

# Coastal Homecare (Hove) Limited

## Mid-Sussex

### Inspection report

99 Church Walk  
Burgess Hill  
RH15 9BQ

Tel: 01444645030  
Website: [www.coastalhomecare.co.uk](http://www.coastalhomecare.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Mid-Sussex is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Services are for older adults, some of whom are living with dementia. At the time of the inspection, 25 people received personal care.

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

People's experience of using this service:

People told us they had care visits on time from staff they knew. One person said, "I would rate them as a first class agency."

People were treated with kindness, compassion and respect. People's independence was encouraged and promoted and their privacy respected. One person's relative told us, "Everything seems to be just right." People were encouraged to make decisions about their support and the culture was positive and person-centred.

People received personalised care and told us they felt safe. One person said, "Very happy with it and would recommend the company." People's needs were assessed and planned for before they started using the service. People were involved with considering and assessing risks.

Staff were recruited using safe recruitment procedures and supported with training and supervision to ensure they had the right skills and knowledge to meet people's needs.

The registered manager understood their responsibilities and had a quality assurance framework to support their oversight of the service provided. Lessons were learnt if things went wrong and staff worked with other professionals to reduce the risk of falls or other incidents reoccurring.

Rating at last inspection: The service registered with the Care Quality Commission on 17 April 2018 and this was their first inspection.

Why we inspected: This was a planned comprehensive inspection, following the registration of the location.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Mid-Sussex

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by one inspector.

#### The service is required to have a registered manager:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Service and service type:

Mid-Sussex is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom were living with dementia. It was providing personal care to 25 people at the time of the inspection.

Not everyone using Mid-Sussex received regulated activity; 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.

#### Notice of inspection:

We gave the service 5 days' notice of the inspection site visit. This was because it is small and manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We spoke to people receiving support and people's relatives over the telephone on 8 April 2019. Inspection site visit activity started and ended on 9 April 2019. We visited the office location on 9 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we used information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events. Notifications are information about important events the service is required to send us by law. We spoke with one health and social care professional.

During the inspection we spoke with six people receiving support, three relatives of people receiving support, the registered manager, the provider and seven staff. We inspected three people's care records, three staff recruitment files, records of accidents, incidents and complaints and other records relating to the running of the service.

Following the inspection we spoke with two health and social care professionals.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the support provided. One person told us, "They're very, very good. They give a good quality of life, very polite, do everything they need and are kind."
- Staff understood how to keep people safe, and how to report any concerns of abuse. One member of staff told us that if they had concerns they, "would report to manager as soon as possible." The registered manager understood their responsibilities to refer concerns to the local authority, This was supported through a safeguarding policy.
- Staff understood how to raise concerns through whistleblowing procedures.

Assessing risk, safety monitoring and management

- Risks to people were assessed and planned for. For example, one person was at risk of damage to their skin. They had a number of aids to support with this, including a specialist bed. However, the person preferred not to use this. The person understood the risks that they were taking. The registered manager, community nurses and staff team reminded the person of the risks and potential consequences.
- Risks around people's environment and their mobility needs were considered and assessed. Detailed guidance provided staff to support people in a safe way. For example, when a person required a hoist to assist them to move, detail on the type of slings to use and how to support the person safely was provided. Another person needed to use an aid to assist their mobility. They told us, "They always make sure my aids, my zimmer frame is near me."
- When people could present with behaviour that may challenge, the risks to the person and staff were assessed. Staff understood the steps to take to reduce the person's anxiety, such as leaving the room or trying to distract the person.
- Staff identified and addressed risks with people. One member of staff told us about a person who had their heater on downstairs whilst they were upstairs. They discussed the risks with the person and got their agreement to turn it down.
- Risks were considered and managed with other professionals. For example, one person had needed support to manage the cleanliness of their environment. Staff had worked with other social care professionals to get the person the right support.
- Risks about the running of the service in the event of bad weather or staff shortages had been considered. People were assessed for their dependency on the support provided and whether they had any other people to support them, they were then prioritised accordingly. Staff from other locations run by the provider could also support the location to ensure people had their care visits.

Staffing and recruitment

- People told they received their care visits on time and they lasted the right amount of time. When there were delays people were kept informed. One person said, "They come at the right time. Some days they can't help being a bit late, due to the traffic... The other day were going to be five or ten minutes late and [care co-ordinator] phoned up to tell me." People told us that they received their care visits when they needed them. One person said, "They can always fulfil the times I need." Another person said, "They're very good and they come when they say they will."
- People's care visits were planned using an electronic rota system. This included people's preferred time for the care visit and how many staff were needed. Time for staff to travel between visits was considered and planned for. Staff told us that if a care visit was taking longer than planned, they could speak to the office staff to make arrangements for the rest of their planned visits.
- Staff used an electronic system to log when they attended and left care visits. The electronic system allowed the office to have real time oversight of care visits completed and in progress. The average punctuality of staff and any visits which lasted longer than planned was displayed. This allowed the registered manager and office staff to see if care visits were running as planned.
- Safe recruitment practices were followed, including references from previous employers and character references, proof of identification and Disclosure and Barring System (DBS) checks. DBS checks include a person's criminal record to help providers make safer recruitment decisions.

### Using medicines safely

- Medicines were managed safely. Staff had training in how to support people with their medicines and their competency to do this was regularly assessed through observation from the management team.
- Not all people using the service were supported by staff with their medicines. When this support was required, people's ability to manage their medicines had been assessed and considered. Staff were supported with guidance about the person's medicines and a medicine administration record (MAR) was in place so they could record when medicine had been given, offered or refused.
- Some people were prescribed medicines 'as required'. Staff were supported with 'as required' protocols, which explained what the medicine was for, how often it could be taken, and how they would know the person may need it. One member of staff said, "I offer [the medicine] and check when [person] last had it."

### Preventing and controlling infection

- Risks around the prevention and control of infection were well managed. Staff had regular training in how to manage infection and had specialist training when supporting people with a compromised immune system.
- Staff were given personal protective equipment, such as gloves, aprons and masks. One member of staff told us, "It's about keeping them and you safe." Another said, "I change gloves and wash my hands between tasks."

### Learning lessons when things go wrong

- Staff knew what to do in the event of an accident or incident. One member of staff told us about when they had found a person who had fallen and how they had contacted the emergency services, the person's family and comforted the person.
- Lessons were learnt when things went wrong, and action taken to reduce the risk of an incident or accident happening again. For example, one person had fallen. The registered manager had updated the person's care plan, reassessed their needs and spoken to the staff.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started having support from staff. One person said, "They came to do an assessment first, [care co-ordinator] came out with my social worker. They listened to me and what I wanted."
- The initial assessment included people's care needs, what they wanted from their care visits, and other relevant information such as their medical and life histories.
- These assessments were regularly reviewed to ensure people received the right support. One person's relative said, "They very often come out and chat about what we'd like."

Staff support: induction, training, skills and experience

- Staff new to the service were supported with an induction. This included training and shadowing experienced staff. They were then shadowed by other staff to ensure they were completing things correctly, such as wearing protective equipment when needed and logging in and out of visits. One member of staff told us, "It was really good... Good way to absorb information. The ways things were explained." Another member of staff said, "When started work I shadowed extra calls to understand how to support. Going in with experienced carers who led the call."
- Staff new to care were supported to complete the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they found training useful. One member of staff told us about a course they had completed on common health conditions. They said, "[People] are so varied that it was informative to learn more about how to help and what their conditions made their lifestyle like." Another said, "The support of training is really good." The provider employed a trainer who supported all their locations. This meant that training could be arranged a time convenient to the staff team.
- Staff had training on supporting people living with dementia. One member of staff said, "It's looking at what is going on for them and seeing it from their viewpoint."
- Staff were supported with regular supervision and appraisals. One member of staff said, "They check my understanding of things and make sure there are not concerns." Another said, "I have a really good support network."

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

- Some people received staff support to prepare their meals. Staff knew about people's diet preferences,



such as being vegetarian.

- Staff told us they asked people to choose their meals. One member of staff said, "I get a selection from the freezer and ask them to choose. I like to find out how people like their tea."
- No one receiving support from the service at the time of the inspection had any specialist needs related to eating and drinking.

Supporting people to live healthier lives, access healthcare services and support;  
Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to provide consistent and effective care. For example, the registered manager regularly met with health and social care professionals with one person who received support. One health and social care professional told us, "I believe they both work in a caring, person-centred way and understand the needs of the customer well."
- People were supported to access healthcare services, as necessary. Staff were knowledgeable about people and any health conditions they were living with, such as Parkinson's and dementia.

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.
- We checked whether the service was working within the principles of the MCA. People's consent to their care plans, the sharing of information and how their information was stored and used, had been considered.
- Staff had training in MCA and understood the importance of people making their own choices.

# 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

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 were treated with kindness, respect and compassion. One person said, "They are absolutely wonderful. If there is anything I want, they will do it for me and get it... They are so lovely, they are as caring as what anybody could be." Another person said, "Very friendly, always ask me how I am, ask if there is anything special I need. Make sure I take my tablets. They are very good, if they weren't I would contact the office. I am very happy with it."
- Staff spoke with people and developed positive relationships. One person's relative told us, "They talk to him all the time, sometimes in the evening they sing the old songs. They're really good." Another person's relative said staff and their relative were "always chatting away and laughing." Staff told us about how they built relationships with people. One member of staff told us, "It usually comes with a bit of time, I try and talk to them and find out a little bit more." Another said, "I wait for them to be comfortable with me... I do 100% for all the people I care for... I'll make a joke and make them smile if I can."
- People's relatives told us that they were confident in the support their relatives received. One person's relative said, "It's a big weight off my shoulders that they are going in."
- Staff knew how to support people individually. For example, one person living with dementia could become confused about where they were. A member of staff told us, "Sometimes he will say 'I don't know where I am', I remind and reassure so that he feels relaxed."
- Staff gave us examples of how they had provided support to meet the diverse needs of people using the service, including those related to disability. For example, learning how people liked their care. One member of staff told us about one person they supported who was living with dementia. They told us that the person's cat was very important to them and they could become very distressed when they experienced hallucinations. These needs were recorded in care plans and staff we spoke with knew the needs of each person well. People using the service also commented on how well their individual needs were met.

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

- People were involved in day to day decisions about their care and support. One person said, "They all keep saying are you alright and comfortable. So nice." Another person's relative said, "His wishes are respected. They are very helpful and understanding."
- Staff sought people's views and involvement in their care. One member of staff said, "I'll be led by them. Sometimes it is clear I have to work just by the care plan and other people are open to leading." Another said, "It's about the person and their choices."

## Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One person said, "Before I had a care agency I used to lay in bed. Now I'm up and doing things I never used to do. They are a very good agency." Another person told us, "They encourage me to do bits and pieces."
- Staff were aware of areas in which people could be independent and encouraged this. One member of staff said, "It's a balance with us supporting."
- People's privacy and dignity was respected. One person said, "I have all the privacy I need." Staff told us how they would ensure that curtains and doors were closed when supporting people with personal care.
- People's confidentiality was protected. People had been told how their information was kept and used, in line with data protection laws. The confidentiality of the electronic sharing of information, through secure work mobile telephones, had been considered. Access to an electronic application used by staff was password protected and locked out quickly when not in use. This reduced the risk of people, who were not authorised to access the information, doing so.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care. The registered manager considered what people and staff had in common. For example, one person was a farmer, they were matched with a member of staff who lived on a farm. Another person was a keen knitter. The registered manager explained she would cover a call when support with knitting was also required.
- People had continuity with the staff that supported them. One person told us, "I usually have a team of about three people. They know me well." Another person told us, "Got some lovely people who come, and I trust. They know one person I like showering me so they keep to it."
- People's preferences about the gender of staff who supported them had been considered. People told us that these preferences were respected.
- People received personalised support in line with their care plans, this was confirmed through discussions with people, staff and the daily notes completed by staff. One member of staff told us, "It's about learning what people like." Another said, "Putting people first, and it's their call and up to them what happens."
- Staff understood the Accessible Information Standard (AIS). From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
- People's communication needs were assessed and planned for. For example, one person was blind and used assistive technology to read any documents sent. This technology was unable to read the care rota sent by staff. Staff emailed the person weekly with their rota, which their assistive technology was able to read aloud to them. This ensured they had the information in a way that was accessible to them.
- Staff knew what to do when people's needs changed. One member of staff explained, "I'd make notes in the folders and let the office know so it can be amended." Staff had access to people's care plans through their secure work mobile telephone, so they could be sure that they had up to date information. A member of staff told us, "If something really changes [care co-ordinator] will come out with each team doing the call, to make sure all are happy with it." Another said, "They send messages to everybody which is important, to have the information at hand on your phone. We're not reliant on word of mouth."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and were confident to do so. One person said, "If I have a problem or anything I call the office and talk to them."
- People told us that staff helped them resolve small issues. One person said, "If you have a problem the carers will sort out, for one morning I needed to change the time for a hospital appointment and she sorted that out."

- Staff knew how to respond in the event of a complaint. One member of staff told us, "I'd report it to [registered manager] and record it. I've not had anyone complain. There is a complaints procedure and there is information in people's folders."
- There had not been any formal complaints since the service began.

#### End of life care and support

- People were supported to be comfortable and maintain their dignity at the end of their lives. Staff worked with hospice teams to ensure people's needs were met. Staff had training on end of life care.
- Staff told us about one person they had supported at the end of their life. The person had passed away at home according to their wishes, with support from staff, their relatives and the hospice team. One member of staff told us, "We are supporting the family as well as the person, and everybody involved with the person."
- Staff were well supported by the management team when looking after people at the end of their lives. One member of staff told us about how they were supported when someone had passed away during their care visit. They said, "They offered someone else to do the last call. I had a phone call the next morning to offer me support and see what I needed."
- Care assessments considered whether people had any specific requests about end of life care.
- No one was receiving end of life care at the time of the inspection.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive and person-centred culture from the management and staff team. One person told us, "Everything is managed so well. I feel like a little queen, being looked after."
- Staff felt well supported by the registered manager. One member of staff said, "If I've got any worries, they are there for me. I can always go into the office." Another said, "Management are very compassionate, clients can come in for coffee. It's more like a little community."
- Staff were proud to work for the provider. One member of staff told us, "Really fantastic company to work for, they are really supportive to me and I feel like a really valued member of the team."
- Staff were valued by the provider and their contribution recognised. A carer of the month was awarded; the recipient received a certificate and a small additional payment. The registered manager decided who to award this to. For example, one member of staff had been awarded it for their work with people living with dementia.

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

- People and staff told us the registered manager was approachable and supportive. One member of staff said, "[Registered manager] is always there to support you, whether she is on call or not. She's the best manager I've ever had."
- The registered manager met regularly with the provider and managers of other locations run by the provider to share knowledge and information.
- The registered manager understood their responsibilities and kept their knowledge up to date through various ways, including attending meetings with the local authority and emails from CQC.
- Regular quality assurance checks and action plans supported the recognition of areas for improvement. For example, monthly medicines audits highlighted if staff had not completed records correctly. The registered manager then discussed any issues with staff and used the weekly newsletter to remind staff of good practice. People's care plans and staff recruitment files were also regularly checked.
- The registered manager audited accident and incidents monthly. When patterns and themes were recognised, actions were taken to reduce the risk of reoccurrence. For example, one person fell three times in one month. The registered manager referred this to the person's social worker for reassessment.
- Staff had spot checks from the management team every three months. These included checking if they treated people with dignity and respect, whether they were wearing uniform and how they completed

records of the care visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's experience of the service was regularly reviewed. These reviews were six weeks after starting to receive support and then every three months. People were asked about how their carers were and if they felt they had continuity. One person told us, "[Care co-ordinator] often phones up to see how I am and see how the carers are doing. It's nice to feel so safe with the carers I've got."
- People and staff were engaged with the service and improvements. Surveys had been sent to people and staff in March 2019. The registered manager was waiting for more responses before drawing up an action plan. We viewed the responses, which were positive. The survey for people included characteristics they would like in staff, which would be used during recruitment of new staff. A member of staff told us, "The registered manager always asks for ideas for improvements."
- There was good communication between care staff and the office. Staff told us they could pop into the office whenever they needed. A member of staff said, "They listen to you and are always asking if things are alright." Outside of office hours staff had access to an on-call manager.
- Staff were sent weekly information sheets. These helped them to have up to date knowledge about the service. The information sheets included updates on people, for example if a person went into hospital, training which was coming up, carer of the month and any other reminders.
- Staff had regular team meetings. The most recent had been run in two sessions to allow more staff to attend. Staff's views on the service were asked for. For example, staff confirmed they found the weekly information sheet useful and that communication methods within the team were working well. One member of staff said, "Issues get resolved, I don't know of any that haven't."

Working in partnership with others

- Staff worked in partnership with other professionals to meet the needs of people. One health and social care professional told us, "Always had an excellent response, speed and quality of information. Very reliable provider."