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Coastal Carers

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Coastal Carers was inspected on 11 and 17 September 2018. The inspection was announced on both days. Coastal Carers is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. It provides a service for older people and younger adults and people requiring support for their mental health, dementia, physical disability or sensory impairments. Not everyone using the service received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Coastal Carers provides care for people living in the Scarborough and outlying areas including Cloughton, Snainton and Hunmanby. At the time our inspection 46 people were being supported by the service. Care visits were provided between 07:30- 21:30.

The service was run by a single provider in day to day control of the service. It was therefore not required to have a registered manager. The provider is an individual 'registered person'. 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. The provider was supported to run and lead the service by two assistant managers.

At the last comprehensive inspection in May 2016 the service was rated good overall with requires improvement for the safe domain. At this inspection we found the service had not maintained this standard and rated it requires improvement. This is the first time the service has been rated requires improvement.

The provider had not submitted statutory notifications to the commission to notify us of the deaths of people using the service. This is being considered outside of the inspection process.

The service supported people with medicines. Medication competencies were not in place to assess the ability of staff to deliver this care safely. On day two of the inspection we saw the assistant manager had added medication observations to the spot check form and had observed some staff providing this care.

Staff received training to provide them with the knowledge and skills required for their role. The service did not have any set mandatory training courses. We made a recommendation about training requirements.

Care documentation was not always in place. Where a person could present with behaviours that could challenge the service there was no positive behaviour support plan to help staff provide safe, consistent care to the person. Staff knew people's life histories but this was not always recorded in people's care files.

Care visits were provided at people's chosen times and took into account any preferences they had for staff. The service was responsive when changes were made to people's care arrangements due to changes in their needs or circumstances.

The service worked effectively as a team in partnership with people, their relatives and other organisations. Information was communicated within the staff team. Memos sent out to staff and team meetings were used to remind staff of best practice and discuss people's needs. Staff knew when to contact health professionals if there were concerns about people's health.

Representatives from the service attended multi- agency meetings such as safeguarding meetings and risk management meetings.

Staff built good, professional relationships with people. They understood their interests and supported them to participate in activities of their choice. Staff helped people maintain relationships with their family members.

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

Staff promoted people's independence and encouraged them to use and maintain their skills. People and their relatives appreciated this support was vital to enabling people to remain living in their own homes.

People received support to ensure they had a balanced diet and received a satisfactory nutritional intake.

Quality standards were monitored within the service through the use of spot checks and audits. People and their relatives were sent questionnaires six- monthly to consider their views of the service. Senior members of staff provided care to people in the community, which gave people the opportunity to highlight any issues through face to face contact.

A complaints procedure was in place and had been used effectively to address one complaint.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were clearly identified and managed. Although, a positive behaviour support plan was not used to help support a person with behaviour that could challenge the service.

Medication competencies were not being used to observe and assess staff supporting people with medicines.

The service had sufficient numbers of suitable staff in place and was able to continue to work in adverse conditions.

People were protected against the risk of infection.

Is the service effective?

Good

The service was effective.

The service did not identify training requirements expected of staff to support them in their roles.

People's preferences for call times and staff were accommodated.

Staff worked with relatives, other services and as a team to deliver effective care.

Is the service caring?

Good

The service was caring.

Staff formed relationships with people they supported and showed an interest in their lives.

People were supported to be independent and use their skills.

People's emotional and communication needs were understood and care provided to support them.

Is the service responsive?

Good

The service was responsive.

Personal histories were not consistently recorded and were being reviewed.

The service worked flexibly to accommodate changes in people's care needs and care visits.

People were supported to pursue their interests and maintain relationships with those that mattered to them.

People knew how to make complaints. Complaints were acted on.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Statutory notifications had not been submitted to the Care Quality Commission.

People had the opportunity to engage with the service through client questionnaires and direct contact with senior members of staff.

Team meetings were used to shared information about people's needs and update staff on best practice.

Spot checks and medication audits were used to monitor and maintain quality standards within the service.

Coastal Carers

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.

Prior to inspection we reviewed information we held about the service including the Provider Information Return. This is information we require providers to send us annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted stakeholders that have involvement with the service including the local authority commissioners and safeguarding teams.

We gave the service 48 hours' notice of the inspection visit because it is small and the provider and assistant managers are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had personal experience of caring for people with dementia, using regulated services and those with severe learning disabilities and/ or behaviours that could be considered to be challenging.

Inspection site visit activity started on 11 September and ended on 17 September 2018. We visited the office location on these dates to see the provider and office staff and to review care records, policies and procedures. We looked at the recruitment files for the three most recently recruited members of staff. We looked at staff supervision and appraisal records and client questionnaires. We reviewed five care files and four medication records. Three members of staff spoke to us about their experiences of working in the service. To consider the views of the people that used the service we spoke with nine people that use the service and five of their relatives. This information was gathered through telephone calls and visits to people in their own homes. We contacted three professionals that worked with the service and received feedback from two professionals; a social care worker and a community nurse.

Requires Improvement

Is the service safe?

Our findings

Risks to people's safety were identified and managed. Key areas of risk were recorded on the cover page of each person's care file, such as any allergies they may have. Environmental risk assessments were used to assess risks relating to people's properties and identify emergency shut off points for electricity, water and gas supplies. Other risks relevant to people such as smoking and fire were in place. A Positive Behaviour Support (PBS) plan was not in place for a person who could present with behaviours that could challenge the service. PBS plans help staff to understand the behaviours people can present with and detail strategies to de-escalate situations and support people in a safe consistent way. Despite this, staff felt able to support the person and their social care worker acknowledged staff's ability to address the person's behavioural needs. The provider and assistant manager agreed to review their documentation.

People felt safe with staff. One person said, "I am safe and comfortable at all times with the care workers." A relative also told us, "My relative has never had an issue about safety with the care workers."

Staff received medication training and shadowed colleagues to help them understand how to manage medication correctly and safely when supporting people. At the time of inspection, medication competencies were not being completed to observe and assess the knowledge and skill of staff when providing medicines support. The assistant manager agreed to change this and showed us examples of medication competencies they had completed on day two of the inspection as part of spot checks completed with staff.

Medication Administration Records (MAR) were coded correctly. One person had a pain relieving patch, which required rotating to different sites on the person's body. The MAR charts recorded which side of the person's body this was applied to but did not contain a body map and was not rotating it as frequently as directed in the patient information leaflet. Following a discussion with the assistant manager, they contacted the person's pharmacist and improved their recording of the patch to ensure this was administered as directed. One relative said, "They take care providing the medication, they explain what they are giving to them and take their time giving the medication." This showed people and their relatives were confident with how the service managed medicines.

Appropriate checks were completed prior to staff working at the service. References were checked and Disclosure and Barring Service (DBS) checks were received. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands and help reduce the risk of unsuitable people working with vulnerable groups. Where staff had gaps in their employment history the provider knew the reasons for this. Written records of interviews were not being kept. The provider agreed to document the discussions held with applicants to help evidence their recruitment decisions. No agency staff were used by the service. This meant the service was ensuring staff were suitable to support people to stay safe.

Accident and incident forms were available to document where issues had occurred and how staff had responded. Staff recalled incidents where they had called the emergency services following a person having

passed away. This information matched with details recorded on the person's incident form and showed staff had responded appropriately. No overall log was being kept by the service to help track any accidents/ incidents and consider any wider learning or improvements required.

Staff rotas demonstrated there was sufficient staff cover to provide care for people and provide cover for unplanned situations. The service had a contingency and emergency plan in place for scenarios such as adverse weather and utility failure. A person had written a compliment to the service saying, 'They have never let us down, even in extreme weather.' This demonstrated staffing arrangements were safe and could accommodate difficult working conditions.

Staff were aware of safeguarding and gave examples of the type of abuse people may experience, such as neglect. A social worker confirmed staff knew the signs to look for that may indicate a person was experiencing financial or material abuse and confirmed safeguarding concerns had been raised appropriately.

A whistleblowing policy was in place. Staff were familiar with whistleblowing and knew to raise any concerns within the service or escalate these to external organisations, such as the local authority or the Care Quality Commission if needed.

People were protected from the risk of infection. Staff told us they were issued with personal protective equipment and correctly identified when they would wear this and change it.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked the service was working within the principals of the MCA. The service was not completing their own MCA assessments. There was no evidence this impacted on people. The assistant manager agreed they would review this. Staff understood the MCA and how people's mental health needs may impact on their ability to make decisions and people should be supported to make decisions for themselves. Where people had representatives acting on their behalf, care files contained copies of their Lasting Power of Attorney.

Staff had received training. All new staff were required to complete the Care Certificate within 12 weeks of starting employment. We saw two new care workers had done this. The assistant manager explained there were no mandatory training courses and training courses were agreed based on people's and staff's needs. Few staff had completed first aid training. One member of staff felt this would be useful given they worked alone in the community. There was no evidence of people having experienced harm as a result of this. People felt staff had the training and skills needed for their job. One person said, "The training and skills the care workers have is extremely good." We recommend that the service identifies key areas of training they expect staff to undertake to support the knowledge and skills required for their role.

New members of staff received an induction and shadowed a current member of staff for a minimum of one day. People understood the reason for this, one person remarked, "The new ones come to shadow the trained care workers. I know training is so important." New staff went to the office each week to help familiarise themselves with the needs of the people they would be supporting, talking through their rotas with the assistant manager. All new staff had a spot check to observe their practice. Further spot checks were undertaken if issues were identified. This showed new staff were supported to familiarise themselves with the service and expectations of their role.

We looked at staff supervision records, which showed staff progress with training was checked and they were given feedback from people and their relatives to inform their practice. Appraisals were completed collaboratively between care workers and the assistant manager. Staff understanding of their roles, strengths, achievements and areas for development were identified. One senior care worker felt this approach was helpful and told us, "I'm not just told the positives but get constructive criticism too, it's good because you never stop learning."

People's preferred call times and staff choices were respected. One relative told us, "Mum particularly wanted them to come at 7am. They found me somebody straightaway." Most of the people we spoke with said staff visited them on time. When people had contacted the service, and expressed preferences for care

workers this was recorded and then accommodated. One person said, "I do prefer the older care workers. The company try their best to do this."

People told us they received care from a regular team of staff. One person said, "I have consistency with the care workers, who understand me." Another person told us, "I mostly have the same person and I like that."

We saw evidence of initial assessments completed prior to people receiving care. The assessments identified the type and level of support people required. People and their relatives told us they were involved in this assessment and developing the care plans based on this information. Written records showed people had consented to their care and support arrangements and information being shared with the service.

Care plans were written in a way that helped staff understand people's care needs and how they linked together. One person's mobility care plan recorded that moving any furniture would be hazardous for the person, as they relied on a set layout being maintained to aid their balance and support them to navigate around their home due to their visual impairment. Staff described this information when we spoke to them. This demonstrated people were receiving support in line with their assessed needs and choices.

People were supported to eat and drink enough and their preferences were understood. One care plan recorded a person having a set breakfast each day of two Weetabix with milk and honey and a hot chocolate or coffee to drink. The person told us, "They prepare my breakfast as I like it." A relative spoke highly of the food and drink prepared by staff and said their family member had never had any complaints. Where people required care workers to support them with all their meals, meal planners were drawn up and food and fluid charts recorded their intake. Staff described drawing up meal plans based on people's preferences, ensuring they had a balanced diet. This demonstrated people received support to eat and drink and have a balanced diet.

Staff communicated with families to deliver effective care. On relative said, "We have a system, I will leave a note and they will leave a note." The relative felt this system worked and were reassured their comments were noted.

Information was communicated across the staff team via texts. The service recorded where texts were sent to staff to show how issues were being addressed. Texts had been sent on medication records and specific concerns to be monitored relating to people, such as nose bleeds and following discharge from hospital. A care worker said, "We are absolutely kept up to date with people." Staff described checking previous care record entries to update themselves on how people had been. A relative told us, "They all communicate and get on with each other." This showed staff were sharing information and worked effectively as a team to support people.

We saw records of meeting minutes where representatives from the service had attended safeguarding meetings and with mental health services. This demonstrated the service worked jointly with other professionals.

Staff were aware of people's health needs and how this could impact on them. One relative said, "Staff know about [person's] breathing difficulties and that in certain positions they have difficulty breathing." Where health concerns were identified, these were highlighted with the person's family, district nurse or GP depending on the person's preferences and situation.

Good

Is the service caring?

Our findings

People had good relationships with the care workers supporting them. One person said, "The care workers are extremely nice, kind and very caring towards me. We have an excellent relationship." Care staff showed an interest in people's lives and shared information about themselves to help build rapport. One relative described how the care worker spoke to their family member about the person's interests which included cooking and horses. A relative had written a compliment to the service saying, 'All of the carers seem to show a genuine interest.' A relative told us, "They chat with Mum while they're doing things. You get to know things that are happening in their life. It gives Mum some interaction." People described a care worker visiting them with their new born baby, which they had enjoyed. This meant people benefited from the interactions and relationships they formed with staff.

Staff were aware of where people required emotional support. One person's care plan recorded the support they required to manage their anxiety. The support plan identified things that may increase the person's anxiety, such as using public transport. Staff supported the person to avoid such situations and prevent them experiencing any distress.

Care workers described giving people choices. They recognised that this was important to enable people to be in control. One senior care worker said, "People have the right to make choices, even if it is the wrong choice." This demonstrated that people's choices would be upheld and respected without judgement.

People's communication needs were understood by staff. A senior care worker described considering how they positioned themselves when speaking to a person so they could see their mouth to lip read. Staff knew to check people's hearing aids were working and fitted correctly to support their hearing needs.

Staff upheld people's dignity. One family member told us, "They speak to my relative and explain what they are doing. I cannot fault them." A person said, "They respect my pace. They always give me dignity and respect." Staff knew what dignity meant to different people. A care worker described a person who had always been very proud and independent, which made it difficult for them to accept support. Staff worked with the person in a way that respected their values. Care plans documented people should be treated with dignity, for example when being supported to wash and dress. This acted as a reminder to staff and demonstrated dignity was at the centre of providing care.

People and their relatives commented on staff being committed to ensuring people were comfortable. One relative said, "Staff always ask how they are and make sure they are comfortable, staff wouldn't leave until they are."

People's independence was promoted. Staff understood people's strengths and skills and worked to maintain these. One person said, "The care workers try to make me independent where I can. They will chop the vegetables and I will then do the rest." During a visit to a person's house we saw a note the care workers had written to prompt the person to brush their teeth independently. The note used humour relevant to the person and their life to remind them to do this task. People and relatives felt that it was through the

approach and support provided by the service that people were able to continue to live at home. One person had written in a questionnaire, 'I am very old and this care is one reason why I can still live independently.'

Good

Is the service responsive?

Our findings

Care plans did not consistently include information about people's personal histories. We saw a social care needs assessment for one person that documented the person's mental health needs and relationship difficulties, which could impact upon the person's care and support needs. The assistant manager knew this information when we spoke to them but this was not detailed in the person's care plan to ensure all staff understood this and could provide personalised care accordingly. The assistant manager acknowledged they were reviewing ways of gathering and recording this information.

One person told us, "They know what I like, they know my life." People and their relatives informed us staff knew them and how they wanted their care providing.

The service was flexible at accommodating changes in people's needs or care visits. Care plans detailed where people's care needs may vary at times. For example, one person had medical treatment on set days each week. Their care plan detailed that this may cause them to be extremely tired and additional support may be required. A relative described how the provider had made arrangements at short notice to provide additional care visits when they had been unwell and unable to assist with the delivery of care. Some people requested changes to their visit times regularly to enable them to attend church services. This was accommodated and staff understood the significance of person's religious beliefs to them.

Where changes needed to be made to people's care, relatives commented that they were involved in this process and the provider always looked to improve care. One relative had sent a compliment to the service remarking, 'They often come up with suggestions for things that might improve Mum's life.' This showed enhancing people's quality of life was always considered.

People were supported to maintain their relationships with those that mattered to them. Relatives had the opportunity to be involved in people's care. One family member had valued this as through observing the care workers they could satisfy themselves with the care being provided. The family member said, "If I wasn't here I know I can trust them." Where people had family that lived a long distance from them staff helped maintain their relationship. The assistant manager described sending videos to one person's daughter of them dancing, showing them enjoying their life. This helped their family feel involved.

People were supported to pursue their hobbies and participate in activities they were interested in. One person was supported to go swimming. They told us, "They pick me up for swimming, come into the swimming pool with me and support me in the pool." The person's care notes recorded where they had chosen not to go swimming and how staff had worked with them to research other interests they could pursue independently. One person regularly went out for meals with staff. We saw records of where the person had been and how they had found different places to make sure staff knew their favourite places and had variety. When people were supported in the community the assistant manager told us people had the option for staff to wear their own clothes rather than their uniforms, so as not to draw attention to them having care staff. This showed the service carefully considered how to support people with their interests and how to provide this discreetly.

Staff had experience of supporting people requiring end of life care. They described making one person as comfortable as possible, speaking to the person and their family to check how they were and reminiscing. A community nurse described working with the staff to support a person receiving end of life care. They told us, "They passed away peacefully at home as they wanted." Where a person had different cultural beliefs relating to death the community nurse had worked with staff to gain a shared understanding of the person's beliefs and wishes. They said, "It was a learning curve for us all and we all worked together."

People were provided with a copy of the complaints procedure when they started receiving a service. This contained details of the timescales within which a response could be expected. A person said, "I have the complaints procedure; should I need the office I know what to do." The service had received one complaint since the last inspection in relation to infection control and support at a care visit. The provider responded by speaking to the care worker concerned and ensuring they were not put on the rota to complete further care calls with the person. No further concerns had been raised.

Three senior members of staff provided morning calls and additional calls when required. This meant people could discuss any concerns with them in person if needed.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection the provider had not submitted a statutory notification, which was then rectified. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. At this inspection we found the provider had failed to submit notifications for the deaths of two people that had been receiving a service. This is being addressed with the provider outside of the inspection process.

The provider had no agreed training plan in place. This would help identify training requirements needed to support staff to gain and develop their knowledge and skills relevant to their roles. For example, there were no records of which training the provider identified as being mandatory and there was confusion between the registered manager and assistant manager as to what they viewed as mandatory topics.

The service was run by a registered provider, who was supported by two assistant managers, a care coordinator and senior carers. An on-call service was available should people experience any emergencies or staff required support. Staff felt supported by the governance structure of the service. One care worker said, "If there was anything I couldn't do there is always enough support that I can fall back on if needed." Staff felt the management were approachable and supportive.

People and their relatives told us the service was well-run. One relative said, "They are brilliant; well-run, the company is open and transparent." Staff also spoke highly of the service and were satisfied with the culture of the service. A care worker said, "I love the fact I am helping individuals to stay at home and helping them to be as independent as possible." Another member of staff told us, "I can honestly say in my experience in the care sector this is the best company I have worked for." A social care worker commented on the service's reliability and the professionalism of staff.

The provider sent out a 'client questionnaire' on a six-monthly basis to consider the views of those using the service and their relatives. The December 2017 survey showed staff had been scored as good or excellent in all areas, including professionalism, contact with senior staff and satisfaction with the care delivery.

Senior staff all regularly visited people in the community. This gave them the opportunity to see how people's care was going. The assistant manager commented on this being the best way of identifying any concerns and being able to resolve them quickly.

Staff meetings were arranged two monthly. They were used as opportunity to keep staff up to date with best practice guidance. Staff meeting records showed where there had been discussions about new data protection legislation. Consideration was given to what information staff carried with them and how this was stored securely to minimise the risk of confidential information being accessed or lost. Updates on people were shared and areas for improvement were discussed at staff meetings, such as medication recording errors.

Staff felt able to share their knowledge of people at staff meetings to look at effective ways of supporting

them. One care worker described how their colleagues had found working with a relative challenging. When they had explained the relative's reasons for wanting to be involved and learn how to use the person's specialist equipment, staff felt confident and able to support the person and their family more effectively with this knowledge.

The provider had recently implemented spot checks which were used to observe staff providing care and monitor quality standards. A senior care worker felt they were a valuable way of identifying and addressing any quality of care issues. They told us, "It keeps on top of things and helps keep staff vigilant." This meant standards were being maintained.

Medication record audits were completed four to six weekly when the Medication Administration Records (MARs) were returned to the office. The audits showed where there had been errors or information not recorded correctly memos had been sent to staff via text. The assistant manager explained text memos were used to remind staff of best practice. Where there were concerns relating to specific members of staff the assistant manager met with them. They recorded the discussion with the care worker. Prior to our inspection the provider had not identified through their audits the need for complete competency checks for staff administering medicines. They took action to remedy this during the inspection.

The provider and staff worked in partnership with other agencies. The provider was a member of the Independent Care Group, a group representing independent care providers across North Yorkshire. A community nurse told us the provider engaged in partnership working opportunities. A social care worker described the provider working with them to facilitate the safe discharge of people from hospital. There were records to show where representatives from the service had attended safeguarding meetings. A social care worker advised staff played an active role at risk management and safeguarding meetings, acting on any actions identified. This showed the provider understood its responsibilities and worked in partnership with other services to provide effective, joined up care.