Coastal Care Limited

Caremark New Forest

Inspection report

Unit 21
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Date of inspection visit:
01 July 2016
04 July 2016

Date of publication:
19 August 2016

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

We carried out a comprehensive inspection on the 1 and 4 July 2016. The inspection was announced.

When we last inspected in February 2014 we found that the service was not assessing and monitoring quality standards, records were not always accurate and peoples views were not being sought about the quality of the service. Risk assessments had been carried out but care plans did not contain details of actions to take to minimise a persons risk and records were not always accurate. We asked the provider to take actions and at this inspection we found that there had been improvement.

The service provides personal care to older people living in their own homes. At the time of our inspection there were 25 people receiving a service from the agency.

The service has a 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.

People and their families told us they felt safe. Staff had completed safeguarding training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse.

Assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk and this was reviewed regularly.

There were enough staff to consistently meet the needs of people. Staff had been recruited safely and there were processes in place to manage any poor or unsafe practice.

Staff had completed medicine administration training and regularly had their competencies checked by a member of the management team.

Staff received an induction and on-going training that enabled them to effectively carry out their roles. Supervision took place regularly and included spot checks with staff whilst working in people's homes. Staff had opportunities to develop their skills, knowledge and personal development.

We found the service was working within the principles of the MCA. Staff understood how to support people to make their own decisions. When a person lacked the mental capacity decisions had been made in the persons best interests.

People were supported with their food and drink requirements. Staff had a good understanding of people's likes and dislikes and food allergies.

People had access to healthcare which included GP's, district nurses, mental health practitioners and occupational therapists.

People and their families described the service as caring. Staff had a good knowledge of people and what was important to them. Care was provided by staff that people knew and felt relaxed with and who respected their privacy and dignity. Staff had found effective ways to communicate and support people who had sensory or cognitive impairment.

Care and support plans were individual and centred around how the person wanted to be supported. Plans were reviewed regularly with people. People felt listened to and had a good understanding of how to make a complaint.

Notifications had not always been sent to CQC. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. We discussed our findings with the management team who advised they would review the regulation immediately.

Staff were positive and enthusiastic about the service and spoke highly of the teamwork and management team. Staff felt valued and that their achievements were recognised.

Audits had been completed and had been effective in providing data about practice. The last annual quality assurance survey had been completed in 2015 and the overall outcomes had been shared with people and staff.

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.

Staff were trained to understand and recognise signs of abuse and actions they would need to take if abuse was suspected.

People's risks were assessed and actions put in place to minimise further risks to safety.

There were sufficient numbers of staff to support people. Staff had been recruited safely.

People were administered medicine by staff who had been trained and had their competencies regularly checked.

Is the service effective?

Good

The service was effective.

Staff had received training that enable them to carry out their roles effectively.

People were supported to make decisions about their care in line with the principles of the mental capacity act.

Staff understood how to support people with their eating and drinking.

People had on-going access to healthcare.

Is the service caring?

Good

The service was caring.

Relationships between people and staff were thoughtful and caring.

Staff had a good knowledge of people and how best to communicate with them.

People were involved in decisions about their care.

People had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People had their support needs assessed and regularly reviewed.

Staff had a good knowledge of people's care and support plans.

A complaints process was in place and people were aware of it and felt if they needed to use it they would be listened to and actions taken.

Is the service well-led?

Good

The service was well led.

Notifications had not always been sent to CQC to advise us of incidents that had taken place in the service.

Staff felt valued and that their achievements were recognised.

Audits had been completed and had been effective in providing data about practice and maintaining quality standards.

An annual quality assurance survey captured people and staffs views about the service and and the results were used to further develop the service.

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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.

The inspection took place on the 1 and 4 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector.

Before the inspection we looked at notifications we had received about the service and we spoke with social care commissioners to get information on their experience of the service. We also looked at information on their returned PIR. This 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 our inspection we spoke with three people who used the service and three relatives. We spoke with the owner, registered manager, the deputy, and four care workers. We spoke with one community mental health nurse who had experience of the service.

We reviewed four peoples care files and discussed with them and care workers their accuracy. We checked three staff files, care records and medication records, management audits, staff meeting records and the results of quality assurance surveys.

We visited two people in their home and observed staff practice.

Good

Is the service safe?

Our findings

When we last inspected in February 2014 we found that risks to people had been identified but had not been put into care plans that described the actions needed to minimise the risk. We asked the provider to take action and found at this inspection that improvements had been made.

People and their families told us they felt safe. One person said "I definitely feel safe; it's one of the best company's I've been with". Staff had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse. Staff felt confident to report poor practice. One health care assistant told us "If a colleague was not performing I would speak to the manager. We all make mistakes and may not be aware. I feel the manager would deal with it".

Assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk. People were involved in decisions about how risks they lived with were managed. Risks had been assessed for home safety, moving and handling, accessing the community and eating and drinking. We spoke with staff who had a good knowledge of the risks people lived with and their role in reducing risk. Risk assessments were regularly reviewed with people.

Accidents and incidents were reviewed by a member of the management team. The reviews included actions to minimise further risk. One person had experienced falls and we saw that a referral had been made to an occupational therapist for a review of equipment.

People told us that there were enough staff. One person said "The carers are always on time. We have never gone without a carer". Staff told us "There are enough staff. If somebody is off it's covered. We always help each other". The management team provided a 24 hour on call service which staff told us worked well whenever they had needed advice or support.

We checked three staff files and saw evidence that staff had been recruited safely. Files contained details that a criminal record check had been completed and that references had been received and verified and any employment gaps checked. We spoke with the deputy manager who was able to explain the processes in place to m manage any unsafe practice.

Staff had completed medicine administration training and as part of their supervision had their competencies checked by a member of the management team. Medicine alert forms had been completed when an error had occurred. The alert form recorded actions taken which had included telephoning a GP for advice and providing additional training and supervision to the member of staff. This demonstrated transparency and ensured that appropriate actions had been taken to ensure peoples safety.

Good

Is the service effective?

Our findings

Staff received an induction that enabled them to effectively carry out their roles. This included an introduction to the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. We spoke with a health care assistant who said "I liked the training. I did some shadowing with a supervisor. I felt ready after my training to do my job". Staff had on-going training which included safeguarding and moving and handling. Records were kept on a training matrix which included dates for training to be renewed.

Training had been undertaken that was specific to the people care staff were supporting. A health care assistant told us they had completed dementia awareness training and explained how it had led to changes in how they worked. They said "I have this lady and before training I used to leave her clean clothes out for the next day myself. Since the training I now ask her. Now I ask her it has meant she has more confidence".

Staff received regular supervision. This included formal supervision and spot check supervision whilst working in people's homes. A health care assistant told us "Supervision time on site checks manual handling, general deportment around clients, gloves, pinnys, and medicines".

Staff had opportunities to develop their skills, knowledge and personal development. One health care assistant had requested more dementia training and this had been organised. Another told us they had been offered the opportunity to take a diploma qualification in health and social care.

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.

We found the service was working within the principles of the MCA. Staff understood how to support people to make their own decisions. One said "If somebody has limited capacity I give them simple choices. Perhaps show them a yellow or blue dress". One person lacked capacity to make decisions about their medicine. We saw in their records that a best interest decision had been made to administer their medicine covertly. The decision had included their GP. People or their representative had signed forms consenting to their care and support. We saw evidence on people's files of legal appointee arrangements. Staff were aware of the aspects of support the appointee could make decisions about on behalf of the person.

Care plans included details about how a person needed to be supported with their food and drinks. We read one plan that contained specific details on the crockery and cutlery to be used and how the food needed to be presented. This enabled the person to eat their meal independently. We visited the person and observed the support being offered in line with their care plan. Care plans included information on any allergies people experienced.

People had good access to healthcare. This had included GP's, district nurses, mental health practitioners and occupational therapists. One person told us "The (senior) came out to do a review and saw my leg and said 'You can't leave it like that' and telephoned the nurse. She was good in that way".

Good

Is the service caring?

Our findings

People and their families described the service as caring. One relative said "The staff are lovely. If they are going to be late they ring because they know I worry". We observed a member of staff explaining to the manager that they had to stay longer at a call to help with transport. It had been running late and the person had been panicky. We saw a review where a person had written "(Staff) is very understanding with my anxiety and she has the ability to describe to me the environment and possible risk when we are out and about. I am very happy with this input". The manager told us that one person was poorly for a few days and the care staff had popped in between planned visits to check they were OK. This demonstrated a thoughtful, caring relationship between staff, people and their families.

People told us that they know the people who support them as they consistently have the same care staff providing support. One said "I see the same ones most of the time. I know them and it makes for a relaxed attitude". People told us that when a new member of staff starts they are always introduced to them. We spoke with a health care assistant who said "On the rota down to visit the same people. Very lucky as I have some wonderful customers".

Staff had knowledge of people and what was important to them. We observed a friendly relaxed and professional relationship between staff and people. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them.

Staff had found effective ways to communicate and support people who had sensory or cognitive impairment. A health care assistant told us "One person has dementia and is not able to express verbally if they're not happy but they are still able to tell you".

People felt involved indecisions about their care. One person told us there was only one male carer they wanted to visit and this had been respected. Another said "Everything works well. Carers are carrying out their duties according to my preferences". A relative told us "I'm involved in decisions. If anything is wrong the carers say". They then explained how their relative had a minor skin problem and they discussed with the care staff the best approach.

People told us their privacy and dignity was respected. One person said "When I have a shower at night the staff describe my clothes to me and I really like that". We observed staff speaking about people respectfully and calling them by their preferred name.

Staff understood the need to support people to be as independent as possible. We spoke to one person who told us "Staff always give me a spoon and explain where on the plate the food is and where my drinks is. My meals are served in a bowl so that I can manage myself".

Good

Is the service responsive?

Our findings

When we last inspected in February 2014 we found that peoples care and support plans were not being reviewed and that records were not accurate or up to date. We asked the provider to take action and found at this inspection that this had improved.

Pre assessments had been carried out before a person began receiving support. The assessments had included the person, families and other professionals such as a social worker. The information gathered had formed the initial care and support plans. We looked at four peoples care and support plans. They were individual and centred around how the person wanted to be supported. The plans provided information specific to each person that provided detailed descriptions of how people had agreed to be supported.

Plans contained information about the person's social and medical history. Descriptions of how to support a person included details of the person's level of independence. An example was areas the person could manage to wash themselves and areas they needed support with. Staff had a good knowledge of what care and support people needed. One person said "They do everything in my plan. Anything different we only have to ask and they swap".

Care plans were reviewed regularly with people and provided an opportunity for discussing future goals. One person had lost some confidence and expressed that they would like companionship once a week and to sit outside in their wheelchair. The plan had been changed to reflect this and had led to the person eventually going with a member of staff shopping or for a coffee. The person told us "Going out each week just once makes a big difference".

Prior to reviews taking place people had been sent a review form so that they could write what they would like to discuss. We saw that people's requests had been written into care plans and when we spoke to people they told us the changes had happened. Reviews took place in people's homes. One person told us "(Office staff) come out and spend three hours or more here. They go through everything, health and safety, care plans, absolutely everything". Staff told us that any changes to care and support plans are sent through to them on a text. One health care assistant said "Changes to care plans are text from the office. It works, I have never had a problem".

People were aware of the complaints process and told us they felt if they made a complaint they would be listened too. One person was unable to read the complaints process and it had been recorded that it had been read to them and they had confirmed they understood the information. One person told us "There's no need complain to the office as carers listen to what you say to them. Carers take it on board". Bi-monthly the service carried out telephone monitoring calls which were used to gather feedback from people using the service.

The complaints process included details of other agencies that people could contact if they were unhappy with the service. We saw that any complaints were recorded and clearly detailed actions taken and the

outcome.

Good

Is the service well-led?

Our findings

When we last inspected in February 2014 we found that the service were not assessing and monitoring quality standards, records were not always accurate and peoples views were not being sought about the quality of the service. We asked the provider to take action and at this inspection found improvements.

Notifications had not always been sent to CQC. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. We saw there had been an incident were the police needed to be called. This type of incident was notifiable but a notification had not been sent. We discussed our findings with the management team who advised they would review the regulation immediately.

Staff were positive and enthusiastic about the service. One said "The (management team) are so supportive. I know they are always there. Never had such good management". Another said "The manager always knows the answer. They're spot on". Staff told us they feel listened too. A health care assistant told us "Management always listen. I always feel fully included. When I have discussed people may need more care it happens".

People, their families and staff all told us they felt the service was well led. One family member said "The leadership is very good". People were familiar with the office staff and had met with them in their homes. People felt the management team were approachable and friendly.

Staff told us that they felt valued by the organisation. Last year there had been a staff awards scheme which had been used to recognise when staff had performed over and above their expected role. The owner told us they planned a similar scheme again this year. Compliments had been shared with staff to acknowledge their achievements.

Audits had been completed by the manangement team and had been effective in providing data about practice. They had included audits of care and support files, medicine administration, health and safety and record keeping. Audits clearly highlighted areas for improvement, dates for actions to be completed and the outcomes. An additional audit of the service had been completed bi-monthly by the regional manager.

The last annual quality assurance survey had been completed in 2015. Feedback had been sought from people, their families and staff and the overall outcomes had been shared. All of the outcomes were positive. The deputy manager told us that if anybody had raised an individual comment about their care his had been discussed directly with them.