

Coastal Home Care Services Limited

Coastal Home Care Services

Inspection report

210 Marine Road West
Morecambe
Lancashire
LA4 4BU

Tel: 01524889734

Date of inspection visit:
11 July 2019
16 July 2019

Date of publication:
30 August 2019

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 Home Care Services is a domiciliary care agency providing personal care to people living in their own homes within Lancaster and Morecambe and surrounding areas. At the time of the inspection 14 people were receiving a service.

Not everyone who used the service received personal care. 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.

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

Although people told us they felt safe, we found staff practice did not always promote safety. People's medicines were not consistently managed in a safe way. Deployment of staff was not always effective to ensure visits took place as scheduled. Staff recruitment checks were not always carried out in a timely manner. People's individual risk was not always effectively addressed and managed.

The service was not always well-led. Oversight of the service was inconsistent and identified concerns were not always addressed in a timely manner. We found record keeping was not always accurate, up to date, available and reflective of care provided.

People told us when they required support with eating and drinking their dietary needs were met. Although staff had received some training, we could not be assured training had been completed to the required standard by suitably qualified professionals. We raised these concerns with the registered person who advised us improvements to staff training were underway. Staff said they were appropriately supported within their role.

People told us they were able to make choices about their care and support and said they received care tailored to their needs. Although people told us they received person centred care, we saw no consideration had been taken to ensure information was available in a variety of formats. We have made a recommendation about this. The service had a complaints policy for managing complaints. We were told complaints were taken seriously and addressed in a timely manner.

People told us staff were kind and caring. They told us they were able to build positive relationships with staff. The registered person said they were proud of the way in which relationships were nurtured within the service.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

This service was registered with us on 24/10/2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the lack of management oversight within the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Following the inspection, we fed back our key concerns to the registered person.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coastal Home Care Services on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 Home Care Services

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

Two inspectors visited the office to carry out the inspection. After the inspection visit one inspector made telephone calls to staff and people who used the service to gain their feedback.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The registered person told us they were currently in the process of recruiting one.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of the management team would be in the office to support the inspection.

Inspection activity started on 11 July 2019 and ended on 16 July 2019. We visited the office location on 11 July 2019.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since registration. This included looking at information held upon our database about the service for example, statutory notifications completed by the registered provider. 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 sought feedback from the local authority safeguarding and contracts and commissioning teams. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We spoke with the registered person, the care coordinator, the senior supervisor and three members of staff responsible for providing care in people's homes. To gather information, we looked at a variety of records. This included care records related to three people who used the service and information related to the management of the service. This included three staff files, the business continuity plan and policies and procedures. We did this to ensure the management team had oversight of the service and to ensure the service could be appropriately managed. In addition, we visited one person in their home to review records maintained by staff.

After the inspection

We continued to communicate with the provider to verify our findings. We looked at further information emailed to us in response to the feedback provided during the inspection visit.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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 managed in line with good practice guidance and we could not be assured people's medicines were being given as directed. We reviewed the medicines policy for the service and found this did not reflect up to date guidance.
- Directions for administering medicines were not always followed. One person had a medicine which had to be given 30 minutes before food. Due to poor record keeping, we could not be assured these instructions had been followed. We spoke with the registered person about these instructions who confirmed they weren't aware of these requirements. They agreed to look at support times and adjust how support was provided.
- Records did not always have written guidance in place for staff to follow when they were prescribed medicines to be given "when required". One person had a cream for their face. There were no instructions as to which area of the face the cream was to be applied to. This meant they were at risk of not receiving the treatment as prescribed.
- We reviewed medicines administration records (MAR) for one person and saw staff were not consistently signing the record to verify medicines had been given as required. Staff were instructed to administer one tablet every seven days. On one occasion this was given a day later than instructed. Additionally, when time sensitive medicines were prescribed, there were no records maintained to show the time when the medicines were given. This placed the person at risk of harm as we could not be assured doses were given at the correct time as directed by the pharmacist.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Deployment of staffing was inconsistent, and we could not be assured staff were always appropriately deployed to meet the needs of people.
- We asked people about missed visits. Although two people told us staff were reliable, one family member told us due to short staffing their relative had missed several visits. We saw from a care review the family member had expressed concerns to management about missed visits.
- We reviewed two people's care log entries. We could not be assured both people had always received their

scheduled visits as agreed. There were no completed notes to show visits had taken place.

- We asked the registered person about missed visits. They told us they were unaware any had taken place. This conflicted with information in care records and people's feedback. We reviewed the providers missed visit policy. The policy stated all missed visits were to be reported to the manager. There was no evidence to suggest this policy had been followed.
- When staffing rotas were planned the care coordinator did not always take into consideration travel time between visits. The care coordinator told us staff could not be on time for scheduled calls if they stayed for the duration of time allocated therefore, people did not always receive a service as agreed. We saw feedback which confirmed two people had complained about the punctuality of staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate deployment of staffing was effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment processes were in place but were not consistently implemented. We reviewed three staff files and saw that disclosure and barring certificates (DBS) had not always been sought in a timely manner. DBS certificates allow employers to make safer recruitment decisions and prevent unsuitable people from working with people who at times may be vulnerable. Two members of staff had transferred to the new legal entity in October 2018 and at the time of this inspection visit did not have an up to date DBS certificate which reflected their new employment. Following the inspection, we received confirmation these were in the process of being completed.

We recommend the registered provider consults with and implements good practice guidance to ensure recruitment processes are carried out in a timely manner.

Assessing risk, safety monitoring and management

- Risk was sometimes assessed, monitored and managed. When people required assistance with personal care we saw risks had been assessed in relation to bathing and supporting people with personal hygiene.
- Although risk was assessed, we found moving and handling risk assessments were not always clear. We spoke with a person who required assistance with a piece of equipment for moving and handling. They told us techniques used by Coastal Home Care Services were not consistent with another service they used. We looked at the moving and handling plan and found the assessment was unclear. We discussed this with the senior supervisor and could not be assured risk assessments were accurate and reflective of need to promote safety. The senior supervisor agreed to review this.
- We found environmental risk were not always identified and acted upon. One person's environmental risk assessment identified fire risks within the environment, but consideration had not been taken to look at how the risk could be lessened. No referral had been made to the fire and rescue service for a visit to assess and manage the risk. Another person had animals in their home and staff were required to clean equipment used by the animals on a regular basis. There was no risk assessment in place for managing animal waste as part of this cleaning process.

We recommend the registered provider reviews systems and processes to ensure risk is consistently managed throughout the service.

Preventing and controlling infection

- Staff had received training in infection control and confirmed personal protective equipment was available for use.

- We asked to see a copy of the infection prevention and control policy, but the registered person could not locate this. No further evidence was supplied after the inspection to evidence a policy was in place. We discussed the importance of having effective infection prevention control procedures within the service and the importance of a robust policy with the registered person. They agreed to take action.

We recommend the registered provider seeks advice and guidance and implements an infection prevention and control policy within the service.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. People told us they felt safe when being supported by Coastal Home Care Services.
- Staff were able to identify abuse and understood their responsibilities for keeping people safe. When asked, staff could relay the processes for internally reporting any concerns they had about people's safety.

Learning lessons when things go wrong

- The registered person understood the importance of learning from incidents when things had gone wrong. They told us they constantly reflected upon experiences, so improvements could be made within the service.
- Records were maintained for all accidents and incidents which had taken place. These were reviewed by a senior manager.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received training and support to carry out their roles. We received mixed feedback from staff about the availability and quality of staff training. One staff member told us they had completed some training when they first started with the company but had not received any recent training. Another staff member told us the registered person had recently offered them more training after they had raised some concerns about the availability and quality of training.
- From records viewed, we saw training had been mainly provided through training DVD's. Although we saw evidence of staff training taking place, we could not be assured that training was carried out in line within the specified training schedule. We reviewed certification for one staff member and saw that part of the training schedule included completing work booklets and quizzes. We asked to see evidence these practical assessments had been completed as part of the training module. The registered person could not provide us with evidence to show these assessments had taken place. Additionally, we were informed a member of the management team had provided staff with moving and handling training. The registered person was unable to evidence this member of staff had the correct training to provide this.
- We raised our concerns with the registered person. They confirmed they had started to review staff training and make improvements to the quality of training. Staff were in the process of completing a nationally recognised care certificate and encouraged to sign up for further nationally recognised qualifications.

We recommend the registered provider seeks and implements good practice guidelines to ensure staff are appropriately equipped with the required skills to perform their duties.

- We spoke with staff about supervisions. Supervision is a one to one discussion held between a staff member and a more experienced member of staff which allows staff to discuss performance and training needs. We received mixed feedback from staff as to whether supervisions took place. We reviewed staff files and noted there was sufficient evidence of communications with staff on a regular basis.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Peoples care needs were routinely assessed and monitored. The management team carried out an

assessment before offering people a service. They did this to ensure the service could meet the person's individual needs. This included liaising with relatives to ensure they had the correct information required.

- Care plans detailed people's needs and preferences. People said their care plans were regularly reviewed and updated.
- We did not see any reference to good practice guidance within care records. However, we noted good practice guidelines regarding care in hot weather was on display within the office.
- We saw no evidence in care records of staff working with other health professionals. We discussed this with the registered person. They confirmed staff worked in partnership with health professionals, but this wasn't documented. After the inspection visit, they confirmed staff were now recording all health professional guidance and advice within care records.

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

- The service managed people's nutritional needs to ensure they received a balanced diet and enough fluids to keep them hydrated.
- We visited one person in their home. We observed staff encouraging the person to drink. The staff member spoke with the person about the importance of having regular drinks.
- Training records confirmed staff had undertaken food safety training to provide staff with the appropriate skills to handle and prepare food safely, in line with good practice guidance.

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.

- The registered person advised no person receiving a service lacked mental capacity at the time of the inspection visit. However, they had a good understanding of processes to follow should a person lack capacity.
- Within the care records we viewed, we saw the provider had discussed the care to be provided by the service and consent had been achieved. People told us staff routinely sought consent before they provided any care and treatment.

Adapting service, design, decoration to meet people's needs

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed to promote independence and safety. For example, on the day of our inspection, we observed the registered provider communicating with other professionals as one person's washing machine had broken down. The registered provider told us it was important this was reviewed as it was needed to promote the person's safety.

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.

This is the first inspection for this newly registered service. This key question has been rated as good.

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 relatives told us staff were kind and caring. Feedback from people who used the service, was positive. People told us, "The girls [staff] are kind." And, "They will do anything for me."
- The management team and staff spoke fondly of the people they supported and the relationships they had developed with people. The registered person said they were proud of the relationships staff had formed with people and how they had been able to promote continuity with carers.
- We saw independence was considered and promoted. Care plans detailed people's skills and strengths and areas in which assistance was required.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us privacy and respect were always considered. We observed a staff member working within a person's home. We saw they were respectful and mindful they were working in someone else's home.

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

- People were encouraged to express their views and be involved in making decisions about their care.
- People confirmed they were encouraged to provide feedback on the service provided and said they could be involved in making decisions about their care. One member of staff told us they worked flexibly around one person who decided when and how they wanted their care providing.
- The registered person was aware of the importance of accessing other supports such as advocates when people did not have help from families to express their views. Advocates are independent people who can support people express their views and make decisions about their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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.

- We spoke with the registered person about this standard. They confirmed they were not aware of this but offered us reassurances that no one currently required any adaptations to ensure communication was accessible.

We recommend the registered person seeks and implements good practice guidance to ensure compliance with the accessible information standard.

Improving care quality in response to complaints or concerns

- People told us overall, they had no complaints about the service. One person told us when they had raised any concerns with the registered person they were assured their concerns were taken seriously.
- The registered provider had a complaints policy for managing complaints. We saw when formal complaints had been raised, these were effectively dealt with.

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

- People were encouraged to make informed choices and decisions about how they were supported. We saw examples of people making decisions about staff and who supported them. Another person praised the flexibility of the service and how it responded to their needs.
- People told us care was personalised. People praised staff attitude and the way care was delivered. One person said, "They have a real interest in me."
- From records viewed we saw care plans were individualised and identified key information about the person including gifts and talents and their needs. Care plans included people's personal routines for staff to take into consideration and follow.

End of life care and support

- The registered person was aware of the importance of providing good quality care at the end of people's lives. They said one staff member had recently completed some training with the local hospice to increase their awareness around this topic. The registered person told us they had linked with other health professionals for advice and guidance when people were at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered person did not have a clear understanding of roles, responsibilities and quality performance.
- At the time of inspection, there was no registered manager in post. The previous registered manager had cancelled their registration with CQC in May 2019. The registered person had worked proactively to recruit a new manager and a new manager had been identified.
- Auditing systems throughout the service were lacking and not always effective. We were told an office member of staff reviewed paperwork when it was returned from people's homes but there was no formal process to show this occurred. From records viewed, we noted there were gaps in daily records and gaps upon MAR records. We saw no evidence these concerns had been identified and acted upon. No formal auditing of staff competencies had been recorded to evidence they had taken place.
- We found documentation was not always accurate. Planned rotas did not take into consideration travel time between visits. This meant peoples planned visit times were consistently inaccurate. We looked at training certificates for staff and noted one member of staff had completed five training courses in one day. We discussed this with the registered person who told us this was inaccurate. They said the completion dates were incorrect on the training certificates. This inaccurate information was also recorded on the training matrix.
- Documentation was not always readily available when requested. We asked to see evidence a member of staff had the necessary skills and competencies to provide staff training in a specific area. The registered person could not give us evidence of this. In order to complete certain DVD training courses, staff were expected to complete booklets as part of their learning. We asked to see evidence of this but not all paperwork was provided to demonstrate the courses had been correctly completed.
- Not all policies and procedures were present and up to date. The provider's safeguarding policy and medicines policy had not been updated in line with current legislation. Additionally, the safeguarding policy did not reflect the Local Authority Safeguarding Board guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate governance of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found continuous learning and improvements to care were inconsistent. Although the registered person was working hard to develop and embed a person-centred culture within the service, we found suggestions for improvement were not always acted upon in a timely manner. Within one survey two people had complained about staff punctuality. Although concerns had been noted, no root cause analysis had taken place to see why staff were not on time, so improvements could be made.
- People who used the service told us there was a positive person-centred culture. One person said, "If I had to choose between Coastal Home Care Services and another provider, I would stay with Coastal."

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

- The registered person understood the importance of being open and honest when things had gone wrong. We saw they engaged with people when they felt the service had not met their expectations.
- People, relatives and staff confirmed they were consulted with. We saw evidence of consultations taking place through quality surveys and face to face discussions.
- We received mixed feedback from staff about personal experiences of working within the service. Feedback included, "The service is disorganised. I don't even know who is running it." And, "I would recommend the company to others. I have done in the past."
- We spoke with the registered person about links with the community. They told us they had recently moved offices and hoped the new location would help in developing links with the community. We saw no other evidence of relationships being developed within the community.
- Partnership working took place. We observed the registered person attempting to consult another team of professionals to request support for one of the people who used the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider failed to ensure systems and processes were established to ensure the proper and safe management of medicines</p> <p>12 (1) (2) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to ensure systems or processes were established and operated effectively to ensure compliance with Regulations.</p> <p>The registered provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>The registered provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p> <p>The registered provider had failed to maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity</p>

17 (1) (2) (a) (b) (c) (d) (f)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had failed to ensure systems and processes were established and implemented to ensure staff were suitably deployed to meet the needs of people at all times.

18 (1)