Tricuro Ltd

Coastal Lodge

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 comprehensive inspection took place on 18 and 19 June 2018. The first day was unannounced. This was our first inspection of the service since it registered with CQC after moving to the current premises. The service was previously known as Broadwaters and was located elsewhere in Bournemouth.

Coastal Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Coastal Lodge is purpose built. It specialises in providing short term rehabilitation and reablement to people, as a step down from hospital following an admission, or as a step up from the community with a view to forestalling a hospital admission. Health care professionals who worked for the local NHS community care trust were based on site, working closely with staff from day to day.

Coastal Lodge has four separate units, each with their own communal facilities such as dining areas. When we inspected, only two of these units were in use, accommodating up to 20 people out of a maximum 40. There were 19 or 20 people using the service during the inspection, as people were admitted and discharged over the two days.

The registered manager had left the service at the end of the week before the inspection and had yet to apply to cancel their registration. A deputy manager had been seconded to manage the service, and was receiving support from the operations manager responsible for the service. 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.

Staff treated people with kindness and compassion, respecting their privacy and dignity. They knew and respected the people they were supporting, and people felt valued by the staff.

People were protected from neglect and abuse. There were processes in place to ensure people did not experience discrimination in relation to their care and support.

The service and its staff had excellent links with health and social care professionals. They had found innovative and efficient ways to deliver joined-up care and support to people, and continued to look for ways in which this could be developed further.

People's return home or move on to other services was planned from the start of their admission to Coastal Lodge. People were central to this process, care plans fully reflecting their individual circumstances and preferences. People were actively encouraged to express their views and be involved in decisions about

their care and support.

People had personalised care that was responsive to their needs. Staff promoted people's independence, which was central to their rehabilitation and reablement.

People got the support they needed to manage their health.

Medicines were managed safely and stored securely.

People were supported to eat and drink enough to obtain a balanced diet. People's dietary needs were respected. Meals looked appetising and people spoke positively about the food.

Communication needs and sensory impairments were flagged in people's care plans. People got the support they needed to communicate.

People were encouraged and supported to avoid social isolation, although staff respected their preferences to spend time alone.

People were supported to take part in activities that were enjoyable and meaningful to them, if they so wished.

Staff worked in line with the requirements of the Mental Capacity Act 2005. The manager understood the requirements of the Deprivation of Liberty Safeguards.

Risks were assessed and managed in the least restrictive way possible.

People were protected from the spread of infection.

There were sufficient staff on duty to keep people safe and provide the care they needed. Staff had the training and supervision they needed to perform their roles effectively.

Robust recruitment processes helped ensure that only suitable staff began working at the service. These included obtaining references and a Disclosure and Barring Service (DBS) check before candidates started working with people.

The premises were well maintained, clean and smelt fresh throughout.

The decoration and adaptation of the premises met people's individual needs. Decoration was fresh and bright, contributing to a homely atmosphere.

The service had a positive, open, inclusive, person-centred culture. It encouraged open communication with people, their family and friends, staff and other stakeholders. Staff were supported to question practice and raise concerns if necessary.

The service provided clear information for people about how to make a complaint.

Lessons were learned and improvements made when things went wrong.

Managers were aware of what the service was like from day to day.

The provider had quality assurance processes were in place to monitor and improve the quality of the service. These included audits, and feedback forms when people left the service.

The service sought to develop links with stakeholders and the local community. A recent garden party had provided an opportunity for people, their friends and families, past users of the service and other professionals to meet each other and the senior staff team.

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 were involved in managing risks. Risk assessments were person-centred, proportionate and reviewed regularly.

Medicines were managed safely and stored securely.

There were always enough competent staff on duty.

Is the service effective?

Good

The service was effective.

The service and its staff were committed to working collaboratively with other services.

Assessments of needs were comprehensive and undertaken in consultation with people and their healthcare professionals. Expected outcomes were identified and care and support was regularly reviewed and updated.

The dining environment was pleasant. People had a choice of appetising food and plenty to drink.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and kindness. Their independence was promoted.

People, and where appropriate their relatives, were fully involved in decisions about their care and support.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in planning care and support that met their

needs.

People were protected from the risk of social isolation and loneliness, as social contact and companionship were encouraged.

People were enabled to take part in activities that were meaningful to them. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access activities.

Is the service well-led?

Good

The service was well led.

The service had a positive, person-centred, open and inclusive culture. Leaders, managers and staff had a well-developed understanding of equality, diversity and human rights, and prioritised safe, high-quality, compassionate care.

The service had clear and effective governance, management and accountability arrangements.

There was a strong focus on continuous learning and improvement.

Coastal Lodge

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 was a routine comprehensive inspection, as the service had been registered a year before. We had not received information of concern that would have caused us to bring the inspection forward.

The inspection took place on 18 and 19 June 2018. The first day was unannounced.

An adult social care inspector and an expert by experience attended the service on the first day. The inspector returned alone the following day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included statutory notifications about significant events and a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people staying at the home and two visitors. We spent much of the inspection in communal areas so we could make general observations about life at the service, such as how staff interacted with people. We spoke with nine members of staff, twohealth and social care professionals who were based at the service, the acting manager and the operations manager. We looked in detail at the care plans and assessments relating to two people and a sample of other documents relating to people's care. We also looked at records relating to the management of the service, including four staff recruitment and training files, accident and incident records, meeting minutes, and premises maintenance records.

Good

Is the service safe?

Our findings

People were protected from neglect and abuse. Information about safeguarding adults was readily available around the premises for people, their visitors and staff. Staff had training about their responsibilities in relation to safeguarding adults. They were confident about the procedures they were expected to follow if they thought someone might be experiencing abuse.

Risks were assessed and managed in the least restrictive way possible. People chose to spend time outside in the warm weather, and were provided with wide-brimmed hats and cool drinks. Care staff worked closely with the on-site health and social care professionals to assess risks and followed their advice for managing these. A member of staff commented, "We have been trained to move residents safely, but we must do it within the resident's ability and not hurry to get it done." Key information that staff needed to know to provide care safely was recorded on a laminated sheet in people's rooms. This included assistance people needed with moving and handling, including the aids and equipment they used for transfers and how many staff they needed to help them. It also flagged up whether the person had a safe swallow plan to reduce the risk of choking. Health and social care professionals confirmed that staff followed their advice regarding keeping people safe and kept them informed of any changes that could affect this.

The premises were well maintained, clean and smelt fresh throughout. The building had been refurbished when the service moved in. Radiators were covered to protect people from hot surfaces and windows above ground level had restricted openings to reduce the risk of people falling out. Maintenance checks were regularly undertaken at the required intervals, including precautions against the growth of legionella bacteria in the water system, and checks to ensure that fire doors, extinguishers and alarms worked properly. Current certification was in place for gas safety, electrical wiring, passenger lifts and hoisting equipment.

People were protected from the spread of infection. Staff had training in infection control, including hand washing and the use of personal protective equipment. Hand washing facilities were available where needed, such as in bathrooms, the kitchen and the laundry. Hygienic hand rub was also available around the building. Personal protective equipment for staff, such as disposable gloves and aprons, was in plentiful supply. The service had achieved the highest possible hygiene rating at a food standards inspection within the past year.

There were sufficient staff on duty to keep people safe and provide the care they needed. People, visitors and staff confirmed this. For example, a person commented, "They generally come quickly [when I ring my bell] but occasionally there is a delay, but I know they are busy." We observed that although staff were busy, they worked at people's pace and did not rush them. The atmosphere remained calm and positive. There were three care staff on duty, day and night, on each unit. Where the rota could not be filled by the service's staff, agency staff were used.

Robust recruitment processes helped ensure that only suitable staff began working at the service. These included obtaining references and a Disclosure and Barring Service (DBS) check before candidates started

working with people. A DBS check helps employers provides information about a person's criminal record and whether they are barred from working with certain groups of people. However, whilst these checks had been undertaken, staff files did not all include all the information required in law, such as photographic identification. The provider had already identified that this was the case and had an action plan in place to address it.

Medicines were managed safely. They were complex for staff to organise, as people were often admitted at short notice with a long list of medicines that changed as they recuperated. In addition, staff had to liaise with each person's GP to organise prescriptions. There were multiple checks to ensure there were sufficient quantities of medicines available, that medicines administration records reflected current prescriptions, and that prescriptions provided adequate direction for staff. Medication administration records were well maintained with no gaps in the records. However, whilst these contained clear directions for the administration of creams or 'as required' medicines, the good practice of body maps for creams and protocols for 'as required' medicines were not in place, despite the provider's medication policy requiring these. We drew this to the provider's attention and they said they would ensure these were put in place.

Medicines were stored securely. There were suitable storage facilities, including a controlled drugs cupboard and a fridge for medicines requiring refrigeration. Records were kept of the temperature of the fridge and the medicines area, ensuring that medicines were stored at the correct temperature.

Lessons were learned and improvements made when things went wrong. Staff readily reported accidents, incidents and concerns. Managers reviewed accident and incident reports to check all necessary action had been taken for people's safety and wellbeing. The provider reviewed accident and incidents for developing trends that indicated further changes might be necessary.

Good

Is the service effective?

Our findings

The service had been set up such that there was a thorough approach to planning and coordinating people's return home or to other services, right from the start of their admission to Coastal Lodge. People were central to this process, the arrangements fully reflecting their individual circumstances and preferences. Admissions tended to be short, for the purposes of rehabilitation and reablement, following a hospital admission with input from the onsite healthcare professionals, or with input from a community matron to forestall the need for admission to hospital. The expected outcomes of an admission were identified at the outset, and were kept under review by staff, health care professionals and people themselves as the admission went on. During the working week, health care professionals constantly reviewed and treated people who used the service; people's care records reflected this. People discussed with staff and health care professionals the implications of their condition for the support they would need at home, and were supported to make decisions accordingly.

The service and its staff were committed to working collaboratively and had excellent links with health and social care professionals. They had found innovative and efficient ways to deliver joined-up care and support to people, and continued to look for ways in which this could be developed further. Health care professionals who worked for the local NHS community care trust were based on site. One of them told us, "Our managers are committed to making it work and making it integrated." This view was echoed by the manager and their manager. The professional also said there was very good communication with staff: "Staff tell us everything… We always know if someone's got an itchy back!" There was also an on-site social worker. They shared an office with the service's senior care and community services officer, whose role included facilitating communication between care staff and health care professionals, ensuring that key information was shared both ways. They were well established in post and described their role as "unique… the gel between the NHS and the social care team".

Care planning and delivery was based on people's individual needs. This was reflected in comments such as, "I felt the hospitals did their best, but coming here has made a huge difference to [person's] recovery." Assessments of needs were comprehensive, drawn up by staff in collaboration with the health care professionals based on site. They were based on people's need for rehabilitation or respite, depending on the purpose of the admission. Assessments and care plans covered areas such as physical and mental health needs, communication, mobility and transfers, nutrition, personal care, continence, and hobbies and interests.

There were processes in place to ensure people did not experience discrimination in relation to their care and support. People's protected characteristics, such as gender, ethnicity, disability and sexuality were acknowledged and respected. Staff all had diversity and equality training. They and the manager understood the importance of treating people as individuals and respecting their preferences. The manager told us staff readily challenged each other if they thought practice might fall short of this.

People had access to health care services and got the support they needed to manage their health. People's health care needs were monitored and any changes in their health or well-being prompted a referral to the

advanced nurse practitioner or medical practitioner based at the service. They were both nurses who worked for the NHS and had advanced training that qualified them to prescribe medicines. They liaised with people's general practitioners or hospital specialists as necessary.

Staff had skills and knowledge to provide effective care and support. Staff spoke positively about the training and support they received. Comments included: "I really enjoyed the training I have been given. It's given me confidence in myself to get on and do the job", "I have enjoyed the training and feel confident to do my job", and "I know I can always seek help and support, after all you never stop learning, do you?" Staff were supported through regular supervision meetings and an annual appraisal. The frequency of some staff supervision had slipped in recent months, but there were plans in place to address this, and staff told us they could seek support if necessary. Staff had annual moving and handling training, and regular refresher training in core topics such as handling medicines, safeguarding, infection control and fire safety. They were also encouraged to obtain qualifications in health and social care and had access to training in more specialised topics of interest to them. Staff new to care completed Care Certificate training, which is based on a nationally recognised set of standards for staff working in health and social care.

People were supported to eat and drink enough to obtain a balanced diet. People spoke positively about the food, for example, "The food is superb", "The food is wonderful", "I've no complaints about the food" and "I love the food here, there's plenty of it." The weather during the inspection was very warm and people had regular drinks. Mealtimes were relaxed occasions that presented an opportunity to socialise. Meals looked appetising and included a range of fresh vegetables that people could help themselves to. They could choose from the menu, and could also choose where they preferred to eat, whether at a large table with others or a smaller table in the dining area, sitting in a chair by themselves or staying in their room. A person told us, "I like my lunch and other meals in my room. The carers are quite happy to accommodate me."

People's dietary needs were respected. For example, where people needed pureed meals because of difficulty chewing or swallowing, this was clearly reflected in their care plan, flagged up on the laminated sheet in their room and communicated to kitchen staff. A person told us, "I lost my own teeth many years ago, so the carers make sure my food is prepared for me. They cut off crusts."

Staff worked in line with the requirements of the Mental Capacity Act 2005 (MCA). This 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 they lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and the least restrictive possible. People had given consent to their care, and staff emphasised that people's decisions about their care must be respected, unless they lacked capacity to make those decisions. The manager and staff had received training about the MCA and understood when mental capacity should be assessed and best interest decisions made regarding care.

The manager understood the requirements of the Deprivation of Liberty Safeguards. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No-one was subject to DoLS at the time of the inspection. However, there was a system for ensuring applications were made to the local authority if there were concerns that people were unable to consent to staying at the service under the constant supervision of staff.

The decoration and adaptation of the premises met people's individual needs. Decoration was fresh and

bright, contributing to a homely atmosphere. Toilets and bathrooms were clearly marked, and had adaptations to make them easier for people with mobility difficulties to use, such as grab rails and raised seats. Rooms were large enough for people to use mobility aids and for staff to assist them with transfers, if this was necessary. People spent time sitting outside on balconies, which were easily accessed from communal areas. There were gardens outside the lowest level of the building. Different floors of the building were accessed by passenger lift.

Good

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People and visitors spoke highly of the staff. Comments included, "The carers here have been very good to me" and "They are patient and understanding." We observed staff interacting with people in an informal but respectful way. They were attentive and responded promptly when people needed reassurance or encouragement. They spoke gently but clearly, allowing people time to respond.

Staff knew and respected the people they were supporting, and people felt valued by the staff. Comments from people included: "I like the carers and I have built up good relations with them during my time here", "The carers are very good to me, they care how I feel", and "Hats off to them. They like me and I like them, so who could ask more?" We heard about one person who had felt able to attend the recent garden party after a member of staff had helped them to wash and style their hair in a way they liked; they had not previously felt confident to socialise because of what they felt they looked like. People's care records contained information about their life history, interests, significant people and preferences and the manager and staff were familiar with these details.

People were actively encouraged to express their views and be involved in decisions about their care and support. Care staff and healthcare professionals based at the service spent time with people, talking about their hopes and wishes regarding their rehabilitation and reablement, and this information was shared between staff and healthcare professionals. Any changes to care plans were agreed between the person, care staff, health and social care professionals and, if appropriate, the person's relatives. People who lacked the capacity to make decisions about their care and who had no relatives involved in their care were referred for advocacy support to represent their interests in making decisions about care. A relative told us they were kept informed about their loved one's care: "The staff make me feel welcome and give me updates on [person]."

People were also encouraged to make choices about day-to-day aspects of life at the service. For example, a person told us their room was "a bit dark. The carers help me to go into the lounge where it's bright and airy… I enjoy being in company and the carers know it". At lunchtime people in one dining area declined to have the radio on as they wished to talk amongst themselves. Staff respected this choice. In the other dining room, the radio was playing modern music and there was a lack of conversation. A care worker noticed this and asked if people would like the radio turned down or off. However, people opted to keep the radio on, saying. "No, it's fine" and "It's jolly". People confirmed they could have visitors whenever it suited them; for example, someone said, "Yes I get visitors. They can come in whenever they want." Visitors told us they felt welcome: "If there is heaven on earth, Coastal Lodge is it!"

People's privacy, dignity and independence was respected and promoted. Staff called people by their preferred name. They were discreet in offering personal care, which was provided in private. The promotion of independence was central to people's rehabilitation and reablement. People talked to each other about how they had regained confidence during their stay at Coastal Lodge. We observed independence being promoted. For example, staff noticed that someone was eating very slowly, chasing food around their plate.

With the person's agreement, they swapped the plate for a bowl and the person ate more easily. Someone else was encouraged to stand up independently and take hold of their walking frame. They did this slowly, without the intervention of staff beyond being watchful and providing encouragement. Staff told us that one of the things they found rewarding in their work was to see people become more confident and independent.

Good

Is the service responsive?

Our findings

People had personalised care that was responsive to their needs. They told us they had the care they needed, for example saying, "I love it here, the carers are great and help me whenever I need it." Their care plans were individualised, based on their goals for their rehabilitation and reablement. These were kept under review and updated as people's needs changed. People, and where appropriate their relatives, were as involved as possible in this process. Staff were familiar with people's care plans and understood how to provide the care they needed.

People were encouraged and supported to avoid social isolation, although staff respected their preferences to spend time alone. This was illustrated by the comment: "I spend as much time out here as I can and there is always someone to talk to… I don't want to stay in my room as it's lonely, so the carers are happy to assist." People, in one part of the building particularly, enjoyed conversation with each other over lunch or sitting outside on the patio. They talked about how they liked having the company of others at Coastal Lodge whereas they did not see many people at home. Staff confirmed that the level of conversation depended on the people staying in each part of the home at any time.

People were supported to take part in activities that were enjoyable and meaningful to them, if they so wished. During the inspection they spent time in their rooms or in communal areas, as they chose. There was an atmosphere of purposefulness, with people, staff and healthcare professionals working together to help people regain their ability and confidence. We saw people occupied with books and newspapers and listening to the radio. The service employed activities coordinators, who worked with people individually or in small groups. A group of people sat out on the balcony in the sun, reading, chatting with each other, and practising walking one-to-one with on-site healthcare professionals. There was a holiday-like atmosphere of fun and relaxation, even though people were working hard on their rehabilitation exercises. The previous weekend there had been a garden party, which people and staff talked about with enthusiasm.

The service met the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. Communication needs and sensory impairments were flagged in people's care plans and on the staff handover sheet. A person commented on how supportive staff had been in helping them to communicate. The service had obtained an assistive listening device to enhance staffs' ability to communicate with people with a hearing impairment.

The service provided clear information for people about how to make a complaint. No-one we spoke with had had cause to make a complaint. There had been no complaints during 2018, and there were 21 compliments on file over this period. These were effusive about kind and caring staff who had helped people regain their abilities.

Good

Is the service well-led?

Our findings

The service had a positive, open, inclusive, person-centred culture, in line with the provider's values of Welcoming, Empowering, Trustworthy, Innovative and Inclusive. This was evident in the way people, visitors and staff spoke, and our observations, about how people's needs were prioritised. People and visitors commented: "It's like a home from home… I feel like I'm coming into a home rather than a care home", "I don't want to leave here", and "I suppose I have to go home, but I would rather stay here." Staff were motivated and worked well together as a team. They told us: "It's a lovely place to work. It's great to feel part of a team", "We are a team", and "We have fun as well as work hard." An agency care worker told us they were well treated at Coastal Lodge and it was the only place they wanted to work: "I've been moved to tears."

Managers were aware of what the service was like from day to day. The registered manager had left the service at the end of the previous week and the provider had advised CQC of the arrangements for managing the service until a further registered manager was appointed. The manager, who started in post on the first day of the inspection, had been working as a deputy and hoped to continue having close contact with people and staff. Their conversation throughout the inspection reflected the priority they placed on people having a good experience at the service. A member of staff described the manager as "a very caring soul and wants the best for people". The operations manager informed us they would be visiting frequently to support the manager. The manager was conscious that the recent change in management could be unsettling for staff. This was consistent with comments from staff: "We are missing our old boss as he was a real nice man… but it'll be fine for the future… I'm positive", "It'll be fine, at least the new manager is one of us", and "We have lost our manager but the replacement is nice enough."

Staff were supported to question practice and raise concerns if necessary. The provider had a whistleblowing policy and procedures, which were well publicised to staff. Staff told us they had had training regarding whistleblowing and would not hesitate to raise concerns about poor practice.

The service encouraged open communication with people, their family and friends, staff and other stakeholders. People's views and experiences were gathered through feedback forms when people left the service, and a suggestions box. Nine forms had been returned in June, in which people were wholly positive about their experience of care. The provider intended that each of its services would have a quality assurance group, comprised of people, relatives and staff, that met three times a year. This was harder to organise at Coastal Lodge as people moved on quickly. Staff were consulted and kept informed of current developments through supervision, team meetings and daily handovers. Minutes of team meetings reflected open discussion about where improvement was needed and how this might be brought about, such as the introduction of a key-worker system. The manager placed importance on being accessible to staff through an open-door policy: "It is important to listen to staff as they might not know the bigger picture."

The service sought to develop links with stakeholders and the local community. The recent garden party had provided an opportunity for people, their friends and families, past users of the service and other professionals to meet each other and the senior staff team. A nearby hotel made cakes for the event and

local businesses donated raffle prizes. The service had agreed with a nearby care home to use their premises or to provide refuge in the event of an emergency at either service. The manager was involved with organisations that supported care providers and registered managers in the area. The manager and provider continued to work closely with local authorities and health services with a view to opening the remaining two accommodation units in the building.

The provider had quality assurance processes were in place to monitor and improve the quality of the service. These included audits within the service and by the provider. Peer audits by managers from the provider's other services took place every two or three months. The next one was due later in the week. The manager had started undertaking peer audits in other services and saw this as a valuable learning opportunity. The provider had commissioned an external audit earlier in 2018, because of lessons learnt in one of its other services with a view to preventing the particular situation ever happening again. The results of audits and feedback forms fed into the manager's a comprehensive action plan that remained under review.

The provider understood its legal responsibilities and ensured requirements were met, including CQC registration requirements and the submission of statutory notifications. A statutory notification is information that the law requires CQC is made aware of, to monitor services. The service no longer required one part of its registration, for personal care, as the mobile night service had been transferred to another of the provider's services earlier in 2018. The manager and operations manager advised us the provider would apply for this part of the registration to be cancelled.