Coast Care Homes Ltd

# Coast Home Care (Whitebriars)

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Inadequate |

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

# Summary of findings

## Overall summary

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 stay for short periods on respite care or can choose to live at the home. The home also supported three people who occasionally came for day care support. At the time of this inspection 20 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 09 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 this inspection of both the care home and DCA on 22, 25 and 26 April 2016 to check the provider had made improvements and to confirm that legal requirements had been met. Our inspection was unannounced to the care home and announced to the DCA.

The home and the DCA had a combined registered manager. 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. An acting manager had been appointed to manage the DCA and they told us that it was their intention to register as manager for the DCA.

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

Whitebriars

There was a lack of leadership and oversight of the home. Attempts had been made to improve auditing but this was done by four separate people in isolation with no oversight or analysis of the findings and no evidence that lessons had been learned when shortfalls were identified.

The management of medicines were not safe. The procedures for giving and signing of medicines were

inadequate with lots of gaps in the recording of medicines so it was not always clear if they had been given. Medicines required in an emergency situation for one person were not held in the home.

When accidents and incident occurred these were not always explored fully to determine if care practices were safe and if further action should be taken to prevent further incidents.

Care documentation for people in receipt of day care was either not in place or provided very basic information. Record keeping in relation to fluid monitoring did not show that people had been adequately hydrated and equally there were gaps in the recording of the application of skin creams.

Despite the shortfalls and the fact that the home had been through an unsettled period with low staff morale, we found that the recent restructuring of the management team was still new and the provider, management team and staff were all committed to improving the shortfalls. Some staff told us that staff morale was slowly improving and although they thought there was a way to go they felt things were heading in the right direction. After our inspection we received information from the registered manager about improvements made to documentation. For example in relation to monitoring people's fluid intake, monitoring of fire drills and medicines.

People were very positive about the care they received. One person told us, "The staff are lovely, I wouldn't say a word against them. They come quickly if I call them and are very friendly." There was a varied activity programme in place. Minibus outings were provided twice a week to various places such as garden centres, so that people had the opportunity to wander around the centre and then have a coffee. Entertainers were arranged regularly and in house activities were provided daily.

People told us that the food was good and that if they did not want what was on the menu they could have an alternative. Mealtimes were sociable and meals were served in a pleasant environment with soft music playing in the background and the mealtime was not rushed. When people required prompting this was done discretely.

There were enough staff employed to ensure that people's needs were met. Staff received ongoing training and support, which included a mixture of online training and attendance at external training courses. They had access to health qualification training and specific training on caring for people living with dementia. There were safe recruitment systems to ensure that new staff were checked before starting to work in the home.

Coast Home Care

The new acting manager had been in post for four weeks. Since taking on the role they had identified the areas that needed to be improved and had divided tasks to be addressed by them and the coordinators. However, it was still too early to see improvement in some areas and it would take time to ensure that any progress made was sustained. The registered manager told us that they had no oversight of the DCA. However, they continue to be registered in this role and therefore they remain responsible for this part of the service.

As part of staff recruitment, gaps in employment histories had not been explored. The manager could not demonstrate that they had fully assessed the competence of new staff before they worked unsupervised.

The procedures to ensure that the support people received was audited regularly were not carried out in a timely manner. The on call procedure was not effective in that at times staff would not be able to respond to

an emergency.

Despite the shortfalls we found that people received good care and were very happy with the service provision. They said there was consistency of carers and on the whole care staff arrived on time and care was not rushed. One person told us, "They're so lovely and do lots of little things that mean a lot, like putting my phone on charge for me."

Staff felt well supported. 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. They told us and were very happy with the training provided. They received a training newsletter that highlighted the training on offer from the organisation. Although most staff had attended dementia training, several staff spoke about a new opportunity to do more detailed dementia training that was to be introduced.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve.
• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made. Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not safe.

The systems for giving and signing of medicines in the care home were inadequate.

Gaps in prospective staff's employment histories had not been explored by the agency. The agency could not demonstrate that they had fully assessed the competence of new staff before they worked unsupervised.

There were enough staff employed in both the care home and agency to meet people's needs.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The registered manager and staff had training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware when restrictions were required. However, capacity assessments were not decision specific.

Staff had access to a range of training to ensure that they met people's needs.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

### Is the service caring?

**Good**

The service was caring.

People were supported by kind and caring staff who knew them well and treated them as individuals. People's dignity was always promoted

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

Staff communicated clearly with people in a way they could

understand and it was evident that staff knew people well.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People felt able to raise concerns but the outcome of the concerns were not always fed back to them and the organisation did not always check if the complainant was satisfied with the response.

Support plans included detailed information about people's needs and how they were to be supported.

People had the opportunity to engage in a variety of activities, including minibus outings, external entertainers visiting the home and in house activities.

## Is the service well-led?

**Inadequate**

The service was not well-led.

Systems for monitoring and improving the service were inadequate.

There was a lack of clear leadership and oversight of record keeping in the care home and roles and responsibilities were not clear.

Staff meetings were held regularly to ensure that staff were kept up to date on decisions and to give them an opportunity to share their views.

# 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 22, 25 and 26 April 2016 and was unannounced to the care home (Whitebriars) and announced to the Domiciliary Care Agency (Coast Home Care).

Before our inspection we received a number of calls from whistleblowers raising concerns about the care home. We raised these concerns with the local safeguarding authority for investigation. The provider told us that the introduction of a new staff rota had unsettled staff, morale had been low and there had been a high turnover in the staff team. All vacancies had been filled when we inspected. The provider was clear that the new rota was in the best interest of people and since its introduction there had been a marked reduction in staff sickness. The calls from whistleblowers were part of the reason we carried out this inspection.

The inspection team consisted of two inspectors 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 lived with dementia.

During the inspection we reviewed the records of the home and agency. This included staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at five people's support plans and risk assessments in the care home and four people's records in the agency along with other relevant documentation to support our findings.

During the inspection of the care home we spoke with the registered provider, registered manager, deputy

manager and three care staff. In addition we spoke with a relative of one person. During the agency inspection we spoke with the acting manager, training coordinator, two care coordinators and three care staff. We also spoke with three people who received support and three relatives of people who received support.

We met with five people who lived at the care home. We also spent time observing the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Whitebriars.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We considered information which had been shared with us by the local authority and other people, looked at safeguarding alerts which 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.

Inadequate

# Is the service safe?

## Our findings

Whitebriars

At our last inspection on 9 and 11 September 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. An action plan was submitted by the provider that detailed how they would meet the legal requirements by November 2015.

One person told us, "I feel safe, my room is safe." Another said, "I couldn't stay in my home. When I call someone now I know I don't have to wait long and someone arrives." At this inspection we found some improvements had been made, however we also found there were shortfalls which compromised people's safety and placed people at risk from unsafe care.

We observed medicines being given on the first day of our inspection. The procedure for giving medicines did not follow best practice. Medicines were stored in a trolley on the first floor. Each person's medicines were taken one at a time in a pot from the first floor where medicines were stored, to the dining room to be given. We were told that all staff with responsibility for giving medicines followed that procedure. However, after the inspection the provider told us that not all staff followed this procedure. The medicine administration record (MAR) was supposed to be signed when the staff member returned to the medicine's room. We looked at the home's in house policy for the administration of medicines and there was no specific guidance on how to give medicines and the form was not dated. There were missing signatures on the MAR charts and it was not always possible to determine if the medicines had actually been given and not signed for or not given and not signed. We discussed the medicine's procedure and the gaps with the registered manager. The manager confirmed that the procedure would be changed so that the medicine and the MAR chart would be taken to the person and signed once given. This would assist staff in following best practice and signing once they were sure medicines had been taken. The in house policy had been updated by the second day of inspection to confirm the new procedure.

At the last inspection records of skin cream applications were not recorded in a consistent way and there were gaps in signatures. There were body map charts with clear instructions about where to apply creams and how often. We looked at records for three people over a two month period and there were numerous missing signatures and there was no way to determine if skin creams had not been applied or applied and just not recorded. If not applied, this could potentially leave people prone to pressure sores. The manager was not aware that there were so many gaps in the records.

One person's care plan stated that they required specific treatment in emergency situations to meet their health needs. However, these medicines were not in stock on the first day of our inspection and there was a potential for serious harm to have occurred should this person have required this treatment. On the second day the registered manager confirmed that one treatment had been received and another had been ordered.

These issues are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

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. Records showed the numbers of staff in attendance but not the names, therefore it was not possible to determine which staff members had taken part in a drill. After the inspection the registered manager sent us a new format for recording fire drills. A detailed fire risk assessment was carried out by an ex fire safety officer in 2016. There were seventeen action points with a timescale set from between one month to three months. It was also recommended that all fire doors be replaced within the next twelve months. An action plan had been drawn up detailing the matters to be addressed. However, it was not clear who had responsibility for ensuring that the actions were addressed. This is a matter that requires improvement.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. They told us that when an incident occurred they reported it to the registered manager who was responsible for referring the matter to the local safeguarding authority. Records were kept of all matters reported and the actions taken as a result.

Regular health and safety checks ensured people's safety was maintained. Checks included infection control and cleaning checks, electrical servicing, hoists, lift and stair lift, specialist bath servicing and portable appliance testing. There was a chart to show when they were next due. Servicing of gas safety was showing that it was due. The registered manager confirmed that this had been done and they were awaiting the certificate.

There was a safe system in place to order, store and dispose of medicines safely. There were risk assessments in place for those who people who looked after their own medicines.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. 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.

There were enough staff working in the home during the day and night to meet people's needs safely. In addition, there was enough ancillary staff to support mealtimes, laundry arrangements and maintenance tasks. An activity co-ordinator worked from 9am until 4pm each day through the week. Within care plans there was a dependency tool in place to assist in calculating the numbers of staff needed on each shift.

A new rota system had been introduced. This meant there was always a management presence on duty throughout a seven day week. A twelve hour shift pattern replaced a shorter working day and instead of care staff working every other weekend they now worked at least one day every weekend. The registered manager confirmed that the introduction of the new shift pattern had been an unpopular decision and a number of staff had the home as a result. All vacancies had been recruited to. We were told that it was still taking staff time to get used to the new system.

Coast Home Care

People told us they felt safe with the carers that came to visit them. For example, one person said, "I was dreading them coming in to start with. It's a big thing having carers in your home but I'm completely

comfortable with them and they're like part of the family, just everyday life now. I don't know what I'd do without them."

Staff recruitment records did not always contain 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. In one staff file there were gaps in the person's employment history and these had not been explored with the applicant. The acting manager said they were not aware they needed to explore gaps in employment histories as part of staff recruitment and would add this to their documentation.

One staff member completed an application, was interviewed and offered a job, subject to satisfactory checks, all on the same day. Interview questions were ticked to indicate information was given to the applicant but no responses to questions to the applicant were recorded. References were received and contained basic information. This staff member had no previous experience in care before they joined the agency. Whilst we were told that they had shadowed experienced staff on their first few shifts, there were no records to show that the agency had assessed the person's skills, other than in relation to medicine's management, before they worked alone unsupervised. This could potentially leave people and staff at risk of harm. The acting manager said that they would add this to their documentation to ensure that they could demonstrate that they had assessed all new staff before they worked unsupervised.

These issues are a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the DCA there were 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.

There was enough staff working in the agency to cover scheduled visits. The acting manager co-ordinated the service from the office and responded to any contact from people or staff that meant staffing needed to be re-organised. For example, when staff were running late this was communicated to relevant people or visits were reallocated. Staff told us they had enough time to undertake their duties and only in unforeseen circumstances felt rushed but this wasn't the norm. 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. A staff member told us, "If I had to, I would contact the safeguarding team myself but I know the company take these things very seriously so I can't imagine having to go above them." 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.

As part of arranging a new care package a risk assessment of each person's home was carried out to assess if any action needed to be taken to ensure people's safety. Where equipment was in use the agency ensured that this had been serviced regularly. Staff told us that if there were any changes or new risks they contacted the care coordinators to ensure this was added to the person's care plan. For example, one person's eyesight was deteriorating so the risk assessment identified the need to ensure furniture was not moved and that drinks were left in the same place.

Requires Improvement

# Is the service effective?

## Our findings

Whitebriars

We received lots of positive comments about the food. "The food is good and there's plenty of it." Another said, "Lots of choice and can have cooked breakfast." People received care from staff that were appropriately trained to meet their needs. They were supported to attend healthcare appointments as needed. Although people's abilities to make decisions had been assessed generally, where specific decisions had to be made, the process was less detailed.

Staff had received training on MCA and DoLS and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Capacity assessments had been completed for each person in the home but they were generic documents and not linked to specific decisions that needed to be taken. For example, we were told that one person had fluctuating capacity and at times could be at risk if they were outside of the home alone. The risk assessment for this person stated to take the person out if they wanted to go. The generic capacity assessment was not linked specifically to the ability of the person to make decisions about leaving the building independently and did not assess the fluctuating capacity. Staff told us that if this person left the building they would support them to come back as they did not feel they would be safe on their own. We were told that an application had been made for a DoLS to prevent this person leaving the building independently, however, the documentation in place did not demonstrate a clear understanding of the process involved in depriving a person of their liberty.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received ongoing training and support, which included a mixture of online training and attendance at external training courses. Staff told us they received training which included safeguarding, moving and handling, health and safety, fire safety, medicines management, infection control and food hygiene. Most of the staff team had received training on dementia and we were told that senior staff had received training on diabetes. One staff member told us that they were about to complete their care certificate and would be

going on to study a level two principles of dementia care course. They said that they were impressed with the training they had received and with the training opportunities open to them. A staff member told us the training they had received on dementia had given them insight into the condition and advice on how to support people. Ten of the eighteen care staff had completed a health qualification at level two or above.

All new staff started working at the home had received induction training. This included an in-house induction which introduced staff to people and the day to day running of the home. They also received training which was based on the Care Certificate. Three staff were working towards the certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Induction checklists were completed to ensure staff had received all the key information necessary to fulfil the duties of their role. When completed they were signed by the staff member and the registered manager. A staff member confirmed that the induction training had been thorough and in combination with shadowing more experienced staff they felt competent in their role. We observed staff supporting people and saw that they gave them time to respond to questions, they explained what they were doing and why and gave reassurance when needed particularly when assisting them to move around the home.

Staff appraisals were last completed in December or January. All staff had attended a supervision meeting in March 2016. 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 had been protected from the risks of not eating enough. People's weight was regularly monitored and documented in their care plan. A nutritional assessment was completed when they moved into the home and this was reviewed regularly. People's dietary needs and preferences were recorded. Some people preferred finger foods and, where appropriate due to swallowing problems, food was pureed. One person who had a specialist diet told us, "they go out of their way to get the food for me." Specialist cutlery was used by one person so that they could continue to eat independently.

There was a two week menu that was displayed in a folder on a cabinet in the entrance lobby. Staff told people what was on offer the previous day and people could choose an alternative.

People were supported to have access to healthcare services and maintain good health. They told us that they were able to see their GP when they wanted to. People regularly attended dental, optician and chiropody appointments.

Coast Home Care

People told us that the care staff were competent and skilled at their roles. One person told us, "The new ones always do some shadowing first with the experienced carers." Another said, "Yes they often ring up the Nurse for me as I have trouble with my legs. They notice anything like that for you."

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, where there was a concern about hydration, staff completed a fluid chart. However, as staff were not present all day it was difficult to accurately assess people's intake and they could only highlight had been given and left for the person. There were inconsistencies in the way the forms were used and there were occasions when the form was not

completed, which meant it was not easy to determine people's fluid intake. The acting manager said that they would review the recording format and a copy of the updated format was received following the inspection.

We were told that induction involved shadowing a more experienced staff member for two weeks, completing mandatory training and being assessed as competent to give medicines. There was a six month probationary period. There were no records kept of staff progress during the induction period. This is an area that requires improvement.

Within the care agency staff had the same training opportunities as the care home. Three staff were working towards completing the care certificate. Four staff had completed a health related qualification at level two or above. Records showed that most staff had attended training on dementia. A number of staff spoke about a dementia course that was coming up. The training coordinator confirmed that this was a new "Dementia Journey" training programme with three levels, bronze, silver and gold and that all staff had the opportunity to complete these levels. A training newsletter was distributed to staff on a regular basis highlighting all the training available to them.

We were told that supervision and appraisals systems were established and used in the same way as the Care Home. The acting manager told us that there had been some gaps in the provision of supervision but that they were back on track with this now. 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, "You have to respect that if they don't want to have something done then as long as they're safe you have to respect their wishes. It may be that someone later in the day might be able to."

People's health care needs were monitored. Staff contacted the agency to report any changes in people's health needs. For example, during our inspection we heard a staff member reporting changes to the care coordinator who then contacted the person's GP to clarify the action to be taken to meet the person's changed needs.

Good

# Is the service caring?

## Our findings

Whitebriars

People told us that staff were caring. One person said, "The staff are lovely, I wouldn't say a word against them. They come quickly if I call them and are very friendly." Another person told us that they were "Very happy." They said, "They made a lovely cake for me when it was my birthday."

People's privacy and dignity was respected. Staff knocked on people's doors and waited for a response before they entered the room. A staff member told us that they felt staff were very sensitive when supporting people who were coping with the loss of independence. We saw that when people were confused or were heading in the wrong direction staff discretely redirected them to where they had wanted to go.

Bedrooms were individually decorated and furnished with people's own memorabilia, pictures and collections. On each bedroom door there was a photograph of the person, their name and pictures that in some way represented their life or their interests and hobbies. For example, pictures were used to represent that someone had been in the army or to represent someone's love of ballet and classical music. A staff member told us that the use of this information assisted people with some memory loss, to find their bedrooms and to help them to maintain their independence and dignity.

People had various routines, some like to spend time in their room and some in the lounge area. Staff always gave people the choice of where they wanted to spend their time. Some people told us that they came and went from the home as they chose to.

We saw staff giving people the time they needed throughout the day, for example when they accompanied people around the home, assisted people with their meals and supported them with activities. Staff were relaxed and unrushed and allowed people to move at their own pace. At meals times we observed a very relaxed approach from staff. There was music playing in the background and mealtimes were not rushed. People were individually offered condiments and a choice of drinks. When people were not eating, staff gently prompted them to continue with their meal.

People were treated with kindness and compassion by staff who cared about the people they were looking after. Staff knew people well and were able to tell us about the support people needed. For example, a staff member told us one person was very anxious and needed lots of reassurance. They said "I try to take them for walks whenever I can because I know that they like this." We saw that within care plans there was a section called 'My life story'. This ensured that staff were made aware of information that was important to each person. We were told that this was particularly important as people's memory faded. We heard staff talking with people about their families and interests and people told us they enjoyed this. One person told us that staff regularly spent time with them chatting and they enjoyed this because they did not want to join in the activities or outings.

Coast Home Care

People gave very positive feedback about the caring nature of staff. One person said, "They're so lovely and do lots of little things that mean a lot, like putting my phone on charge for me." Another said, "My carers an angel." A relative told us, "It's lovely, I can hear them chatting to the carer in the other room."

People described carers as being polite, courteous and treating them with respect. One person told us, "What I do like is that they always ask me if they're doing things right and to let them know if I want it to be done differently." A family member told us that their relative had "Conversations about the carer's families and interests too, like horses and dogs, it's not just all about illness. It makes my relative feel in touch with the outside world."

We were told that the agency tried to match staff to people's needs. For example, one person had requested not to receive support from young care staff and this had been agreed and respected. Another person told us their relative had been given a choice and, "They preferred a female which they have always stuck with."

Staff were able to give examples of how they ensured that people's privacy and dignity was maintained and of how they promoted independence. A staff member told us, "It's all about making the person feel in control, I'm there to help but not take over." Another said "Well if they live with someone else I'd make sure the doors are closed whilst I'm doing personal care." They said they would always ask what they want and if they were happy with the care provided.

Requires Improvement

# Is the service responsive?

## Our findings

Whitebriars

At our last inspection on 9 and 11 September 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. An action plan was submitted by the provider that detailed how they would meet the legal requirements by November 2015. At this inspection we found improvements had been made however further action is required to ensure the provider is responding appropriately to people's needs.

There was a complaints policy in place that was displayed in the entrance lobby. People told us that they would feel comfortable raising concerns if they needed to. There were six compliments and six complaints recorded. One complaint had not been concluded as the home had made a referral to request an independent advocate to support the person in making their complaint and they were awaiting a response. Records showed the actions taken in relation to each complaint but did not confirm that they had fed back to the complainant. The registered manager said that the procedure was to give a copy of the action plan to complainants but one person told us they did not receive any feedback from the home regarding their complaint. The manager was unable to confirm that this had been done. In relation to one complaint the person had complained that their room was cold and there was no hot water. During our inspection the person made a similar complaint to us and the registered manager. The manager confirmed that the boiler had been serviced and that the likely problem was that someone else had adjusted the controls. They confirmed that they would look to finding a more permanent solution. There was a lack of confidentiality in that the complaint folder was stored in the office and all staff had access to it. This meant that if a staff member raised a concern about another staff member, or if a relative made a complaint about a staff member all of the staff team would have access to the information. This is an area that requires improvement.

There were six compliments in the folder and following the inspection the provider sent copies of further emails and cards that demonstrated the positive feedback they received. These included comments such as, 'Very excellent care. Staff and management were always on hand and nothing seemed to be too much.' An email showed the compassionate care witnessed by a member of the public. 'Staff communicated in a caring and respectful way and were warm and friendly.' Another card included, 'We always felt that Whitebriars was a real 'home from home'. We are pleased that she could end her days without moving from the familiar surroundings that she called home.'

There was an activity programme on the notice board. This showed that a range of activities were provided throughout the week. A staff member told us that the activity co-ordinator was, "One of the home's best assets." Another staff member told us that staff were good at supporting people and getting them involved in activities. The provider, who owns three care homes and a domiciliary care service told us, that they spend over £200,000 on activities and bus trip programmes annually. There were two minibus outings organised each week. On the first day of our inspection four people were supported to go to a local garden

centre. There was an arts and crafts session and four people joined this. Some people told us that they did not want to join in activities. One person said, "It's my choice, I'm happy with my TV and newspaper and my family visit." Planned activities included: flower arranging, discussions, 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. Staff said that some activities were more popular than others, for example the bingo. The activity coordinator spent one to one time with people who chose not to participate in the structured activities.

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. For example, 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.

Coast Home Care

People told us that staff knew them in well. They said that in the main there was consistency and regularity of care staff. This included weekends and the only exceptions usually occurred when there was an unplanned absence. People told us they knew how to raise complaints or concerns. For example, one person told us, "I would definitely ring the office, they're very happy for you to ring them about anything and they'd want to know if you're worried about anything."

Following on from the initial assessment, a support plan was drawn up. A task sheet was in place for each person which detailed the particular tasks that staff needed to carry out and staff ticked each task on completion. When changes were made to the support provided these were added or removed from the sheet. In addition to the task sheet, staff complete daily records to record in more detail the support provided, how the person had been and any information that they considered necessary to pass on to the next staff member. One person's tick sheet had a number of entries left blank so it was not clear if the calls had taken place. We looked at daily records for these dates and found that in most cases there were daily entries but in some there were no entries. Care coordinators were able to confirm that visits had taken place but just not recorded. This is an area that requires improvement.

People told us they felt their views on their care were taken into account. 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 have panic attacks so they know how important it is that I know the carer so it's fantastic now and I don't have any more than two staff."

Rotas were given to people so that they knew who would be caring for them on each call. One person told us, "Yes each week I get one. Unusually one of the carers brings it along." Another said "Yes it's all pretty good and they're not clock watchers."

Inadequate

# Is the service well-led?

## Our findings

Since the last inspection there had been changes to the management of both the care home and the domiciliary agency. A month before this inspection a new management structure was put in place. The registered manager continued to be responsible for the overall management of both services. However, the registered manager told us that they had no oversight of the DCA as a new manager had been appointed to run the DCA and it was their intention to register as a manager for this service. At the time of writing this report we had not received an application for registration from the new manager and therefore the registered manager still has legal responsibility for the DCA.

Whitebriars

There was a lack of oversight and leadership from the registered manager. The provider had allocated responsibility for audits to various members of the management team. The registered manager whilst up to date with the actions highlighted as a result of the audits they had carried out did not have oversight of all areas and was not fully up to date with the actions required following all the other audits undertaken. For example we requested an incident report but it could not be located as the documentation was on the computer. The registered manager wasn't aware of the details and didn't have access to it.

Roles and responsibilities were unclear. Staff told us that communication needed to improve. One staff member said there was a lack of communication from management. Another told us that the manager said one thing and then the provider or deputy said another and they didn't know who to talk to. One staff member felt they could talk to any member of the team. Since restructuring the management team, new job descriptions had not been issued to management but the registered manager confirmed following our inspection that this had since been done. We talked to the registered manager and they said that it was still early days with the new management team, everyone wanted the new structure to work and they would pull together to make it happen.

We looked at four medicine's audits which showed that the numbers of gaps in missing signatures had steadily increased on each audit. It was not always clear from the information provided if, when there were missing signatures, a check had been made to see if the medicines had been given. Following one of the weekly audits it was noted that a daily audit was to be carried out but this had not been done. The audit tool used identified which staff members had not signed the MAR charts but there had been no analysis of this. It was noted that since March 2016, eight of the ten staff with responsibility for giving medicines had not signed the MAR charts on occasions. We were told that the other two staff rarely gave medicines during this time period. Medicine's competency assessments had been carried out on all but one member of staff and one assessment was due for renewal. An audit carried out between our inspection dates showed improvement in the number of missing signatures.

On the first day of our inspection we found one window on the first floor was not restricted. It was noted that on two previous monthly audits two windows (including the one we found), were unrestricted and the restrictor had been mended on both occasions. However, this did not trigger the need for extra vigilance or

increased monitoring to ensure the restrictor remained in place.

The procedures for monitoring accidents and incidents were inadequate. A monthly check was carried out to review accidents and incidents and to check if appropriate actions had been taken as a result. However, the audit system only covered the accident and incident forms completed and did not assess if there were other records that indicated that an accident or incident form should have been completed. In addition the system did not look at unexplained bruising to try to assess the cause. Two injuries were recorded in the body map folder but there was no accident/incident form completed. There was also a lack of follow up on unexplained bruising in that there were unexplained bruises recorded on body maps but there was no reference to them on daily notes or care plans. The registered manger could not demonstrate there had been any learning from accidents and incidents in these cases.

There was a risk assessment for one person that stated that they should be observed every 30 minutes. However, records showed that this had not been completed for seven days. The registered manager told us that the risk had reduced but the risk assessment had not been updated to reflect this.

Fluid charts were completed where assessed as necessary. There were two fluid charts. People were offered drinks at set times and staff recorded the amount taken. Fluid intake for both people was very low and there was no record that people were offered drinks in between the set times. There was no guidance about how much fluid staff should encourage each person to take daily. Apart from one occasion between 18/04 and 25/04, there were no records that drinks were offered after 6pm. We discussed this with the registered manager who was confident that people were given an evening drink. It was not evident from records that some people were adequately hydrated. After the inspection the registered manager sent us a new format for recording fluids taken.

We were told staff provided day care to three people during the week. Within the day care folder there were two people listed. There was an initial assessment for one person that included detailed advice and guidance but there was no care plan for this person. Daily records included very limited information 'picked up at 9am, minibus outing, went to the toilet before going out.' This would not assist in evaluating the care and support provided. There was no assessment or care plan for the other two people. This would not ensure that people received the care and support they needed.

Daily records for those living at Whitebriars provided basic information about the support provided for each person. In a recent audit of daily/night reports it had been highlighted that records were too brief and that there had been some gaps in records. This had been fed back to staff at a staff meeting. However, there was a continued lack of detail in the daily records. Records were limited to tasks carried out, and there was limited reference to people's moods or how they had been. This would not assist in accurately evaluating people's physical and emotional wellbeing.

There were a range of policies in place, however, the majority of those seen were dated 2010. The provider confirmed following our inspection that the policies had been reviewed annually. However, the DoLS policy was dated 2010 and did not take into account changes to the current regulations. There was a policy on restraint which stated to, 'Make sure the use of restraint is always appropriate, reasonable, proportionate and justifiable to the individual.' We spoke with the registered manager about this and they confirmed that restraint was not used in the home. They acknowledged the wording, as it was, was misleading and there was a potential risk that staff could think that it could be appropriate to use restraint.

The registered provider did not operate effective systems to assess, monitor and improve the quality of services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Annual satisfaction surveys had been carried out. At the last staff survey in June 2015, staff morale issues had been identified and it was stated that this would be addressed by increasing opportunities for staff meetings and staff supervision and this had been addressed. Meetings had been held in January and April 2016. Clarification had been given to staff on a range of matters such as the keyworker system, staff break times and the recording of daily records. In addition, staff were kept up to date with changes planned for the building and there was evidence that staff had shared their views on the home.

We were told that the introduction of a new staff rota had caused a lot of unrest with the staff team. The changes meant that instead of having every other weekend off, staff worked one day every weekend. A twelve hour shift pattern had also been introduced. The provider told us that since introducing the new rota, sickness had decreased but there had been a high turnover in the staff team. We were told staff morale had been affected by the changes but that it was improving again. Staff confirmed that there had been a lot of unrest about the rota but that this was less of a problem now.

Coast Home Care

People were happy with the management and organisation. One person told us, "The office staff are very pleasant. I sometimes go into the office to pay and they all seem a very happy cheerful bunch." Another said, "You only have to ring up and if anything needs changing they're happy to comply." There was some mixed feedback about spot checks/reviews of care plans. One person said, "I've not had any questionnaires, no spot checks or reviews of my care plan no." Most people were happy to recommend the agency to others. Despite positive comments, we found that at times the agency had not always been well led.

At the time of our last inspection there was a registered manager in place. Following the inspection a new manager was appointed and they were accountable to the registered manager. Four weeks before this inspection a new acting manager was appointed. They had been in a different role within the organisation before taking on the new role. This meant that they were aware of the strengths and weaknesses of the DCA. Since taking on the role they had identified the areas that needed to be improved and had delegated tasks to be addressed. However, it was still too early to see improvement in some areas and it would take time to ensure that any progress made was sustained. The acting manager told us that they were line managed by the provider. The registered manager said they had no oversight of the DCA. However, as they continue to be registered in this role they remain responsible for this task.

The acting manager whilst in their previous role had carried out an audit of the service on 01 March 2016. Since taking on their new role, they had drawn up a 'To do list' that detailed all the tasks that needed to be done, who had responsibility for doing them and in what timescale. As the acting manager and office staff were still addressing a number of shortfalls found, it was too early to say if the changes being made could be sustained and become part of everyday practice. One coordinator said that they liked the 'to do' list but they would like more clearly defined roles and responsibilities and felt that communication at times could be better with more time set aside to discuss difficulties they met when dealing with clients. Both coordinators said that in addition to their coordinating roles they also did personal care calls. They found this particularly difficult when they were on call. We asked one what they would do if they had an emergency when on call and they were providing personal care at the time and they were not able to answer. They also said that on one shift, for 45 mins they would be driving so wouldn't be able to answer the phone. We discussed this with the acting manager who said that as part of their new role they would be reviewing roles and responsibilities and the on call procedure.

There were shortfalls in the systems for auditing service provision. We were told that service audits were meant to be carried out bi monthly. These audits included a check on the environment, equipment used, that the service agreement reflected the support given and a check on record keeping. There were 38 people using the service of which 20 received support with personal care. Four audits had been completed in February, 15 in March and at the time of inspection eight had been carried out in April. Six people had not had a service audit since January 2016. An audit of one person's records showed that there were no concerns. However, we had identified several gaps in the record keeping.

As with the care home there were a range of policies in place and we were told that they were reviewed annually. The policies were generic documents and had not been adapted to reflect the specific needs of the agency.

Although there were safe procedures for giving medicines, when changes were made to medicines these were recorded on the medicines charts but the changes were not dated and signed and there was no explanation to the rear of the chart to confirm where the advice to change the MAR had come from. This would not assist the provider to monitor that medicines were given safely.

We looked at the complaints received and investigated. One relative had raised a complaint that they had not received a visit. The outcome stated that the person was happy with the conclusion of the complaint but the detail of the actual investigation was not recorded. This was not in line with the agency's policy on managing complaints. There was no record as to what may have caused the complaint or the actions required to prevent similar complaints.

The registered provider did not operate effective systems to assess, monitor and improve the quality of services provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The views of relatives and people who used the agency were sought through annual satisfaction surveys. The last surveys were completed in September 2015. Some very positive comments were received as a result along with some minor suggestions for improvements. For example, one relative said the form was not user friendly and one person raised a complaint about travel time. We were told that feedback was given to staff at the next staff meeting.

A log book was used to record any phone calls received to the agency. 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.

A staff member told us that the best thing about the agency was that it was small and they could give a personal touch. They said "Every client is treated as an individual and we offer a very friendly service to people. Another staff member told us they were very well supported. On one particular call the person had, "Had passed away. I rang the office and they called the emergencies and the manager came out straight away to be with me. They rang me every day to see that I was ok and offered me counselling."

Regular staff meetings were held throughout 2015 and two meetings had been held in 2016. A wide range of matters had been discussed, new policies were discussed and staff were asked to sign them, outstanding achievements were shared and staff were given opportunities to share their views. For example one staff member felt more travel time was needed to get to a particular client and this had been agreed.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider had not ensured that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in the service to meet service user's needs. |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had not ensured the safety of service users by assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. |

**The enforcement action we took:**

Warning notice

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had not ensured that service users were protected from unsafe care and treatment by the quality assurance systems in place. |

**The enforcement action we took:**

Warning notice