



Inspection Report on

Coastal Homecare Ltd

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

Date Inspection Completed

09/05/2023

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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	7 August 2019
Does this service provide the Welsh Language active offer?	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 at the service receive person centred care from reliable care staff who follow detailed personal plans and know people well. People and their relatives are happy with the care they receive.

Staff tell us they are well supported by management, however; the frequency of supervision and appraisals requires improvement. Staff are knowledgeable and receive regular team meetings and training to meet people's needs.

The Responsible Individual does not undertake frequent visits to the service to gather feedback from staff and individual people as required. Improvement is also required to ensure all staff have up to date Disclosure and Barring Service (DBS) checks in place.

Well-being

People receive care and support from reliable care staff who know them well. Staff support people to be as independent as possible within their own homes. People we spoke with felt listened to and respected by care staff and are happy receiving support from Coastal Homecare Ltd. One person said *“Their hearts are in it, they are lovely”*.

Care staff show respect towards people and are aware of their preferences, likes and dislikes. Staff support people to contribute to decisions regarding their care or consult with family members who can support on their behalf. Feedback from family members and friends was very positive. Comments included:

“I’m more than happy with the carers” and *“I’m very happy, in fact they’re brilliant! They help in any way they can.”*

Measures are in place to keep people safe from harm, abuse, and neglect. However, we found a lack of adequate oversight by the RI and service provider has placed people at risk. We saw detailed risk assessments in place to ensure support is provided as safely as possible, considering the physical health needs of the individual. Staff have attended all mandatory training including Safeguarding and attend refresher courses to ensure their knowledge is kept up to date. Staff are aware of their responsibilities to keep people safe and are confident in reporting concerns to the manager. We did not see adequate evidence of staff appraisals and staff vetting checks.

Care and Support

The service provider ensures pre-assessments are completed to ensure up to date information is used to produce personal plans identifying people's care needs, likes and dislikes. People's personal plans provide detailed information and are person centred enabling care staff to know people's preferences. Personal plans are reviewed regularly and updated with any new information from external agencies. Risk assessments are in place which contain up to date information regarding appropriate equipment needed and are reviewed and updated as required. People are encouraged to choose what they would like to be supported with. Staff consider people's personal wishes and outcomes whilst supporting them e.g., one person is supported to go out shopping on a weekly basis.

The service provider sends out regular questionnaires in an effort to improve the service and to consult with people to have better understanding of their wishes, aspirations, and outcomes. Any improvements identified as needed in the feedback forms are actioned by management. We saw evidence of this in a feedback questionnaire where one family member thanked the service for *"ratifying issues raised previous in reviews immediately."*

Care staff are kept informed about any changes to people's needs during their weekly team meetings. Management will review calls logs and discuss any issues during the meetings to ensure all staff are updated on any improvements that are required. Staff receive regular training to support them in their caring role.

People are protected from harm. Care staff receive regular Safeguarding training and safeguarding records show appropriate steps have been taken by management. People are also supported by external agencies and documentation in the care plans highlights this. Improvements are required to update policies on a regular basis. Following the inspection, management have taken steps to review all policies within the service.

The service provider has an adequate supply of personal protective equipment (PPE). Staff members wear face masks during home visits and ensure hands are sanitised before and after visits, reducing the risk of cross-infection.

Leadership and Management

People receive regular care from a consistent staff team which enables people to receive continuity of care. Management have an on-call system in place to cover any staff shortages rather than using agency workers. We looked at monthly rotas and saw sufficient numbers of staff are employed by the service. We saw random 'spot checks' completed by management, talking to people being cared for during the checks and asking for their feedback to help improve the service.

The service provider offers regular supervision to staff and management. Staff told us they feel supported and are happy working for Coastal Care. Improvement is required to ensure all staff receive annual appraisals to support them in reflecting on their work and to discuss matters confidentially. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

All staff have attended mandatory training on topics such as Safeguarding Vulnerable Adults, Moving and Handling, Dementia Training, Hoist Demonstration, Catheter Care, Emergency First Aid and Infection Control. Staff also attend refresher courses to ensure their knowledge is up to date. We saw two members of staff attending online training sessions in the office during our inspection.

We looked at a selection of staff files and saw evidence of safe recruitment and vetting practices prior to employment. Improvement is required to ensure all Disclosure and Barring Service (DBS) checks are reviewed every three years as required. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Staff feel supported by management; however, improvement is needed to ensure the Responsible individual (RI) completes regular Quality of Care Reviews to gain better oversight of the service. Improvement is also required in evidencing RI visits to the service and discussions with people and staff to gain their views about the service. Management have confirmed to us they will be taking action to address this matter. While no immediate action is required, these are areas for improvement, and we expect the provider to take action.

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
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.	New

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
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.	New
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.	New
36	Staff do not receive regular annual appraisals to support them in their role. Management must ensure staff members receive regular annual appraisals.	New

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Date Published 18/07/2023