

Mrs Jane Archer

Coastal Care Agency

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 05 January 2016 and was announced. We gave the owner/registered manager 24 hours' notice about our visit. We did this to ensure we had access to the main office and the management team were available.

Coastal Care provides domiciliary care and support to a range of people in their own homes. The range of support provided includes assistance with personal care, domestic duties, laundry tasks, shopping, and meal preparation. At the time of our inspection visit we were informed the service provided support for 37 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 29 April 2014 the service was meeting the requirements of the regulations that were inspected at that time.

There were appropriate numbers of staff employed to support people who used the service and provide a flexible service. For example one person who used Coastal Care said, "They never let me down and are hardly ever late."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Records confirmed staff had received safeguarding training. We spoke with staff and they had an understanding of their responsibilities to report any abusive practices.

Staff knew the people they supported and when we spoke with staff they were aware of the people they visited and their health needs. Care plans were in place in the homes we visited detailing how people wished to be supported. People who used the service and their relatives were involved in making decisions about their care. Risk assessments were completed for staff entering private homes to ensure people were kept safe.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff told us they received supervision with the registered manager on a regular basis. Records we looked at confirmed this. This meant they had opportunities to discuss any issues or training needs that would support them to provide a better service.

Training records indicated all staff responsible for assisting people with their medicines had received training. This meant they had the competency and skills required to administer medicines safely.

People were supported to eat and drink where needed. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals. This was confirmed by records kept by the agency.

We found a number of audits were in place to monitor quality assurance. The registered manager had systems in place to obtain the views of people who used the service and their relatives/friends. This was completed to ensure the service continued to develop and identify any issues that required to be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Staffing levels were sufficient to meet the needs of people who received a service from the agency. Also new staff had been recruited in line with national guidelines.

Medication processes were in place should the agency be required to administer medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life.

The registered manager was aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with

kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

The service worked well with other agencies and services to make sure people received care in a responsive way.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Coastal Care Agency

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 checked 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 visit took place on 5 January 2016 and was announced. The owner/registered manager was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We did this to ensure we had access to the main office and the management team were available.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We went to Coastal Care office base and spoke with the owner who was also the registered manager and a senior staff member. We also visited two homes of people who received a service and spoke with them. We contacted five other people by telephone that used the agency. Also we spoke with two relatives/carers who lived with the person who received a service. This was to get their views on the care provided by Coastal Care.

We looked at care records of three people who used the service, training records of staff and the records of two recently recruited staff members. We also looked at records relating to the management of the service. We contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who visited them. Comments included, "It's nice to feel safe and know good people will be looking after me."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff records seen confirmed all personnel had received safeguarding vulnerable adults training. Training documents we looked at identified when staff required their safeguarding training updated. The registered manager informed us the training schedule for 2016 had been developed and we could identify when staff required their training updated. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any issues or witnessed poor practice about their colleagues.

We looked at the services staff duty rota, spoke with staff and people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. One person who used the service said, "They stick to the same carers as much as possible." Another person said, "Very rarely late they don't appear to be short staffed." A staff member we spoke with said, "I don't rush around I feel I have enough time to do the job."

Care plans we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. Risk assessments were completed of the home environment. We also saw the service had undertaken assessments of the individual's personal risks so staff were aware of any potential risks or hazards. We found risk assessments had been reviewed regularly or when circumstances changed.

The registered manager told us and we saw evidence the service worked in partnership with the fire and rescue service. For example every time a new person is supported by the agency the fire service visit the person's home. They undertake a 'home fire check'. Then for example they may provide a fire detector, flashing fire alarm (for hard of hearing people) or fire retardant bedding if assessed the person requires it. The registered manager said, "It works well and it is another way of keeping people safe."

People we spoke with said they received a call from the office staff if their care worker was running late. One relative said, "They have telephoned once or twice to say they are running late. However they have never not turned up."

We looked at two recruitment records of staff. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded. The application form completed by the new employee's had a full employment history including reasons for leaving previous employment.

We spoke with a recently recruited staff member about induction training and the recruitment process. They told us training was thorough and they 'shadowed' staff on visits to people's homes. They also told us the registered manager monitored their performance on a number of visits to ensure they were suitable and had the confidence to provide support for people. We spoke with a member of staff who said, "The process was very good and the manager was so supportive in the early days."

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines. Records we checked were complete and staff had recorded the support they had provided people to take their medicines.

Staff employed by the service received medication training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines. Records we looked at confirmed this.

Is the service effective?

Our findings

People told us they were supported by staff who had the knowledge required to meet their needs. For example some comments from people who received a service and carers included, "You have to acknowledge the way the staff know how to handle people in terms of helping them with personal care or walking. They are so good with [relative]."

People confirmed they had agreed to the care they received. They told us staff asked them if they were happy with support being provided to them. One person who received a service said, "We went through what I needed and agreed to the support. They are a lifeline to me".

A training programme was in place for all staff. We looked at the training programme for 2015-2016 for staff members. Each individual had a programme of training events to complete. They included the registered manager's mandatory training courses. These included, moving and handling, health and safety and fire training. The training events were relevant to the needs of people who received a service from the agency. Staff we spoke with about access to training were positive. Comments included, "No issues with the amount of training the company provides." Also, "Training is very good [registered manager] never lets up." Other training was provided by external training providers. For example a staff member told us they were supported to complete a National Vocational Qualification (NVQ). This demonstrated the registered manager supported staff to develop their professional skills.

Staff received support to understand their roles and responsibilities through supervision sessions with the management team and an annual appraisal. Supervision consisted of individual one to one monthly sessions and group staff meetings. The one to one meetings discussed individual development and any issues staff wanted to discuss. All staff we spoke with confirmed they received one to one sessions with the registered manager.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). Discussion with the registered manager informed us they were aware of the process to assess capacity although had not been applicable to their service at the time of the inspection visit.

Some people who received a service required support with meal provision. Staff who prepared food had completed 'food and hygiene' training. We spoke with the registered manager who confirmed this. Care plans seen confirmed people's dietary needs had been documented. One staff member said, "Yes we have to complete the training if we do meals for people."

People's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. This meant information was available to staff should they need to contact a health professional in an emergency.

People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. This was confirmed by talking with staff and people who used the service.

Is the service caring?

Our findings

People who received a service told us they felt the support provided was by caring patient staff. For example one person who received a service said, "They are all polite, kind and caring people." A carer of a person we visited said, "They are so polite and willing to help they are a credit."

The care records we looked at identified people were involved in the development of their care plans and when appropriate we saw they were signed by people who received care and support. We spoke with carers of people who received a service who told us the management team had discussed care and support their family member required. They told us staff had discussed this with both them and their family member. They also explained how the staff member sought their opinions on how they felt they should be cared for. One person who received a service said, "It was nice to be involved in what was being done for me."

Care plans contained information about people's current needs as well as their preferences. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis and when their needs changed.

Care plans reflected what support people required from other agencies such as GP's or other health professionals. This meant staff were aware of all the needs and support individuals required when visiting people in their own home. One staff member said, "We fill in the daily sheets every visit. It is also helpful if we are aware of any other professional visits so we can respond to any situation that may arise."

By talking with staff about people's care needs we found they had knowledge of people's individual needs around privacy and dignity. For example staff told us they always knock before entering homes and introduce themselves. One staff member said, "This is their home and you have to treat people with respect and dignity." One person who received a service said, "They always call me by the name I want them to. The staff are really caring and helpful."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some feedback from them about the care being provided.

People who received a service told us staff were respectful of their privacy and maintained their dignity. For example one person who received a service said, "I need help showering and the staff are very careful to allow me as much privacy as possible." Also people said staff respected people's privacy whilst supporting them with personal care. However they made sure they were close by to maintain the person's safety.

Staff told us they received guidance during their induction training and shadowing other staff members in relation to dignity and respect. The registered manager would monitor their practice and observed staff undertaking tasks for people in their home. This ensured staff had guidance and knowledge on how to treat people with respect.

We spoke with staff about individuals they provided support for. We found staff we spoke with knew people they cared for well and were able to describe support they needed. This meant staff were aware of what people required and how they would want to be supported in a dignified way. One staff member said, "The manager tries to keep to the same carers so we are able to get to know people better."

Is the service responsive?

Our findings

People who received a service had their support needs assessed and planned with them. People told us the agency responded to any changing needs in their circumstances. For example one person had a fall and required extra help. The person said, "The staff were wonderful and did everything they could for me when things changed." People told us the registered manager visited a few times at the start of the service. This was to find out about their preferences and how they wanted the support to be delivered.

Relatives told us they found the agency to be responsive to their family member's needs. For example one relative told us they required more visits at different times and the registered manager responded straight away. The relative said, "It was not a problem for the agency to look after us."

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met.

We looked at care records of three people. The records were informative, gave an account of the tasks to be carried out and enabled us to identify how staff supported people. Care plans were flexible, regularly reviewed to respond to any changes in care. Care plans were updated when changes occurred to reflect their current needs.

After every visit daily notes had been completed by the staff member who visited the person. They were up to date in homes we visited. This meant staff who next visited the person was aware of what had been done and any changes that might have occurred. A staff member said, "It is vital in my opinion to complete the sheets as it gives the next person an insight into how they have been during the day. Also if anything had changed."

We asked people if they felt the service was flexible and responsive to changing times of visits. The response was positive. For example a carer of a person who received a service said, "I have to go out sometimes at different times if I phone the office they are flexible and do try and help me out." A staff member told us they have to respond at times in an emergency but managed to cover for people to ensure no person did not receive a visit.

Information on how to make a complaint was available in people's homes we visited. People told us they were encouraged to give their views and raise any complaints or issues with the registered manager. One person who received a service said, "I have had no complaints but the registered manager is in regular contact with me. I would raise anything with her if I had to."

The registered manager and senior carer told us constant contact with people who used the agency and relatives developed good relationships. This encouraged people to discuss any complaints or concerns they had.

Is the service well-led?

Our findings

We found the registered manager understood their responsibilities and was supported by senior office staff to deliver what was required by the agency. One staff member said, "I have to say the manager is good and does not mind being contacted to sort out any issues." People who used the service told us the registered manager regularly called to see if the service was running smoothly. Comments from people who used the service included, "A good well run agency with the manager readily available to discuss anything." Also, "[Registered manager] calls to attend to my feet so we discuss things then."

The service had a registered manager who was also the owner who understood their responsibilities. The registered manager had ensured (CQC) were notified of any incidents or issues relating to the service in a timely manner. This meant that we received all the information about the service that we should have done.

People who received a service and their carers/relatives told us they felt support provided by Coastal Care met their individual needs. They told us the service was managed well. For example a carer of a person who received a service said, "The manager calls a lot and sorts any problems out. Yes the service is well led."

Staff spoke positively about the support they received from the registered manager and senior staff. They told us they would have no hesitation in discussing any concerns with the registered manager. One staff member told us, "I have in the past raised one or two points. However [registered manager] always responds in a positive way."

We found the service had clear lines of responsibility and accountability with a structured management team in place. This consisted of the registered manager and senior carer. The registered manager was experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager had delegated individual responsibilities to senior staff. For example on call duty was provided 24 hours a day and senior staff members supported the owner to cover the times and ensure people could contact the agency at any time.

The registered manager undertook a combination of announced and unannounced spot checks and telephone calls to make sure the service provided was efficient and reliable. For example arriving at times when staff members were there to observe the standard of care provided. This demonstrated the service was continually monitored and committed to improve the service they were provided.

People who received a service were regularly visited by the registered manager and asked their opinions whether the support they received was sufficient and reliable. The registered manager monitored the quality of the service by speaking with every person who received a service regularly. This was confirmed by people we spoke with. One carer of a person we visited said, "Yes [registered manager] calls regularly to see if we are alright or anything that could be improved."

Staff meetings were held monthly and records we saw confirmed these were well attended. Staff we spoke with told us they thought staff meetings were a good way of getting together and discussing any issues or

further training needs. One staff member said, "They are useful to get together and discuss things."

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits were being completed by the registered manager. These included surveys sent to carers/relatives and people who used the service, medication and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. For example one returned survey from a person who used the service suggested a more in depth care plan so they could identify the support provided. The registered manager addressed the issue by developing a new communication chart for the homes of people. This was to ensure the correct support and care was delivered and discussed between the person who received a service and the staff member.