Coast Care Homes Ltd

Coast Home Care (Whitebriars)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Coast Home Care (Whitebriars) on the 9 and 10 January 2017. This was an unannounced inspection

Coast Home Care (Whitebriars) combines a care home, known as Whitebriars and a Domiciliary Care Agency (DCA) known as Coast Home Care. The care home provides care and support for up to 26 older people some who are living with a dementia type illness or memory loss. People can also stay for short periods of time on respite (temporary) care. The staff team also supported three people who occasionally came for day care support. At the time of this inspection 21 people were living at the home.

The DCA provides home care services to people within the local area. Some need support with domestic arrangements. Most are living with some degree of memory loss and need a range of support with personal care. Visits range in number and time to suit individual need. At the time of the inspection, the DCA supported 41 people which included 20 people who received support with personal care. The DCA is run from a separate office within the care home with a separate staffing group.

We carried out an unannounced inspection on 03 and 10 December 2014 of both services where we found improvements were required in relation to the management of medicines in the care home. We received an action plan from the provider and returned to carry out a further inspection on 9 and 11 September 2015. At that inspection although some improvements had been made we also found that improvements were required in relation to risk management and record keeping. The provider sent us an action plan and told us they would address these issues by November 2015. We carried out an inspection of both the care home and DCA on 22, 25 and 26 April 2016 to check that the provider had made improvements and to confirm that legal requirements had been met. We found that the improvements had not been sustained and there were continued breaches of regulation. We took appropriate enforcement action at this time. We received an action plan from the provider that told us they would meet the breaches of regulation by December 2016.

This unannounced comprehensive inspection on the 9 and 10 January 2017 found that whilst there were areas still to embed in to everyday practice, there had been significant progress made and that they had met the breaches of regulation previously in breach.

Following the resignation of the registered manager, the provider had appointed a manager for both the care home and DCA. We received confirmation that the appointed managers had started the process to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Care plans reflected people's assessed level of care needs and were based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing problems and risk of choking and moving and handling. For example, cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. There were systems in place for the management of medicines and people received their medicines in a safe way.

People were encouraged and supported to eat and drink well. One person said, "Tasty and there's always a choice." There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed. Food and fluid charts were completed and showed people were supported to have a varied and nutritious diet.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided five days a week and were in line with people's preferences and interests. People enjoyed the activities and there was a lively and fulfilling atmosphere in the communal areas.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new staff, nurses and care staff, to ensure there was a sufficient number with the right skills when people moved into the home. The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs.

All staff had attended safeguarding training and demonstrated a clear understanding of abuse. They said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty

Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the manager was always available and, they would be happy to talk to them if they had any concerns.

Coast Home Care

People told us that they found the management team and organisation "Helpful, organised and knowledgeable." One person told us, "Always polite and approachable." Another said, "Always find a solution, nothing is too much trouble." People told us they were happy to recommend the DCA to others.

Since our last inspection there have been changes to the management structure and the appointed manager was in the process of registering with the CQC. There had been a decision made to separate the care home and DCA and the provider was in the process of submitting applications for registering them separately.

At the last inspection there were shortfalls in the systems for auditing the service provision. This inspection found significant improvement in the quality assurance systems. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were on-going such as care documentation.

Systems for documenting calls received in the office have been improved and each person has their own dedicated pages and this provided a clear audit trail for each person. This made it easier for staff to locate pertinent information.

People told us they were regularly consulted about their care and support. One person told us, "They always ask me if I'm happy with the support I get, I am, wouldn't change a thing."

Staff felt well supported. All of the care staff spoke of the DCA being a good company to work for with positive team work and good communication. They said they could call the DCA at any time for support if needed.

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

Coast Home Care (Whitebriars) was safe. However whilst meeting the legal requirements that were previously in breach, time was needed to ensure practices were embedded and therefore is 'requires improvement' in this question area.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Is the service effective?

Good

Coast Home Care (Whitebriars) was effective and were meeting the legal requirements that were previously in breach.

Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

Coast home Care (Whitebriars) was caring.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good

Coast Home Care (Whitebriars) was responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and outings was available should people wish to participate. The activities provided were enjoyed by people.

Is the service well-led?

Requires Improvement

Coast Home Care (Whitebriars) was well-led. However whilst meeting the legal requirements that were previously in breach, time was needed to ensure practices were embedded and therefore is 'requires improvement' in this question area.

There was a new management structure in place.

Quality assurance systems were in place and the organisation was continuously looking at ways to improve processes.

The home had a vision and values statement and staff were committed to improvement.

People spoke positively of the care. People and visitors had an

awareness of changes of management and felt that the new management team were approachable.

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 inspection took place on the 09 and 10 January 2017 and was unannounced to the care home (Whitebriars) and announced to the Domiciliary Care Agency (Coast Home Care).

The inspection team consisted of one inspector for the inspection of Whitebriars and an inspector and an expert by experience for the inspection of Coast Home Care. The expert by experience had personal experience of caring for someone who received home care and undertook telephone calls to gain the feedback of people who used the service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people. We looked at the action plan supplied by the provider and the staffing rotas, management cover and risk assessments that we received weekly from the provider.

We observed care in the communal areas and over the four floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including eight people's care records, five staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used

the Short Observational Framework for Inspection (SOFI) over lunch in the dining room. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Whitebriars

At our last inspection in April 2016, the provider had not taken appropriate steps to ensure that the management of medicines was safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by December 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Whitebriars. One person told us, I'm really happy and very settled here and I feel safe." Another person said, "The staff make sure I'm safe and look after me very well." Relatives said, "The staff make sure people have a bell near them to call for help and there are always staff around." Another relative told us their family member was safe and settled and they did not worry about their safety. Staff expressed a strong commitment to providing care in a safe and secure environment.

Appropriate steps had been taken to ensure people were kept safe. Medicine records showed each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. Records confirmed medicines were received, disposed of, and given to people correctly. People confirmed they received their medicines on time. One person told us, "I get all my medicines when I need them." There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. People's medicines were securely stored in a clinical room and they were given out by senior care staff who had received appropriate training. We observed two separate medicine times and saw they were given safely and that staff signed the medicine administration records appropriately.The clinical room had been moved to the ground floor and the room fittings and fixtures were completed during the inspection. All medicines were stored correctly and at the correct temperature. Medicine audits were being undertaken weekly to drive improvement in medicine management. The manager was introducing a daily audit to further improve the system as MAR charts had not been fully completed, and gaps were still being identified. The gaps seemed to be in the early morning and the manager planned that a senior staff member would start their day shift earlier to administer medicines. The provider was aware some areas still needed to be embedded into everyday practice and therefore the audits were supporting this. There was a clear audit trail that defined what action was taken following medicine retraining and competency tests. This would assist staff in following best practice and signing once they were sure medicines had been taken.

Skin cream applications were recorded in a consistent way. There were body map charts with clear instructions about where to apply creams and how often. People also told us that they received their medicines as prescribed and in a manner that they wanted them. There were no people receiving covert medicines but there was a policy and procedure in place should this be required.

People's risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, challenging behaviour, nutritional risks including the risk of choking and moving and handling. The files also highlighted health risks such as diabetes. Where risks were identified there were measures in place to reduce these as far as possible. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments were transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. We saw that staff weighed certain people who were identified at risk weekly and two weekly and updated the GP regularly. The latest review for one person had recorded that the risk was reduced but staff were to continue monitoring and offering snacks.

Risk assessments and care plans directed staff to monitor people's fluid intake when it had been identified that the person was at risk from dehydration. Records were kept and added up to provide the total amount of fluid taken. Handover information identified those people who needed encouragement or referral to the GP. This ensured the risk of dehydration was mitigated.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the home's Mental Capacity Policy that was recently updated to reflect the changes to the Mental Health Act.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training, they demonstrated an understanding of different types of abuse and described what action they would take if they had any concerns. Staff had read the whistleblowing policy; they stated they would report any concerns to senior staff on duty and the registered manager and they were confident that their concerns would be dealt with. Staff were also aware that they could inform the local authority or CQC and the contact details for the relevant bodies were available in the office. People, relatives and staff said they had not seen anything they were concerned about. Relatives told us of resident and family meetings and an open door policy that enabled them to raise any concerns with the registered manager or senior staff at any time.

There was a system to record accidents/incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included action taken to prevent a further accident, such as increased checks and a sensor mat. Audits were carried out for the accident/incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with local safeguarding policies.

All areas of the premises were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Clean and tidy." Visitors told us, "No odours always clean, and tidy."

All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and

the assistance required in the event of an emergency evacuation. There were regular fire safety checks in place. Fire drills were held every six months.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

There were enough staff on duty each day to cover care delivery, cooking, social activities, maintenance and management tasks. The manager was not included in the staffing numbers but worked alongside staff if required. The manager said "We monitor the staffing level closely because at times people can be unsteady, poorly and need extra time." An activity co-ordinator worked from 9am until 4pm each day through the week. Within the care plans there was a dependency tool in place to assist in calculating the numbers of staff needed on each shift.

People told us there was always sufficient staff on duty to meet their needs. One person told us, "Always staff available when I need them." Another said, "I haven't ever had to wait for anything." A visitor told us, "I think the staffing numbers are good, my relative is well looked after, wonderful."

The rota showed where alternative cover arrangements had been made for staff absences. An out of hour's on-call senior cover was in place. This is spread out between the senior staff. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom.

Coast Home Care

People told us that the staff were supportive and gave them safe care. One person said, "I fully trust the staff, they always check I'm safe before leaving, they make sure the front door is closed, makes me feel safe." A relative said, "I trust them completely."

At the last inspection the provider had not ensured that employment processes were safe and this was a breach of Regulation 19 HSCA RA Regulations 2014. At this inspection staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the agency. Staff files included a range of documentation including a recent photograph, written references and evidence that a Disclosure and Barring System (police) check had been carried out to ensure people were safe to work in the care sector. Employment histories were explored.

The induction process had been reviewed and was now over a two week period and included shadow visits.

The procedures for accepting a new care package included a visit to the persons' home, where a robust risk assessment was carried out to assess if any action needed to be taken to ensure people's and staff safety. If staff were to use moving and handling equipment the agency ensured that this had been serviced regularly and was fit for use. Staff also told us that they checked chairs and kitchen equipment to ensure there were no risks apparent. Staff told us that if there were any changes or new risks they contacted the care co-ordinators to ensure this was added to the person's care plan. For example, if a person appeared confused,

they would immediately inform the office and involve the G.P and family.

The DCA had safe arrangements for the handling of medicines. All staff received training on the subject and were assessed as competent to give medicines before they could carry out this task independently.

The DCA had enough staff employed at present to cover scheduled visits. The appointed manager co-ordinated all visits from the office and responded to any contact from people or staff that meant staffing needed to be re-organised. For example, if staff were delayed on route. Staff told us that the manager planned visits and ensured that there was sufficient time between visits so there was less risk of being late. People told us that the staff were normally punctual and never rushed them. There were clear on call arrangements for outside of normal working hours and weekends.

People were protected against the risks of harm and abuse because staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. When an incident or accident occurred staff completed a form which described the incident and how it had been resolved. Records relating to incidents had been documented well and where appropriate, matters had been reported to the local authority for further advice and support.

Good

Is the service effective?

Our findings

Whitebriars

At our last inspection on 22, 24 and 25 April 2016 we found that where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements. This was breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by December 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, "Good staff, always check I'm okay and the food is really good." and "I see the doctor, optician and dentist." People felt very confident with the home's staff. Visitors said, "The food is good, plenty of cakes and fresh fruit is offered," and "They seem to be well trained and knowledgeable."

At our last inspection staff were not always working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection improvements to care documents had been made. The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. The reference to people's mental capacity was recorded and included the steps of how it was reached. Peoples' mental capacity was reviewed regularly to ensure that decisions made were still valid and in their best interest.

Staff had attended training in Deprivation of Liberty Safeguards (DoLS), which is part of the MCA framework. The purpose of DoLS is to ensure people, in this case, living in a care home are only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interest of the person, and has been agreed by relatives, health and social care professionals and there is no other way of safely supporting them.

Staff received ongoing training and support, which included a mixture of online training and attendance at external training courses. Staff received fundamental training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed an NVQ 2. We all complete mandatory training, really good training lots of it." The appointed manager told us of the "Dementia Journey" training programme with three levels, bronze, silver and gold and that all staff had been offered the opportunity to complete these levels. Staff applied their training whilst delivering care and support. People were supported safely, received assistance with eating and drinking and all undertaken in a respectful and professional manner. Staff also

showed that they understood how to assist people who were living with dementia and demonstrating some behaviours that were challenging. We saw staff dealing with someone who was distressed and staff supported them with skill and patience. Their visitor said, "They know exactly how to approach my relative and soothe them."

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The manager said, "Supervision is really important as it gives staff the opportunity to share their thoughts and request training that helps their role." Staff told us that they felt supported and enjoyed the training they received. Comments included, "Good training and the manager will work alongside us on the floor if we need support."

Staff appraisals were last completed in December. Records for supervision showed that staff received regular supervision. A staff member told us that they felt well supported and could ask any staff member for support if they needed it. They said it was an opportunity to ask questions and seek guidance on anything they were unsure about.

People were supported to have enough to eat and drink and had a pleasant dining experience. We observed the mid-day meal service. Staff asked people if they were ready for lunch and where would they like to eat. Most chose to eat in the dining room at dining tables or at a table in the lounge. People chose where they sat, some sat with their friends and the meal was seen as a social occasion. Staff set the dining tables for lunch with glasses, condiments, and napkins. People told us they looked forward to their meals. Comments included, "The food is tasty." Most people we spoke with knew what the lunch was. One person commented, "We can have what we like really." We saw that people had various meals on the day of our inspection which demonstrated that people received the food they wanted and had chosen. One person showed us the menu and told us how they made their choices. One person said, "I'm picky but they know that." One person was supported with their meal in their bedroom by a staff member who sat next to them and assisted in a dignified manner and at a pace that suited them. Staff monitored peoples appetite discretely and prompted when necessary.

People's weight was regularly monitored and documented in their care plan. The registered manager said, "The cook and staff talk daily about people's requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them." The staff we spoke with understood people's dietary requirements.

The food looked appetising and was well presented, and people were seen to enjoy their meals. The atmosphere was pleasant in the dining areas. We were told snacks were available during the evening and night if someone felt hungry. Fresh fruit was available as were a variety of cold and hot beverages.

Coast Home Care

People told us that the care staff were knowledgeable and skilled in their roles. One person told us, "They seem to know exactly what to do and if they don't know the answer they ring the office." Another person said, "Very good at their job."

People's nutritional and hydration needs were assessed and when risks were identified these were reflected within people's care plans. If problems were identified these were raised with the acting manager to address with relevant family or health and social care professionals. For example, if there was a concern about a person's poor appetite and staff would record it on a document in the persons' home and inform the office and highlight to the people involved in the persons' care.

The care agency staff had the same training opportunities as the care home. Records confirmed that staff had attended essential training and staff had the opportunity to develop their knowledge and skills. Records showed that the majority of staff had attended training on dementia. A training newsletter was distributed to staff on a regular basis highlighting all the training available to them.

Supervision and appraisals systems had been established and used in the same way as the Care Home. The appointed manager provided a supervision programme that confirmed that staff supervisions were up to date for all staff. All of the care staff spoke of the agency being a good company to work for with positive team work and good communication. They said they could call the agency at any time for support if needed.

Staff had received training on the MCA and DoLS and demonstrated a working knowledge of both. Staff told us that they always asked people's consent before providing support. A staff member told us, "We always ask permission to enter the person's home and ensure that we get their consent, if there is a problem we give them some space and then retry."

People's health care needs were monitored. Staff contacted the agency to report any changes in people's health needs. The manager said, "Staff are really good at noticing changes, and reporting them back to us for advice." A family member said, "I appreciate the agency because they are polite, caring and knowledgeable, they inform us immediately if a problem with my relatives health is noticed."

Good

Is the service caring?

Our findings

Whitebriars

People were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received. One person said, "Such lovely staff and I feel it's my home," and another person said, "Every staff member is kind and respectful and I have friends here." A visitor said, "Very kind, friendly and homely." Our observations confirmed that staff were caring in their attitude to the people they supported.

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "We love to laugh." Another said, "Very lively."

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support.

People told us they felt listened to. One person told us they wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the staff would always listen to their point of view and explain if things could not be done. The appointed manager told us, "We support people to do what they want, if it's not possible we look at alternatives." We saw staff ask and involve people in their everyday choices, this included offering beverages, activities, seating arrangements and meals.

People's individual preferences and differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. The appointed manager told us they involved people in the décor changes and in the running of the home.

Staff told us how they assisted people to remain independent, they said, "We encourage people to be independent and mobile." We saw staff encouraging people to walk and with eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. We saw staff ensure that people's modesty was protected when assisting them in personal care in communal areas. This was done with great care and the staff members talked to them quietly, telling them what was happening. Staff made sure that their dignity was maintained at all times. All staff had received training in

promoting dignity and there are plans to develop roles for a dignity champion.

People received care in a kind and caring manner. Staff spent time with people who had decided to spend their time in their room. There was always a member of staff in the lounge and dining areas. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Visitors confirmed that they were involved in discussions about care plans and changes to the care delivery. One visitor said, "So caring not just to my loved one but to me as well." Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded."

Care records were stored securely in a lockable office where it was easy for staff to access them. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this. This included text messages between the office and staff.
The registered manager told us, "There are no restrictions on visitors." Visitors told us, "We can visit any time, no problems."

Coast Home Care

People gave positive feedback about the caring nature of staff. Comments included "Nothing is too much trouble," "A really good bunch" and "I am very lucky, lovely staff." A relative told us, "I can relax and not worry; all the staff we have met have been excellent."

The agency matched staff to people's needs. For example, their age and gender preferences were upheld. The appointed manager told us that this was always considered and discussed at reviews. He said, "If the matching wasn't working then changes would be made."

Staff gave us examples of how they ensured that people's privacy and dignity was maintained and of how they promoted independence. A staff member told us, "Remembering we are visitors in their home," and "I always ensure the curtains are drawn and the doors closed." Another staff member said, "It's important to give them time to do it and not rush them by doing up buttons." One relative said "It's the motivation they give my relative, they encourage them to do as much as possible."

Good

Is the service responsive?

Our findings

Whitebriars.

People were happy with the standard of care provided and that it met their individual needs. One person told us "They keep an eye on my health, get me the right care." Another person said, "I am very well looked after, they listen and I am very happy with the care." We were also told "Its lively, there are visits out and something is always going on."

There was an activity programme on the notice board. This showed that a range of activities were provided throughout the week. A regular visitor said, "The activity person is amazing, the enthusiasm and energy is lovely to watch. There were minibus outings organised each week and people could choose if they wished to go out. On the day of the inspection, there was a quiz and musical session which also led to people dancing together and was really enjoyed by all who attended. The activity supported and encouraged people to join in. In the afternoon, people were supported to make flower arrangements. The programme also showed a movie day, sensory games, quizzes, crafts, bingo, musical bingo and reminiscence. Musical entertainment was provided by external entertainers and there was a monthly reflexology session that people could choose to join. We were told that everyone was given the choice to take part in activities. The activity coordinator spent one to one time with people who chose not to participate in the structured activities. The activity person was exploring the use of sensory equipment and had also purchased some large skittles. It was evident the activity person had empathy and knowledge of the people at Whitebriars and the pleasure that people displayed during the two activities was heart-warming to see. The manager discussed that the old clinical room may be used as a sensory room in the future.

There was a complaints policy that was displayed in the entrance lobby. People told us they would feel comfortable raising concerns if they needed to. All complaints were recorded, investigated and had the outcome recorded. All had been responded to as in line with the organisational policies. Staff had received compliments and these were shared with all the staff.

Staff undertook care that was suited to people's individual needs and preferences. People's needs had been assessed before they moved into the home and staff had reviewed this information and updated it with the help of relatives, friends and representatives. The care delivery was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and we adapt their care accordingly with help from family, friends and our staff."

Each care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. One person who lived with diabetes had guidance within their care plan of how to respond if their normal blood sugar varied and what action to take. For example, if their blood sugar was lower than their normal range, staff were to give a glass of milk or a biscuit and to retake their blood sugar. This meant that care delivery was responsive to people's individual needs.

Staff had a good understanding of the support people needed and this and important information about people's lives had been recorded in their support plans. Assessments were carried out and from this a more detailed support plan was drawn up. The support plans provided information for staff about how to deliver care. Guidance was provided in relation to how people should be supported with moving around the home, nutrition and how they took their medicines. Where people had a specific condition there was advice and guidance on how to support the person. For example, in relation to the management of diabetes there was information about diabetes and what to do if the person's blood sugar was too high or too low. There was information about how people communicated. People were supported to move around the home in line with advice in their care plans. Support plans were reviewed regularly or when people's needs had changed.

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People said they received the care in a way they wanted and it was tailor made to meet their needs. People told us they knew how to raise complaints or concerns. For example," I would just ring the office number, someone will always pick up the phone and deal with anything."

Following the initial assessment, a support plan was drawn up with a task list that staff. When changes were made to the support provided these were added or removed from the sheet. In addition to the task sheet, staff completed daily records to record the support provided, how the person had been and any information that they considered necessary to pass on to the next staff member.

People told us they felt their views on their care were taken into account and their wishes for care recorded. An initial needs assessment was carried out to establish if the agency could meet the person's needs. Attention was given to ensuring that the agency could meet the person's needs and their individual preferences. For example, one person told us, "I struggle with new faces and the agency ensure that I get staff I know."

People were given a weekly rota with staff names confirmed. If the usual care staff member was not at work, the manager would ring the person to inform them of who would be covering.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 22, 24 and 25 April 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were put at risk because systems for monitoring quality were not always effective and records were not accurate.

The Provider submitted an action plan detailing how they would meet their legal requirements by December 2016. At this inspection Regulation 17 was met, however there was still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

There had been a change to the management structure since our last inspection. The registered manager had resigned and the provider had appointed two managers. This was so the care home and DCA were run separately. Further plans include separating the services. The appointed managers whilst not yet registered, had started the process to register with the CQC.

Whitebriars

At the last inspection there was a lack of oversight and leadership from the registered manager. At this inspection significant progress had been made. Both the appointed managers were enthusiastic and knowledgeable of what was happening within the home and the agency.

All staff had received a copy of their role and responsibilities and they demonstrated a sound knowledge of them. Communication between staff had improved and was open and transparent. One staff member said communication was good from the management team and they felt valued. Another staff member told us "Communication and management has really improved and everyone is working together."

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were on-going such as care documentation. The manager said it was an area that they wanted to continuously improve. All care plans were up to date and reflective of people's needs. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned. Such as laundry service and menu choices.

We looked at medicine audits which showed that medicine errors had decreased. The manager was introducing a daily audit to further improve the system as MAR charts had not been fully completed, and gaps were still being identified. The gaps seemed to be in the early morning and the manager planned that a senior staff member would start their day shift earlier to administer medicines. The manager told us night staff were not as alert at the end of shift. This demonstrated the manager had analysed the audits and was in the process of taking action to reduce the risk of a reoccurrence. The manager said this would be

monitored for effectiveness.

The procedures for monitoring accidents and incidents had improved. A monthly check was carried out to review accidents and incidents and to check if appropriate actions had been taken as a result. This included an in-depth analysis of trends, themes and frequency. The actions taken were recorded and monitored for effectiveness. Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were being improved following review.

The manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

The manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of menus. People told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions. All staff listen."

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue about the kitchen and serving lunch. They said; "I felt listened to, and valued."

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People were happy with the management and organisation. One person told us, "Polite, helpful and approachable." Another said, "Always find a solution, nothing is too much trouble." We were told by three people that they had the opportunity to discuss their care and were aware of the care plan. One person said, "I've had questionnaires and a visit." Most people were happy to recommend the agency to others.

At the time of our last inspection there was a registered manager in place. Following the inspection a new manager was appointed. The acting manager told us that they were line managed by the provider. The manager said they had no cross over and were totally separate to the care home which has improved communication.

The systems for auditing service provision had significantly improved. Service audits were undertaken monthly, bi monthly or six monthly. Medicine audits were conducted and evidenced improvements in the recording of medicine changes.

As with the care home there were a range of policies in place and they were reviewed annually. The policies were generic documents and had been adapted to reflect the specific needs of the DCA.

The views of relatives and people who used the DCA were sought through annual satisfaction surveys. The last surveys showed positive comments were received as a result along with some minor suggestions for improvements. For example, ensuring last minute changes to staff were shared as soon as possible.

A log book was used to record any phone calls received to the DCA. This has been refined and each person has their own page and it is now easier to see at a glance, what individual people had been in contact for, any G.P directives and family communication.

When staff highlighted any concerns or changes, these were then emailed or texted to staff so that they were instantly made aware of the changes to care practices. The care plan in a person's home reflected the up to date care given. We were told that care staff texted the office if they needed new equipment or protective clothing such as gloves and aprons.

Staff were proud of their DCA and of the person centred approach they were able to give. One staff member said, "Because we are a small agency we can give that extra special service."

Regular staff meetings were held throughout 2016. Staff felt the meetings were helpful and that they were used to discuss any news from the organisation such as new policies, new staff and people. Staff felt they were able to contribute and share their ideas.