

Inspection Report on

Coastal Homecare Ltd

Coastal Homecare Ltd 87 Foryd Road Kinmel Bay Rhyl LL18 5LU

Date Inspection Completed

06/11/2023



About Coastal Homecare Ltd

| Type of care provided | Domiciliary Support Service |
|---|---|
| Registered Provider | Coastal Homecare Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 9/5/2023 |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

People receive a service which is person centred and supports them to live independently in their own homes. Care staff are recruited safely, appropriately trained, and supported in their role. People told us they are happy with the care they receive.

Systems are in place to ensure people receive a quality service which is reliable.

Improvements have been made to ensure care staff have disclosure and barring service checks (DBS) in place which are renewed as needed. Care staff receive an annual appraisal of their work.

The responsible individual (RI) speaks with people who receive a service from Coastal Homecare and the staff who work there to seek their views and identify actions to improve the service.

Well-being

People receive support from care staff who know them well and work hard to ensure their care and support needs are met. Care staff deliver support which helps people to be as independent as possible within their own homes. People we spoke with said they are supported to go out to do the things which are important to them. One person told us, "They are a fantastic agency and look after my welfare very well," another said, "Carers are kind and helpful."

People are listened to. People or their representative are involved in the assessment and care planning process. The provider seeks the views of people to check the quality of the service. We were told personal preferences are met as best as they can be, and there is always someone who you can call in the office.

Measures are in place to keep people safe. Care records and risk assessments are clear, easy to follow and kept up to date. Care staff are recruited safely and receive appropriate training to be able to deliver care safely. Processes are in place to monitor the quality of the service and the RI reviews these, speaking to people and staff.

The provider does not currently deliver support to people who have requested their support to be in Welsh. However, several of the care staff team are Welsh speaking and we were told arrangements could be made if people asked for this in the future.

Care and Support

People receive a service which is person centred and supports them to remain living in their own home. Assessments are carried out and reviewed to ensure people's care needs are met. Personal plans detail what support people need and how they would like this to be delivered. Information within personal plans is clear and easy to follow. We saw records are reviewed on a regular basis, and people told us they are involved in discussing their plan to make sure they are happy with it. Where there is an identified risk, risk assessments are in place and kept up to date.

People benefit from a service which is well led by experienced and qualified staff. Regular team meetings take place to keep the staff team up to date with any changes. There is an on-call system which means care staff and people using the service can speak to someone if they need to. Systems are in place to monitor care calls which are reviewed by the manager to ensure people receive a reliable service. People told us the company work hard to try and ensure they are supported by their preferred care staff. We saw records of people's preferences being logged.

People are protected from abuse and neglect. All staff are required to complete safeguarding training and there is a policy in place to support this. Staff have access to the All-Wales Safeguarding Procedures guidance as part of the induction process. Appropriate referrals are made to external professionals as required, and the manager is confident in seeking guidance around safeguarding concerns. Incidents are reported and recorded to show how they have been managed and any action taken.

Procedures are in place to manage infection prevention and control. Care staff carry out training around infection prevention and control and there is a policy in place to support this. Care staff have access to personal protective equipment (PPE). The manager ensures this is stored correctly and kept in good supply.

People have access to information about what they can expect from Coastal Homecare because there is a guide to the service and statement of purpose (SOP) in place. These documents support people to make a decision about receiving a service from Coastal Homecare and provide information about what they can do and who they can contact if they have a complaint or concern. The provider has policies in place to support with Complaints and Whistleblowing.

Processes are in place to monitor the quality of the service and gain feedback from people who use the service. A quality audit is completed which looks at areas that are going well and if any changes are needed based on feedback from people. Actions from this quality audit are created. The RI carries out visits with people who use the service, their representatives and staff working at the service. Comments include, "very satisfied with carers and service," and "carers have gone above and beyond."

People are supported by staff who are safely recruited and appropriately trained. The provider carries out recruitment processes including disclosure and barring checks (DBS) and reference requests to ensure care staff recruited are suitable to work with adults at risk. Care staff receive an induction and are supported to register with Social Care Wales, the workforce regulator.

Care staff receive initial and ongoing training during their employment which covers a number of areas of care. Care staff complete training through a combination of online, face to face, written assessment and role play training mediums. The provider has created a well-equipped training area. Staff receive regular supervision, spot checks and an annual appraisal of their work. These methods of monitoring and supporting staff performance are overseen by the RI, and staff are encouraged to engage in reflective practice and discuss their personal development.

| Summary of Non-Compliance | | | |
|---------------------------|---|--|--|
| Status | What each means | | |
| New | This non-compliance was identified at this inspection. | | |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. | | |
| Not Achieved | Compliance was tested at this inspection and was not achieved. | | |
| Achieved | Compliance was tested at this inspection and was achieved. | | |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

| Priority Action Notice(s) | | | | |
|---------------------------|---|----------|--|--|
| Regulation | Summary | Status | | |
| N/A | No non-compliance of this type was identified at this inspection | N/A | | |
| 35 | The service provider has not ensured all staff DBS checks are up to date. The service provider must ensure DBS checks for all staff members are up to date. | Achieved | | |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement | | | |
|-------------------------|---|----------|--|
| Regulation | Summary | Status | |
| N/A | No non-compliance of this type was identified at this inspection | N/A | |
| 80 | The RI has not made provision for the quality of care and support to be reviewed. The RI must ensure the quality of care and support is reviewed at least every six months. | Achieved | |
| 73 | The views of people and staff are not consistently obtained to further develop and improve the service. This can have a negative impact on people's well-being as they do not live in an improving service. | Achieved | |
| 36 | Staff do not receive regular annual appraisals to support them in their role. Management must ensure staff members receive regular annual appraisals. | Achieved | |

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Date Published 29/11/2023