

Coast Care Homes Ltd

Coast Care Centre

Inspection report

154 Barnhorn Road
Bexhill-on-sea
TN39 4QL

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08 December 2022

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Ratings

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

Summary of findings

Overall summary

About the service

Coast Care Centre is a care home with nursing and accommodates up to 44 people in a purpose built home. The service provides discharge to assess accommodation for some people and is commissioned by East Sussex County Council. Some people are supported at the service for longer periods of time. The service supports adults whose primary needs are nursing although some people live with dementia. At the time of our inspection there were 37 people living at the service.

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

Risks to people had been identified however there were some risk assessments missing. Identified risks relating to medicine management, diabetes and wound management were missing in some care plans. The registered manager did take immediate steps to complete the missing assessments.

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; however, the policies and systems in the service did not support this practice. Some mental capacity assessments were not decision specific and it was not consistently clear who was involved in best interest meetings. Similarly, this was raised with the registered manager who took steps to improve these documents.

We found one care plan lacking detail about a person's care and support. This was again immediately addressed by the registered manager and we were reassured from speaking with staff that staff knew the person well and there were no immediate risks to their welfare.

The registered manager had promoted a positive culture at the service which resulted in an engaged staffing team which ensured good outcomes for people. People, relatives and staff were all given opportunities to feedback about the service and people's cultural and personal differences were respected and celebrated.

People told us they felt safe and staff were able to tell us about how they managed risk and reported concerns. We saw enough staff during the inspection to support people and medicines were administered safely. People lived in a clean environment and infection prevention and control policies were in place and put into practice. Accidents and incidents had been reported, reviewed by the managers and any learning to support people in the future was shared with staff.

People's care was provided in a person-centred way and people were supported with their communication needs. There were activities for people that could be done in a group or as one to one support. People and their relatives told us they were confident to raise issues and complaints if they needed to and had confidence that concerns would be acted on in most cases. Staff had completed training in end of life care and knew the important aspects of care and support for people at this important time.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 2 February 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that complaints against the service were recorded and investigated in line with the service policy and that the complaints process was made accessible to people and relatives. At this inspection we found that improvements had been made.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 December 2022. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment of people and the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Coast Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Coast Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Coast Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This 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 of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 10 members of staff. Staff included the registered manager, deputy manager, head of care, the chef, the maintenance lead, 2 nurses and 3 care staff. We looked at 7 care plans and documentation relating to risk. We looked at multiple medication records and documents relating to auditing and quality assurance. We also looked at 4 staff files and policies and documents relating to complaints and safeguarding. We spoke with 6 relatives and five professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure risk assessments were in place to manage diabetes or the safe management of diabetes medicines. Respect forms and do not attempt cardiopulmonary resuscitation (DNACPR) forms for some people were not accurate. Staff were not aware of best interest decisions for some people and some mental capacity assessments were inaccurate. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and managed. The front page of people's care plans had a section, 'risks to be aware of.' This provided an overview of risks specific to people and there were links from this page to risk assessments which contained detailed analysis of risks. Risks included for example falls, pressure sores and medicines. Risks assessed were scored according to likelihood of an incident and then provided details of steps for staff to avoid an incident or minimise the chance of recurrence. (See our well-led section for more about risk assessments.)
- Risks identified at our last inspection about inaccuracies with respect and do not attempt cardiopulmonary resuscitation (DNACPR) forms had been addressed and these documents, where they had been completed, accurately reflected people's wishes. (See our well-led section for more about mental capacity assessments.)
- We found one suction machine that was not ready for immediate use that was kept in a part of the service where people living with percutaneous endoscopic gastric (PEG) tubes. This was brought to the immediate attention of the registered manager who took steps to replace the machine.
- Care plans contained personal emergency evacuation plans (PEEPs) which gave details of the support people would need in the event of an emergency. Copies of PEEPs were also kept in the reception area for easy access.
- The service had a fire safety certificate and fire equipment had been regularly tested including fire alarms and emergency lighting. Safety certificates for electricity, gas and legionella were current. A dedicated member of staff was responsible for service maintenance issues and a daily record was kept of completed jobs.

Using medicines safely

At the last inspection the provider had failed to comply with their policy relating to refusals of medicines

including insulin. GP's had not been consulted for reviews and not everyone had 'as required' (PRN) medicines in place. There was no measure of the effectiveness of pain relief. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were administered safely. Administration was recorded on medicine administration records (MAR) and included, next to each medicine administered, the date, time and name of the staff member and the quantity of medicines provided. Medicines were administered by trained staff, training records confirmed staff training was up to date and regular competency checks were in place.
- Medicines were stored and disposed of safely. Medicines including those requiring special storage were kept securely and each person's medicines were clearly marked and easily accessible. The temperatures in medicine rooms were monitored each day and one room was consistently higher than recommended. This was brought to the attention of the registered manager who took steps to resolve the issue.
- There were separate protocols in place for people requiring PRN medicines for example, pain relief. PRN medicines were clearly marked on MAR charts and staff were able to tell us the correct procedure to follow when people requested PRN medicines.
- Some people received medicines covertly. Protocols were in place for each person and best interest meetings and decisions were documented within medicine care plans. Relatives, GP's and pharmacists had been involved in making decisions in people's best interests.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. A person said, "Oh yes, I feel safe." Another added, "Things are well organised, I feel safe." Comments from relatives included, "He's safe, feels very at home," "Very safe there" and "I think he's very safe, he loves the staff."
- Staff had completed safeguarding training and were able to describe different situations that might occur that would amount to safeguarding and then the steps they would take to protect people. A staff member told us, "I'd take a picture if it involved an injury and of course they consented. I'd report it to the nurse or take it to the manager or CQC if I needed to."
- Staff were aware of whistleblowing and told us they were confident to raise concerns this way if necessary. Whistleblowing allows staff to report concerns while protecting their anonymity.
- The registered manager had forged positive links with the local authority and was able to discuss concerns and issues and seek advice if needed from other professionals.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- We were shown mental capacity assessments for people that were decision specific, for example, decisions relating to consenting to care provision and medicines. People were supported through best interest decisions made in consultation with family members, staff and other professionals where necessary. However, there were some assessments missing. (See our well-led section for more about mental capacity assessments.)
- Some people living at the service lived with dementia and had varying levels of capacity. Staff had completed training in dementia awareness and understood how to support people and the importance of gaining consent. Staff told us that they would encourage everyone to make daily decisions for example, about what clothes to wear or what food and drinks they wanted.
- Care plans contained details of where lasting powers of attorney were in place, details of who to contact if decisions needed to be made relating to care and support and details of advocates for people who did not have support available from relatives.

Staffing and recruitment

- The registered manager told us that they regularly 'over staffed' the service. This was in part due to the nature of the service which accommodated people on the discharge to assess (DTA) pathway from hospital which meant there was sometimes a quick turnover of people at the service. People who fell into this category were often at the service for only a few weeks before returning home. During the inspection we saw enough staff on duty to support people and staff rotas confirmed this was always the case.
- Staff had been recruited safely. Staff files each contained correct documentation confirming that all recruitment safety checks had been followed. Documents included photographic identification, references, relevant qualifications and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The registered manager had complied with the government guidelines relating to visitors to the service throughout the recent pandemic. A relative told us, "They keep me in the loop with any changes to visiting."

Learning lessons when things go wrong

- Accidents and incidents had been reported and recorded. Records were kept together for auditing and individual copies were attached to people's files. Reports described what had happened, assessed any ongoing risks and showed that relatives or loved ones had been informed. Advice from professionals for example, the falls team, district nurses or GP's had been sought where appropriate.
- Regular auditing had taken place each month, overseen by the registered manager. Most of the recorded incidents related to falls. Auditing involved an analysis of location and time of people's falls. From this

information the most likely time and location of a recurrence could be identified and steps then taken to attempt to minimise recurrence. All of this information and any learning from incidents were shared with all staff.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection we made a recommendation that the provider considered current guidance and that complaints were recorded in line with their service policy and that the policy was accessible to people. At this inspection improvements had been made.

- Complaints about the service had been recorded in line with their service policy. We were shown a complaints file which contained all complaints made about the service in the past 12 months. These included minor as well as more serious complaints. Each entry had details recorded of the issue, dates, times and those involved. Each had an 'immediate action taken' section which had been completed appropriately. There was also an outcome section recorded how each complaint was concluded.
- People who raised complaints were kept informed of any investigations and outcomes. People and relatives told us they were confident in the service complaints system and they knew what steps to take if they needed to raise an issue. A person told us, "I'd talk to the managers, but I've never had a problem." Another said, "I have raised a couple of issues which are still ongoing." A relative added, "I would go to (registered manager). I've had to a couple of times and things do get sorted."
- A complaints policy was in place and was accessible to both people and relatives.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. End of life care and support

- Care plans were held and updated on a computer programme and were person centred. Every front page had a photograph of the person and a clear summary of their care and support needs. A timeline of the front page showed all staff interactions, medicines, activities and visits people had had or were scheduled for each day.
- Each care plan began with a section, 'how best to support me.' Details were then provided about what people could achieve themselves and what level of support they needed with somethings. Promoting people's independence was at the forefront of these documents.
- Staff knew people well. Staff told us they had time to read care plans and to familiarise themselves with new people who had arrived at the service. A staff member said, "It depends on the shift but we are always given time by supervisors to get to know new residents and to see what has happened since the last time we were on duty."
- A relative told us, "The staff go over and above. (Relative) is a quiet, private person but they have got to know what they like. He enjoys them just sitting with him watching sport, he likes the company and they know that."
- Staff had received end of life training and were able to tell us about the important aspects of supporting

people towards the end of their lives. A staff member said, "Respect and dignity are really important. Some like to listen to music. Keeping fluids up and good oral care is important too."

- Care plans had an end of life section and people were given the opportunity with their families to discuss advance decisions about their care and support if they wanted to.

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.

- Some people needed support with communication due either to sensory loss and or due to the effects of living with dementia. Staff were aware of who needed this additional support and were able to tell us how they spoke slowly and clearly and took time with people to make sure conversations were understood.
- The registered manager told us the service had access to communication aids if needed, for example, pictorial representations of food and activities on flash cards that people could point to and also the use of writing materials.
- Care plans had a communication section which gave details of people's preferred means of communication. Most people could communicate verbally but care plans gave details of other support sometimes needed.

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. End of life care and support

- The service had a full time activities co-ordinator and most people told us that they had things to do if they wanted. There were enough staff available each shift to enable them to spend time with people doing activities or simply talking with people about their interests.
- Some people chose to spend most of their time in their bedrooms. People were able to personalise their rooms with photographs and items that were important to them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At the last inspection the provider had failed to ensure robust auditing processes were in place which had resulted in a lack of detail in care plans which did not consistently reflect people's needs being missed. There were inconsistencies in records of fluids provided and consumed by people and there was a lack of analysis about the causes of accidents and incidents. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, there were some areas that still required some improvement.

- Although risks had been identified for people, not all risks had been documented or had thorough risk assessments in place. The provider's auditing processes had not identified this. We identified risks relating to management of medicines, diabetes and wound management. We highlighted these gaps to the registered manager who took immediate steps to complete the missing assessments.
- Documents were not always accurate. For example, not all mental capacity assessments were decision specific. One mental capacity assessment showed the decision was recorded as 'care and treatment.' It was not always clear who was involved in best interest decisions with no record of the person, their relatives or advocate or professionals being involved in the decisions. Again, this was highlighted to the registered manager who took steps to reassess the person's capacity and then improve these documents.
- One care plan contained very little detail about the person. We were told by the registered manager that they had capacity but they did not want written records being kept about them. We spoke with the registered manager who acknowledged there were gaps and that not all details of the person's care and support needs had been recorded. However, we were assured from speaking with staff that they knew the person well and there were no safety risks associated with their current care.

These records and the oversight by the registered manager were areas that required improvement.

- Auditing processes had improved from the last inspection. Despite the gaps identified there was now a process in place of monthly auditing of systems and processes at the service.
- Care plans now contained accurate fluid intake charts where required. The analysis of the causes of

accidents and incidents especially in relation to falls and wound management had improved although processes still needed time to fully embed.

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

- A positive culture existed at the service promoted by the registered manager. It was clear that people knew the registered manager well and that they were a visible presence at the service. People spoke well of the registered manager comments included, "Very good indeed" and "I can talk to the manager but I don't have any issues."
- Similarly, relatives told us the registered manager was approachable and listened to any issues or concerns they raised. A relative said, "The manager is good, as far as I can see it's well run." Another told us, "I've had a few dealings and he's fine." Another added, "He really cares about his business, it's a lovely place to go into."
- Staff told us they were supported by the registered manager and they could approach them or any manager or team leader for advice and support at any time. A staff member told us, "I feel comfortable, they're nothing but lovely."
- The front pages of care plans contained a timeline of daily events and support given to people. These documents were person centred and reflected, where appropriate, any changes to people's, needs or daily moods which enabled staff coming on shift to see immediately how people were each day and if any additional support were required.

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 was aware of their responsibilities under the duty of candour. Certain events that happen at services are legally reportable to the local authority and CQC. This legal obligation had been. We were shown documents confirming the registered manager was in regular contact with the local authority for advice and support when needed.
- The registered manager was open and honest with us throughout the inspection and when we raised any issues or concerns they took immediate steps to investigate and if needed change processes and introduce missing documentation.
- The most recent CQC inspection report was located close to the entrance to the service and was accessible to everyone.

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

- Everyone we spoke with told us they were given opportunities to provide feedback about the service. A person told us, "There is a survey, but I can speak to staff whenever I want." A relative said, "I've not had a questionnaire yet, but I do have regular meetings and I can raise things if I need to and feedback."
- There were six monthly surveys carried out for residents and staff. The most recent resident survey was largely positive in its responses to questions asked and issues and suggestions raised had been acknowledged by the registered manager and where appropriate action taken. Similarly, the most recent staff survey showed positive responses from staff. Issues raised by staff had also been highlighted and acted on. For example, improving internal communications, ensuring bedrooms had enough toiletries and concerns about an uneven surface in the garden. Actions had been taken to improve all of these issues.
- There was a meeting structure in place which included all staff meetings. Minutes were taken and circulated to staff unable to attend. Staff also told us they could feedback during supervision meetings. A staff member said, "They are good and can raise issues or concerns. Will always get an email back from managers."

- People's cultural and personal differences were acknowledged and supported. Staff told us they felt the service promoted equality and diversity and that people could discuss issues that were important to them. This was reflected in care plans. We were told by the registered manager that the activities co-ordinator had arranged for faith leaders to come into the home at different times of the week to support and spend time with people.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continually improving the service. Business and contingency plans were in place and were under regular review.
- The registered manager kept themselves up to date with changes and developments in health and adult social care. Bulletins from CQC, the local authority and the UK Health Security Agency were regularly reviewed with any key updates or messages being shared with all staff. The registered manager had notified CQC of events that had affected the service.
- Positive working relationship had been established between the service and other health and social care professionals. Comments from professionals with links to the service included, "The communication is outstanding"; "(Registered manager) will always provide feedback to us whether they can accept a placement or not, this is extremely helpful" and "Coast Care staff have been proactive and very helpful. Information requested has been provided and requests have been dealt with sensitively and speedily."