reducing falls, developing pressure areas, diabetes and catheter care. Risk assessments gave detailed guidance to staff on how to minimise the risks identified. A person said, "Staff assist me in whatever I ask of them (to keep me safe) and I am thankful for that."
- Environment risk assessments were undertaken. This was to identify potential hazards in the person's home, such as with electrical appliances, fire risks and risk to lone workers. Risk assessments gave detailed guidance to staff on how to minimise the risks identified. A relative said, "To put it bluntly [person] would not be alive today it was not for them. [Person] is now as safe as she can be in her own home. They've been just excellent and explain the care plan. They are her lifeline. I rely on them."
- A social care professional said, "I have always found this company to be very accommodating and proactive when it comes to identify needs and concerns. They raise issues as they present and identify solutions. For example. If there was a concern over security of medication, they arranged to have safe box to place the medication in. If there were any issues in the home, electrical, plumbing etcetera, they would make contact to sort this out."
- There was a system for reporting accidents and incidents, which staff were aware of. A staff member said, "It is our role to make sure the person is okay, make them safe, ensure medical support is sought if needed which may be calling an ambulance, and report the accident or incident. We also update loved ones."
- Accidents and incidents were reported, recorded and monitored to check for trends and any patterns identified, these were shared with staff for learning. Safety briefings were given to staff when there was a

specific change to safety standards, for example following new standards or guidance around COVID-19. Staff helped people learn from their accidents which led to people being enabled to remain in their own home with support. A person said, "They just keep me on track and safe in my own surroundings."

Staffing and recruitment

- Staff had been recruited safely. Staff underwent a satisfactory Disclosure and Barring Service (DBS) check before commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records confirmed there were sufficient numbers of staff recruited to meet people's needs. People said staff were punctual and always stayed for the allotted time. If staff were delayed, people said they were contacted by telephone for further updates. A relative said, "We have never had a missed call and they are pretty accurate with timings give or take ten minutes here or there." Another relative said, "[Person] is totally safe, they (staff) are lovely, always on time. We have ever had a missed call at all."
- The provider said they always ensured people using the service met their care staff before they started supporting them. People confirmed new staff were introduced by the provider to support continuity of care. A person said, "I've always felt safe. I always know who is coming beforehand." An on-call service was available should people experience any emergencies or if staff required support. A person said, "If I don't feel safe (on my own), I just call the on-call service which is marvellous."

Using medicines safely

- Peoples' medicines were managed safely. People's medicine support needs had been assessed, identified, recorded, and risk assessments were in place to make sure their medicines were managed safely.
- When staff administered medicines, they recorded this on MARs (medicines administration records). These records were produced and checked by the service and confirmed with people and their relatives to make sure the details were accurate.
- Care plans and risk assessments described the support people required to ensure medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.
- Records showed, and staff confirmed, they received training to administer medicines safely. Observations of staff competence were carried out six monthly, and thorough spot checks were carried out by a supervisor three monthly.
- People said they were happy with the support they received to take their medicines. A person said, "The medication has been complicated for me, but it has been a lot easier since I had blister packs delivered (arranged by Coastal Homecare) and they help make sure I get it right."

Preventing and controlling infection

- People were protected from the prevention and control of infection. Staff were provided with personal protective equipment (PPE) such as, gloves and aprons and there was information in people's care plans about the prevention of infection.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection. People and their relatives told us staff followed infection control procedures well, particularly in regard to COVID-19. A relative said, "They have been meticulous with the wearing of PPE throughout the pandemic." Another relative said, "PPE has never been an issue as they are spot on with it."
- Staff were trained in infection control and there was a policy and procedure in place which staff could access. Staff demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before and after supporting people with their personal care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's religion and ethnicity were recorded. This is important information to inform staff and to prevent the risk of discrimination. This ensured staff were made aware of people's diverse needs and could support them appropriately. A person said, "The supervisor is amazing, she assessed me, and I felt she knew her job jolly well and was incredibly thorough."
- Peoples' care was delivered in line with current guidance and the law. For example, people had been assessed with the waterlow assessment tool. These provides a score which gives staff an indication of risk for a person to develop a pressure sore. The management team planned what action to take to mitigate the risk of a person developing a sore or a plan to treat a pressure sore, involving outside professionals.
- People were assessed for all aspects of their health and support requirements to ensure their needs could be met. This included mobility, health conditions and oral health needs. Care plans were written for people, with their input, based on the assessment process which considered abilities as well as the assistance needed.

Staff support: induction, training, skills and experience

- Staff were supported in their roles by the management team. The registered manager and supervisor carried out spot checks with staff as well as formal supervisions. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed as well as considering any areas of practice or performance issues. Staff told us that they found these meetings useful. A staff member said, "[Registered manager] is always available if I want support. Personally, the management team have been so supportive."
- Staff received training relevant to their role, for example, food hygiene, first aid, communication, diabetes awareness, dignity and person-centred care, nutrition and hydration and oral health awareness. Staff told us they felt the training educated them well to safely support people and there were learning opportunities were further discussed at supervision.
- New staff completed an induction programme and were undertaking the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Without exception people and their relatives told us they were confident in staff's ability and knowledge to be able to support and care for their needs. A person said, "I would say they are well trained and skilled at what they do, and it definitely makes my life worth living having the help I need." Another person said, "I have every confidence in their skills and abilities."

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

- People received support to maintain a balanced diet and remain hydrated.
- Staff knew people's dietary requirements and preferences and helped them with meals if this was an assessed need. People's likes and dislikes were recorded in their care plans.
- People we spoke with told us they were happy with the support they received with their meal preparation. A person said, "I always have a drink and never go hungry." Another person said, "I get plenty to drink and enough to eat and it's always a pleasure." A relative said, "They deal with all [person's] food and drink and she looks healthier than she's ever been."

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

- Staff worked well with other agencies in a timely way to support people to have effective care. The service worked alongside GPs, district nurses and involved occupational therapists when required. Professional advice was updated to people's care records and followed by staff.
- People and their relatives told us staff were responsive to any change in their needs and would signpost them to contact relevant professionals or would make contact themselves on the person's behalf. A person said, "The carers are very astute and will know before I do if I am not well or something is not right." Another person said, "I feel they totally understand me and my needs and if I need a nurse or a doctor, they organise it for me straight away without delay."

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

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

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

- The service was working in line with the MCA and in accordance to the law.
- The registered manager completed MCAs and understood how to make decisions in a person's best interests when they lacked capacity. Staff had received MCA training and provided us with examples of how they promoted choice and acted in accordance with people's wishes. Not all staff demonstrated a clear knowledge of the MCA and DoLS in our discussions with them. We fed back to the registered manager staff would benefit from further training. The registered manager provided assurances this was already arranged for July 2022.
- Records showed that people were involved in decisions relating to their care and support, and their decisions were respected.
- People were consistently asked for consent by staff before any care or support was offered. A person said, "The carers always ask my permission before trying to change anything or before trying something new." Another person said, "I feel in control and they always seek my consent before attempting to do anything."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff received equality and diversity training and had access to an up to date policy. The registered manager confirmed staff demonstrated their knowledge through their observations and the feedback received from people.
- People told us they were supported by respectful and caring staff. A person said, "They are polite, kind and very caring." Another person said, "I think the carers are all extremely kind and really care. They always take the time to talk and make sure I am happy." A relative said, "They definitely treat her with kindness and dignity at all times I've witnessed." Another relative said, "They take their time and treat her like family." A social care professional said, "The customer, who was initially reluctant to have support, due to their diagnosis, has recently told me they would no longer be able to manage without their support and said they have become like my family."
- Staff were flexible in their approach to supporting people and understood people's abilities could fluctuate on a daily basis. Care plans were written to include what people could do for themselves as well as how staff could support them.

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

- People were encouraged to express their views and had full involvement in their care and support. People were given opportunities to plan and review their care. A person said, "I think they are the most decent caring human beings one could ask for. I am kept fully informed of any changes and feel that I am still in complete control of my life."
- People's care was reviewed on a regular basis; this gave people an opportunity to make changes where needed. People and staff gave examples of where visit times were adjusted to suit people. A person said, "The supervisor will review my care as and when we feel it necessary, I think, and it all runs like clockwork."
- The management team contacted people by phone on a regular basis to check they were happy with the care and support they received. A person said, "I feel I am listened to and have been since my initial assessment for care. The carers carry out all the tasks asked of them and more." Another person "A senior person will often come to oversee the carers just to check it's all going as it should be." A relative said, "The notes on the care plan are meticulous and yet readable and easy to understand." Another relative "I am kept totally informed about any changes or if anything needs to be changed for whatever reason."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. People spoke highly of the staff and the service they received. A person said, "The staff are so very thoughtful so as not to embarrass me when personal care is being done, I hardly notice as we talk, and chat and I remain with my dignity intact." A

relative said, "They will always close the door and keep his dignity before attempting to care for him."

- Staff gave examples of how they promoted people's independence and dignity whilst supporting them. A staff member told us, "Washing a person, I cover the parts not being washed yet to maintain their dignity. I check their privacy by making sure people who shouldn't be there aren't and closing the curtain. I am there to support them but if there is something they can do and are comfortable doing I encourage this. If they don't want me in the room when washing I stand outside by the door. It's about protecting the dignity, promoting their independence and respecting their choices."

- Care plans contained reminders for staff to make sure people were treated with respect and their dignity was upheld. Feedback we received from people and their relatives evidenced staff followed the plans.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 personalised care specific to their needs and preferences. People were treated as individuals and care was planned around their wishes and needs. A staff member said, "A person likes everything washed, dried and put away in a certain order. The person only lets certain staff shower her. The management team respect this and arranges this. We make a supper box for a person, who is particular about what drinks goes in what bottles which we respect."
- We asked staff what person centred care meant to them, a staff member said, "It's about what the person wants us to do, we are there to help them, but it is their own life, in their own house and it's our role to ensure they have confidence in us and trust." Another staff member said, "The individual is at the centre of a care plan. It is to be based around what they want and need." This provided assurances staff were knowledgeable is how to promote and deliver support that met people's personal needs.
- A person said, "I feel all the staff know me well who come here and who are at the end of the phone if I need them." Another person said, "I think all the staff throughout the company know me well." Another person said, "They understand me better than I understand me." A relative said, "They are not rigid to time and will always be willing to stay to finish a job. I think all the staff know us both on the ground and in the office."
- Care plans were recorded on a computer system which could be accessed by the management team to ensure the most up to date information was recorded. This was printed, and copies given to people. People, relatives and staff could also access the care records remotely to make comments and record care delivered. A staff member said, "I am pretty good, and I do know them. If it's a new person I read over and over their support plans. I go in confidently. Because this gives people reassurances." A relative said, "There is a care plan and it is detailed and effective." Another relative with consent of their loved one said, "They have a great app so I can check in and see what's been going on what she's eaten, how she is and what needs to be done."
- A social care professional said, "They are willing to discuss any matters and follow guidance and instruction when considering the customers care and support needs. They are flexible in their approach and developed a very good relationship with the customer."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to pursue their interests and hobbies, and these were detailed in people's care plans. For example, a person who had an interest in cricket was being supported to attend a live match.
- Some people had access to technology such tablets and mobile phones to keep in touch with friends,

family and communicate with the office. Some people had other assistive technology such as a 'careline alarm'. Careline is designed to help older, frail or disabled people to remain in their own homes, with the knowledge that they always have somebody to help them in an emergency.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively. Where spectacles or hearing aids were required, the care plan identified the appropriate support the person needed.
- Where required, information and documents could be provided to people to assist their understanding, such as in larger print, easy read and in their preferred language.

Improving care quality in response to complaints or concerns

- People had opportunities to feedback on the service to include complaints. People and their relatives said they were comfortable to approach the management team to raise complaints. A person said, "I have never had to complain."
- People were given a copy of the complaints procedure which detailed the timescales of responses and who to refer to if they were not satisfied with the outcome.

End of life care and support

- The service was not supporting anyone at the end of life stage at the time of inspection.
- The registered manager told us people who were nearing the end of their life would have their care needs reviewed. This would be to ensure comfort and for professionals such as palliative care nurses and GPs to be involved to prescribe medicines and additional equipment if needed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The management team promoted a positive, person-centred and inclusive culture for people. People told us they were encouraged to give feedback and opinions. A relative said, "They will always go just that little bit extra to make a difference to our day and just make us a little bit happier and cared for." Another relative said, "The morale is good, and they always seem cheery and never grumpy." Another relative said, "I think the whole team work well from the top down. I would say the service is well managed because we get the care [person] needs when he needs it without hick up."
- A social care professional said, "I have found this company to act professionally and been extremely support to the customer with all aspect of their life. They provide a monitoring role and pass any concerns on to us. They support with domestic work and taking the customer into the community to engage in activities of their choice. To GP appointments, take them shopping, to the hairdressers. That has improved the quality of life and expanded the customer's experiences which they would not have had if the company had not taken the time to engage and develop a good working relationship with them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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, management team and staff were clear about their roles and responsibilities. Where appropriate, tasks were delegated to the supervisor; such as assessing and reviewing peoples care and completing certain audits; the registered manager had oversight of the findings and these were discussed during staff supervision, team meetings and checked via quality assurance audits completed by the registered manager.
- Quality assurance processes were in place for infection control, care plans, medicines records and staff file audits. Any shortfalls identified were recorded and followed up. For example, when staff needed an appraisal, complete training or a care plan updated to reflect current needs.
- Staff spoke highly of the registered manager and told us they communicated well with them. Meetings were held and staff received regular updates regarding any changes to people or the service. A staff member said, "These are definitely useful. Any issues with are struggling with we talk about it, the manager explains what's new, policy and procedure updates, problem solves for better outcomes for our people."
- The registered manager understood their duty to be open and transparent when something went wrong. They described how they would provide an apology to all parties concerned, notify CQC, document actions taken and learn lessons from the event.

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

- People and staff were fully involved in developing the service. People and their relatives told us they received surveys to obtain their feedback about the service.
- Evaluations of the service included monthly 'client survey audits.' People and relatives were asked questions such as whether people felt safe, staff knowledge on their likes, hopes and needs. People's views on if staff were meeting their expectations. If people felt staff were skilled to carry out their role, how to make a complaint and if they had, was it resolved satisfactory. Results were positive, without any areas suggested for requiring improvement.
- Compliments which had been sent to the provider were kept on file. Comments included, 'Your amazing work is really appreciated' and 'We would like to thank you all very much for your continued care. We are truly grateful.'
- Staff told us they enjoyed working for the service. A staff member said, "For me this is the company I am staying with for good, they are really flexible, good with people and good to me." Another staff member said, "I love working for Coastal Homecare. They are very flexible with my home life as well. [Registered manager] goes above and beyond, she always is there. She puts her foot down when she needs to, but she is very approachable."

Continuous learning and improving care; Working in partnership with others

- The staff team felt well supported and valued by the registered manager and management team. The provider had a 'staff recognition scheme'. This meant staff were recognised and rewarded for their hard work, for example, 'Carer of the month'. Staff told us this inspired them and motivated them to work hard deliver and uphold the values of Coastal Homecare (Worthing). A staff member said, "We need to be trustworthy, to be caring and ensure all our people and their relatives are safe and trust us to look after them."
- During provider management meetings, involving other registered managers from the provider's other DCA locations, joint reflection on areas such as safeguarding, medication and fire safety were discussed to look at continuous learning and improvement. Best guidance practice around medicines and how NICE guidance was being met was reflected on following a CQC inspection. Following a safeguarding which had been reviewed and closed by the local authority, the provider and management team improved their quality assurance processes for checking documentation was fully completed.
- The service worked in partnership with external agencies. A variety of professionals including district nurses, community nurses, and occupational therapists had been involved to provide advice and enable staff to support people's needs.
- A social care professional said, "I have found the company to be open and honest in their work with the customer. They got to know them very well and could answer questions on all aspects of their life and if they did not know something, they would find out for me. I would feel confident working with them in future."