

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Coastal Home Care (Hove) Ltd.

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Date of Inspection: 23 April 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Coastal Home Care (Hove) Limited
Registered Manager	Mr Robert Anderson
Overview of the service	Coastal Home Care is a wholly independent care provider. It provides care services to approximately 60 elderly people requiring additional support to live independently in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Our inspection team was made up of one inspector. We answered our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

Staff personnel records contained all the information required by the Health and Social Care Act 2008. This meant the provider could demonstrate that the staff employed to work at Coastal Home Care were suitable and had the skills and experience needed to support the people living in their own home.

Systems were in place to make sure that all staff learnt from events such as accidents and incidents, complaints or concerns. Feedback was sought from people and their relatives which helped the service develop and learn.

Is the service effective?

We saw that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that people or their representatives had been involved in their care assessments and reviews.

People told us that they were happy with the care they received and felt their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. One person who used the service told us, "I'm enjoying my life again solely because of Coastal Home Care and the extra mile they go." Staff had received training to meet the needs of the people receiving care.

Is the service caring?

People were supported by committed and attentive staff. We saw that care workers were patient and empathetic and when supporting people. The representative of one person told

us, "My [relative] developed dementia and about a year ago it was arranged for Coastal Home Care to do visits. We've arranged it via direct payments and it's been wonderful."

Is the service responsive?

People's needs were continually assessed. Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and support had been provided in accordance with people's wishes. One person told us "My experience with them has been fantastic. I was stuck indoors before but the carers have enabled me to go out when I want to."

Is the service well-led?

Staff had a good understanding of the ethos of Coastal Home Care which promoted in its literature its commitment to, 'providing our customers with the highest quality standards of service', and quality assurance processes were in place to support this. People told us they were asked for their feedback on the service they received and they confirmed they had felt listened to.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We saw that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. During our inspection we looked at care files of people who used the service. We saw evidence that people, their relatives or advocates had been involved in their care assessments. Consent to care and treatment had been received and was recorded in people's care plans and had been reviewed. The manager told us, "We consider people's consent at every review, or as and when people's needs changed". We saw that the service had policy and procedure documentation in place in respect to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that they had completed relevant training and had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager demonstrated a good understanding of a best interest assessment, and where required, who to contact to arrange this should people lack capacity to make decisions about their care. We were provided with examples of this taking place. This demonstrated that the provider had systems in place to gain and review consent from people who used the service.

The care staff we spoke with told us that they had been made aware of their responsibilities in relation to obtaining consent from people who used the service regarding their care. They also stated that they had an understanding of issues of consent, including the Mental Capacity Act 2005 and had received training. We saw documentation which supported this. Additionally we were told that they would raise any questions or concerns with the manager if required. One support worker we spoke with told us, "We have training around the Mental Capacity Act, as we work with people whose needs change as they grow older. We assume that people have capacity unless they are assessed otherwise." This demonstrated that the provider had clear procedures to obtain consent that are followed in practice, monitored and reviewed.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The manager confirmed that any new people who used the service were thoroughly assessed prior to their care starting. This ensured that people's care needs could be met by the service. The manager showed us evidence of pre-assessment procedures that the provider needed to follow prior to a person receiving a service. This included liaising with other professionals, such as doctors and district nurses and included involvement with Social Services and effective care planning with the person using the service, their family or representative. Through records we looked at and feedback from staff we spoke with, there was evidence that a thorough system of assessment and introduction to the service was in place.

We viewed a sample of the care files of people who used the service. The care plans we looked at provided appropriate and detailed information to staff on how to support people in line with their needs and wishes. We saw evidence that assessments had taken place that detailed the needs of people who used the service. We saw up-to-date evaluation records used for the monitoring of general health, daily living abilities, medication, social and spiritual needs, likes, dislikes and preferences. This demonstrated that the service was planning and delivering care to meet individual needs.

The care plans we viewed had risk assessments that related to specific and identified risks to people's safety, and contained details of actions to be taken by staff to minimise the identified risks to people and staff. We were told by the care supervisor that care plan reviews were completed quarterly or when people's needs changed. This ensured that staff remained informed of the most current care needs of people who used the service. We saw evidence in the care files that care plan reviews had been carried out regularly. This demonstrated that through the planning of care, the service had ensured the welfare and safety of people who used the service.

People who used the service were supported to maintain their health and each person had

a completed health assessment. Records were seen to include evidence of multi-disciplinary notes from other people involved in the delivery of care, such as healthcare professionals. We saw that people who used the service had access to other healthcare professionals as required. We saw in the care plans that people were supported to access the local community and had set goals for people to achieve. The registered manager told us, "We worked with one person new to the service and helped them to think about what they wanted support with. Before we worked with them their quality of life was limited. Now they get out and about in the community." We met this person during a home visit and spoke with both them and their care workers. They told us of plans to install a ramp into the back garden, which would further increase their access and by extension, quality of life. This demonstrated that the provider ensured safe and appropriate personalised care, centred on the individual and considered their circumstances and their immediate and longer term needs.

We saw that the service used annual appraisals, regular 1:1 supervision of staff, spot checks on practice and quality monitoring visits to people who used the service. We were told about regular newsletters that were circulated to people, the last contained information about how to make a complaint. The provider may find it useful to note that we saw the last team meeting held was in November. We discussed this with the manager and they acknowledged the difficulty of getting the staff team together. The manager was thinking laterally about the challenge presented and we saw another meeting was scheduled for May. We noted that one topic under discussion was to be changes to the medication recording sheets used by the service. This demonstrated that the people who used the service were provided with good continuity of care as a result of good communications between all of those who provide it.

One person who used the service told us, "I've had a very positive experience with Coastal. I get on very well with the carers and I have the same carers unless they are away on holiday or off sick. My carers are extremely good. My carers can be the only people I see some days and we can have a good chat and a bit of a laugh which is just as important to me as the physical help they provide". Another person told us, "My experience with them has been fantastic. I wish I had gone over earlier to them from another homecare agency. I'm enjoying my life again solely because of Coastal Home Care and the extra mile they go. Let me give an example, I was stuck indoors before but the carers have enabled me to go out when I want to." A relative told us, "My [relative] developed dementia and about a year ago it was arranged for Coastal Home Care to do visits. We've arranged it via direct payments and it's been wonderful. The manager and supervisor come out regularly; in fact they have been out to see us just today. It doesn't happen very often, but if we have a different carer they will always send them out with one of our main carers until they know the ropes". This demonstrated that people had experienced care, treatment and support that met their needs and protected their rights.

There were systems to support workers and people who used the service. We were told by care workers that help and advice was always available to them, "We phone the office during the day or in the evening we can phone the on-call. We speak with someone we know and they know me. It works because we are small enough to know each other and we care about each other." We saw a bad weather plan which included the provision for additional resources to provide support to all the people using the service. One member of staff told us about their experience in the last wintry weather, "Not many bosses would come out in the snow, pick us up and ferry us around in a 4x4." This meant that the provider had systems in place to manage foreseeable emergency situations.

People should be given the medicines they need when they need them, and in a safe way

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## Our judgement

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The provider was meeting this standard.

People were fully protected against the risks associated with medicines because the provider did have appropriate arrangements in place for recording medicine.

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## Reasons for our judgement

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We found that appropriate arrangements were in place for the recording of medicines. We reviewed the Medication Administration Record (MAR) charts for people who used the service. The MAR is a day by day chart where care staff administering medications can sign when medication has been given. We were informed by the manager that the service had reviewed their MAR chart and was moving to a version based on the template provided by the local authority. All MAR charts were written with the medication clearly documented, along with the quantity and time of administration. This meant that MAR charts had been accurately maintained.

We saw that MAR charts were completed on a regular cycle. We reviewed MAR charts for the people we visited at home and in archived records in the Coastal Home Care office. We found that they were consistently completed by care staff. The manager told us, "We are aware we need to maintain the already good standards of recording we have set ourselves and this is something we will continue working on." Staff we spoke with confirmed that medication recording was discussed, information made available and further training was available. This demonstrated that the provider was aware for the potential of errors to occur and recognised the importance of ongoing work required to maintain standards.

We noted that Coastal Home Care reviewed MAR charts as part of the audit process. This included auditing records in people's homes as part of the spot check system of visits. A care co-ordinator told us, "We monitor MAR charts and identifying if there are any developmental needs." The service also operated a computer based records system which documented all medication queries, phone calls or concerns. This meant that the provider had quality assurance frameworks in place to monitor medication administration and recording.

We spoke with people who used the service and their representatives. They confirmed they were content with the support received with taking medication. One person told us, "The carers are very helpful, I have no complaints."

Staff we spoke to confirmed they had received medication training. One member of staff

told us, "We regularly receive medication training. If I have any questions regarding medication I just phone the office." Staff records we looked at confirmed that all staff had received medication training. This meant that staff were suitably qualified to support people in the administration of medication.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were treated and cared for by suitably qualified, skilled and experienced staff.

### Reasons for our judgement

Effective recruitment and selection processes were demonstrated to be in place. Appropriate checks were completed before staff began work. We looked at a sample of the files of care staff who worked at Coastal Home Care, including the latest member of staff to join the team. Each member of staff had their own file which included their application form, interview notes, training records and employer documentation. References were available to be seen from the last employers. Disclosure and Barring Service (DBS) certificates were present for all the selected staff we looked at. Employers obtain DBS certificates to check that a person is not barred from working with children or vulnerable people, or have a criminal history that would make them unsuitable for their job. All the files held a picture of the member of staff for identification purposes. The regulations state that providers must ensure staff are of good character, have satisfactory evidence of conduct in previous employment and a DBS certificate. This demonstrated that the provider had carried out the checks required by the regulations before staff started work.

We saw evidence that, where appropriate, staff had completed relevant training, including National Vocational Qualifications (NVQ) and Common Induction Standards. These awards were kept on file. This meant that the provider was sure that staff were appropriately qualified and skilled to do their jobs.

Staff we spoke with told us they were supported to complete learning activities. Staff told us they enjoyed the opportunities for training that became available. One person told us, "I wanted a little bit of refresher training in one aspect of the care we can provide. I felt confident enough to raise it in supervision and it was arranged for me without a problem. It gave me the confidence that I needed at the time." We saw evidence of training on their files. This showed staff received appropriate professional development which enabled them to maintain and enhance their skills.

We spoke with people who used the service who told us they felt confident in the abilities of the staff caring for them. One said, "The carers do everything I want them to do. I have four regular carers and they are the best you can get and that, I think, is down to the training and support they receive. But [the manager] is wonderful and if there's anything you need, they are at the end of the phone." This showed that people felt the support staff had the appropriate training, skills and experience to care for them.

The practice had a disciplinary policy. The summary for staff also made clear the standards of behaviour expected by the provider. This meant there was a framework for managing unacceptable conduct.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and support and they were acted on.

People had care planning documentation in place which identified their care needs and which included their and their representative's involvement where ever possible. Staff we spoke with told us this information was regularly updated and reviewed.

Recording systems were in place to detail any incidents and accidents which had occurred. We viewed these records. The manager informed us, "I aim to review all incidents and accidents. For example, we recently had an incident that needed the intervention of the emergency services. I was able to follow up in person by calling the family of the person and the hospital where they were taken but a little later, once the dust had settled, we then had the option to refer to the care coordinator for an assessment for additional support and resource."

We saw evidence of a complaints policy and that arrangements were in place to ensure complaints were handled appropriately to the point of resolution. During the inspection, we saw that the complaints policy was available in the office and in the handbook which was provided for people who used the service. The manager informed us, "Our complaints policy and complaints form is in place and I encourage people to use it if they feel they need to raise an issue." People we spoke with confirmed they felt happy approaching the manager with any concerns they might have had. A typical response from people who used the service was, "So seldom that we have a problem, but if there is anything I know I can ring the office and speak with [the manager] and it will be dealt with straight away. They put me first."

People who used Coastal Home Care and their family, friends or professionals were asked to give feedback on their experiences and observations in a satisfaction survey. This provided a picture of how people viewed the service and the care they provided. We reviewed the responses. We noted that the provider asked for feedback and suggestions for improvements to the service. We saw that the feedback received was positive with

feedback including, '[Relative] is very happy and has a good rapport with her carers.' The provider may find it useful to note there was no space to record the date feedback was left or room for a manager's response or indication of a follow up. This showed people who used the service and their relatives were asked for their views about care, support and service delivery and these were acted on.

The service undertook regular audits; these included a monthly monitoring report on management and staffing, mandatory training, specialist training, supervision, missed calls, quality assurance, new care packages, service reviews and complaints. A member of the management team told us, "As we are smaller, we are able to focus on clients and the staff. I have worked in a number of environments and I can see that Coastal Home Care has developed a person centred approach to care. We have the ability to focus on the individual and have time to deliver good quality care."

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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