

# Mrs Sheena Calvert

# Coastal Carers

## Inspection report

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18 November 2019

22 November 2019

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28 January 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Coastal Carers is a domiciliary care service providing personal care to people across Scarborough and the surrounding area. The service was supporting 46 people at the time of our inspection including those living with dementia, learning disabilities and/or autism, physical disability and older people.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider's quality assurance systems were not effective in identifying areas requiring improvement across the service. This led to shortfalls in records not being addressed. The provider took action following our feedback. New systems and processes introduced during the inspection had yet to be embedded.

People received support from regular care workers, who understood their care and support need and provided effective care. The provider did not have up to date training records in place to identify staff training requirements and when staff were due for refresher training.

People felt safe with their care staff. We found gaps in medicines records. This put people at risk of not receiving their medicines given as prescribed. We have made a recommendation about the management of some medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was provided in dignified, respectful ways. People's emotional needs were understood by staff and were well supported. Staff were committed to helping people to maintain their independence and live in their own homes.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them

having opportunities to gain new skills and become more independent.

Care was organised around people's wishes and preferred routines. Staff encouraged people to pursue their interests and encouraged them to participate in community activities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last rating for this service was requires improvement (published 19 November 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to staff training and support and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Coastal Carers

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector. An Expert by Experience made telephone calls to people that use the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service was run by a single provider in day to day control of the service. It was therefore not required to have a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 15 November and ended on 22 November 2019. We visited the office location on 18 November and 22 November.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority commissioning and safeguarding teams who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people and seven relatives over the telephone to ask about their experiences of the care provided. We spoke with six staff including the provider, assistant manager, one supervisor and three care workers.

We looked at four people's care plans and medicine administration records. We looked at three staff recruitment, training and supervision records. We viewed a range of records relating to the management of the service including quality assurance checks, accident and incident records and feedback questionnaires.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with one social care professional who regularly works with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely and we could not always tell people received their medicines as prescribed.
- 'As and when required' protocols did not contain all the relevant information to support the safe and proper use of these medicines. There had been occasions when one person had been given an overdose of pain-relieving medicine. The assistant manager took action to review the records for the people affected to prevent this issue reoccurring.
- Pain relieving patch records did not always show they were not always rotated as per best practice. This had been an issue at the last inspection. The assistant manager reviewed this.
- People were at risk of medicine errors because medicines audits were not always completed in a timely way to identify any issues with medicines and take any necessary action.

We recommend that the provider reviews and follows medicines best practice guidance.

- Medicine competencies were used to check staff were administering medicines correctly and safely.
- People and their relatives were satisfied with the support they received with taking their medicine. One relative said, "[Person] gets help with their tablets in the morning. The care workers make sure [person] takes them."

### Assessing risk, safety monitoring and management

- Staff understood the support people needed to keep them safe. People and their relatives felt safe with the care provided. One person said, "The care workers stand over me while I am cooking so I don't burn myself." A care worker told us, "It's so important that people feel safe with us and that we're competent."
- Risk assessments were not always in place to identify risks to people and guide staff in how to manage these. For example, a risk assessment was not in place for a person who had previously experienced financial abuse. The assistant manager agreed to review this.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people against the risk of abuse. Staff understood how to use these systems should they identify concerns.
- The provider and assistant manager worked with the local authority to support people and their relatives through the safeguarding process and to keep people safe.
- When incidents occurred, 'memos' were sent to staff to remind them of best practice.

### Staffing and recruitment

- People were supported by staff who were safely recruited and checked to ensure they were suitable to work with vulnerable adults.
- Consistent staff arrangements were in place. People knew which care workers would be supporting them at each care visit. One relative said, "They come on time, I have details of who is coming and when."

### Preventing and controlling infection

- Staff followed good infection control practices, using hand sanitiser, gloves and aprons to prevent the spread of healthcare related infections. One person told us, "The care workers always wear these when supporting me."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people achieved their outcomes, although there were inconsistencies in staff knowledge and support.

Staff support: induction, training, skills and experience

At the last inspection we made a recommendation that the provider review their training requirements. At this inspection we found sufficient improvements had not been made.

- Up to date records of staff training were not maintained. It was not clear what training the provider expected staff to complete or when this should be updated.
- Staff had not always received training to carry out their roles effectively in areas such as first aid, moving and handling and safeguarding. There had been one occasion where a staff member had administered cardio-pulmonary resuscitation to a person following 999 guidance. Following our visit the provider made arrangements for staff to receive practical first aid training.
- Staff were promoted to senior positions without always having an induction or support to help them understand their new responsibilities. The provider could not be sure these staff had the knowledge, skills and competency to perform their duties. Following this feedback, the assistant manager arranged for supervisions to support senior staff.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt staff had the skills needed for their care.
- Appropriate support was arranged for new care staff to help them understand their role. This included an induction and shadowing to familiarise themselves with people's care.
- A system of competency checks and spot checks was used to monitor staff practice.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

We checked whether the service was working within the principles of the MCA.

- Consent was obtained from people before care staff provided their care. One relative said, "They will always ask [person] 'is it ok if I do this?'"
- Records did not always show how people's capacity and ability to consent had been considered and reviewed following changes to this. The assistant manager advised care plans were being updated and provided an example of documentation they planned to introduce to record decisions about people's capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective support following an assessment of their care needs.
- People and their relatives were encouraged to be involved in developing their care plans and writing their life history records to help staff understand people's personal histories and adapt their support.
- People were supported by a consistent team of care workers who were familiar with their care and support needs. One relative said, "I asked for consistent care workers to support Mum, the assistant manager has provided this. This was really important with Mum's dementia."
- Staff were matched with people based on their experience, skills and personalities. This helped people and staff form relationships and gain confidence in their care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked with people to plan varied meals and prepare these. This helped people follow a healthy, balanced diet.
- When there were concerns about people's food or fluid intake staff monitored this and provided effective support. One relative told us, "[Person] can be reluctant to eat and the care workers give gentle encouragement."

Staff working with other agencies to provide consistent, effective, timely care

- Care staff worked effectively with other care agencies and people's relatives to coordinate people's care and ensure they received consistent support.
- Advice from other professionals was sought appropriately; their recommendations were followed.

Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's health conditions and used this to provide effective care. One person told us, "The staff understand my condition and how it affects me, they know I'm slower first thing in the morning."
- Information about people's health needs was not always recorded in their care records to guide staff.
- People's dietary requirements were accommodated. Staff worked with people and other professionals to manage health conditions linked to their diets, such as diabetes.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave consistently positive feedback about the service they received. One relative said, "The experience we've had so far has been great."
- People and their relatives were happy with how staff spoke with them and how their care was provided in sensitive, respectful ways. One relative said, "They treat [person] fantastically."
- Staff understood people's emotional needs and events that may cause them distress or anxiety. They tried to prevent or reduce this where possible. One person had been supported effectively following a traumatic event, enabling them to rebuild their life.
- Staff had confidence in the care provided by the service; some staff members had arranged for their own family members to receive care from the provider.

Supporting people to express their views and be involved in making decisions about their care

- The provider was aware of the role of advocates in supporting people to make decisions and knew which people had advocacy support.
- Staff supported people to be involved in decisions about their care and wider decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. They provided personal care in ways that people accepted and maintained their dignity, which people responded positively to.
- People were encouraged to be independent where possible, staff used their knowledge of people's abilities to motivate them and encourage them to maintain their skills.
- Staff were committed to people retaining their independence and living in their own homes. One care worker said, "We do everything we can do to keep people in their own homes, it's where people should be."

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was developed around their preferred routines and choices. For example, allowing them time to sleep in or get up early for activities such as work or church. A care worker told us, "People's needs are first and foremost."
- Care was provided in flexible ways to respond to changes in people's needs or preferences. One person said, "The staff are always willing to change and bend in my care."
- Care reviews were used appropriately to check people's care was appropriate to their needs and make any changes required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care staff were aware of people's communication needs and the impact these could have on their ability to make decisions. One relative told us, "They got in touch when Mum couldn't make a decision because of her hearing."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their interests. One relative said, "[Person] likes snooker and the care workers remind them to put on the TV so they don't miss it."
- Staff were proactive in identifying people at risk of social isolation. One care worker had identified a 'knit and natter' group for one person to attend, helping them to build relationships and gain in confidence.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints.
- Relatives were in regular communication with care workers and management. This prevented any concerns escalating. Relatives described examples of leaving notes for care workers, which had been acted on.

End of life care and support

- Information about people's end of life care arrangements were not always recorded to support staff should a person pass away unexpectedly. The assistant manager agreed to update their assessment record to include this information.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have a robust quality assurance system in place to monitor quality and safety across the service. The provider's systems had not identified the issues we found with records including risk assessments, medicine records, medicine administration record audits, records of people's health conditions, staff training, support for senior staff, consent and MCA records and end of life records.
- Areas identified as requiring improvement at the last inspection had not been addressed.
- During the inspection the assistant manager introduced new quality assurance checks. These had yet to be embedded.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and assistant manager were actively involved in providing care, helping them to guide staff in their approach.
- People and their relatives were able to contact managers when they needed to. One relative said, "I've dealt with the assistant manager and they got things sorted quickly and put the family at ease, there is good communication."
- Staff felt supported by management. They were able to openly discuss any issues and their wellbeing was supported. One care worker told us, "We can make suggestions and say if we think things can be done better."

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

- There was a positive culture at the service based on providing person-centred care at people's own pace in their own homes. One care worker told us, "The provider cares about people and the staff and the staff care about each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met the regulatory requirements of their registration; they informed CQC of significant events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Annual questionnaires were used to ask people and their relatives about their experiences of care. The feedback from these was positive.
- An annual staff survey was used to gather staff views of the provider. Responses from this year's survey had not been returned at the time of our inspection.
- Staff memos were used to good effect to communicate changes in people's needs and share learning amongst the staff team.
- The provider had well established relationships with health and social care professionals. One social care professional told us, "Coastal Carers are very professional, flexible and adaptable."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1)(2)(a)(f) The provider had failed to have systems and process to assess, monitor and improve quality and safety across the service and evaluate these systems.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  (2)(a) The provider had not ensured staff had appropriate training, support, supervision and appraisal to enable them to carry out the duties they were employed to perform.