

East Yorkshire Housing Association Limited Wolds & Coast Domiciliary Agency

Inspection report

78 Bessingby Rd,
Bridlington,
YO16 4SH
Tel: 01262 400789
Website: Not applicable.

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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	

Overall summary

The inspection of Wolds & Coast Domiciliary Agency was on 05 August 2015 and was unannounced. At the previous inspection on 05 December 2013 the regulations we assessed were all being complied with.

Wolds & Coast Domiciliary Agency provides home based support to people with a learning disability. Support is provided to people living within shared tenancies in Bridlington. At the time of our inspection the service had 26 people that used the agency.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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. There was also a recently appointed manager who was

Summary of findings

beginning the process of applying to become the registered manager. This was because the registered manager was carrying out a more regional managerial role and the organisation had decided to take on another manager entirely for the service.

People were protected from the risks of harm or abuse because the registered provider had systems in place to manage suspected or actual safeguarding concerns and support workers and other employees were appropriately trained in and knowledgeable about safeguarding adults. We saw from documentation that all incidents were addressed, investigated and learned from.

We found that people were protected from harm by following robust risk assessments for their safety, there were sufficient support workers employed to meet their needs and support workers were carefully vetted to ensure they were suitable to work with vulnerable people. Where people required medication those that needed support with it were appropriately supported to take it by trained and knowledgeable support workers, so that people took their medication safely.

The staffing complement were appropriately trained and skilled to carry out their roles, they understood the principles and legislation of the Mental Capacity Act and the Deprivation of Liberty Safeguards and they encouraged people to make their own choices and decisions about daily living. Safeguards based on current legislation were in place and the legislation was used to ensure people's rights were upheld. We found that people were supported with healthy nutrition and their general health care needs were carefully monitored to ensure they ate well and maintained optimum health.

We found that people were treated kindly by support workers from the agency. Workers were professional but

friendly and encouraged people to be as self-determining and independent as possible. People told us that support workers ensured they felt involved in their care and support because they were consulted about all things that related to them. Support workers had an understanding of the importance of encouraging people to have good wellbeing and to engage in activities and pastimes in the community.

The agency was responsive to people's needs because support workers followed person-centred support plans, encouraged people to engage in occupation and activities of their choosing and listened to people when they had problems or expressed dissatisfaction.

We found there was a healthy culture within the agency where support workers worked as a team to create a friendly atmosphere for people that lived in their shared tenancies and used the agency. The management style was tolerant, freethinking and non-interventionist and it enabled all employees of the agency to take on their roles within an environment that was non-restrictive and so people were able to lead individual lifestyles while being well supported. Everyone's opinion was valid and considered as relevant and this meant people felt valued and cared for.

There were systems in place to monitor and assess the quality of service delivery, but these required further development to ensure audits were more extensive and analysis of the information gathered was transferred into an action plan for improvement and carried out. Any changes made needed to be fed back to people that had contributed to the surveys and audits. We have made a recommendation to the registered provider regarding these issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People that used the agency were protected from the risks of harm or abuse because the registered provider had ensured support workers were appropriately trained in safeguarding adults from abuse. The registered provider had systems in place to ensure safeguarding referrals were made to the appropriate department.

People were safe because the risks in their homes were reduced, support workers were in sufficient numbers to meet people's needs, support worker recruitment followed safe policies and practices and management of medicines was suitably handled.

This meant that people in their own homes who received a service from the agency were safe from the risks of receiving inadequate care and treatment.

Good



Is the service effective?

The service was effective.

There were appropriately trained and skilled support workers who understood the principles and legislation of the Mental Capacity Act and the Deprivation of Liberty Safeguards. Workers encouraged people to make their own choices and decisions about daily living and people's rights were upheld. People were supported with healthy nutrition and their general health care needs were carefully monitored to ensure they ate well and maintained optimum health.

Good



Is the service caring?

The service was caring.

People were treated kindly by support workers who were professional but friendly and encouraged people to be as self-determining and independent as possible.

People were encouraged to look for personal wellbeing and to engage in activities and pastimes in the community.

Good



Is the service responsive?

The service was responsive to people's needs.

Support workers were responsive to people's needs because they followed person-centred support plans, encouraged people to engage in occupation and activities of their choosing and listened to people when they had problems or expressed dissatisfaction.

Good



Is the service well-led?

The service was well led but required some improvement.

People enjoyed a friendly atmosphere in their shared tenancies, were able to lead individual lifestyles and felt valued because the management style was inclusive and non-interventionist.

Good



Summary of findings

People were able to contribute to the way the agency was run and their opinions were sought. Quality assurance required further development to ensure audits were more extensive and analysis of the information gathered was transferred into an action plan for improvement and carried out.

Wolds & Coast Domiciliary Agency

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 checked whether the registered 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 agency, and to provide a rating for the agency under the Care Act 2014.

This inspection took place on 05 August 2015 and was unannounced. The inspection was carried out by one Adult Social Care Inspector because the agency was small and did not require a team of people to obtain information.

Before the inspection we looked at information we already held about the agency from notifications the registered manager had sent us, from speaking with the local authorities that contracted with the agency and from questionnaires we had received as part of our inspection. We had requested but had not received a 'provider information return' from the registered provider, which is a form that asks the registered provider to give some key information about the agency, what the agency does well and improvements they plan to make. This was completed

and submitted to us by the agency in October 2014, but information did not save correctly. The agency provided us with a paper copy of what they submitted on the day of the inspection visit.

As part of our inspection we visited the agency offices and interviewed four people that worked there, including a newly appointed agency manager, who was in the process of submitting an application to become the registered manager, the housing manager, a team leader and the agency training co-ordinator. We did not meet with the registered manager on the day of our inspection as they were unavailable. We also visited three properties where people that used the agency lived under shared tenancy agreements and where we spoke with eight of those people and four support workers. We observed some interactions between people that used the agency and support workers.

We looked at documentation and records held at the agency office, including quality assurance information, four staff files, safeguarding accounts, accident and incident forms and staff rosters. We looked at four people's care files, medication records and their care plans with their permission.

Is the service safe?

Our findings

People that used the service with whom we spoke told us they felt well cared for and that they felt safe and happy when receiving support from the staff that worked for Wolds & Coast. They said, “I like the staff, they are friendly”, “I think the staff are really good and would protect me” and “I know the staff would report anything that was wrong.” One person said, “I know what to do if I thought someone was abusing me or anyone living here.”

The support workers we spoke with told us they had completed safeguarding training with East Riding of Yorkshire Council (ERYC) and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. Support workers knew the types of abuse, signs and symptoms and knew the procedure for making referrals to ERYC. We saw evidence in the form of staff training records and individual training certificates that support workers had recently completed safeguarding training.

We saw from the information we held on our system that there had been two safeguarding referrals to the ERYC safeguarding adult’s team in the last year, both of which had been notified to us. We judged that the agency acted appropriately and quickly in respect of each referral. Safeguarding records held showed that all incidents were addressed, investigated and learned from. The agency had information about the ERYC safeguarding risk tool for determining whether or not referrals were made and there was evidence that the tool had been used.

The agency had policies on discrimination, equality and diversity, equal opportunities and human rights. Support workers demonstrated an ethos of tolerance and understanding with regard to the diverse needs of the people that used the agency.

We saw from documentation held that people that used the agency had risk assessments in place to mitigate any risks they chose to take while being supported with their daily lives. These included, for example, risk assessments on people’s personal environment, accessing the community, taking medication, undertaking activities and consequences of health conditions or incidents of anti-social behaviour. Support workers were aware of risk assessments and reviewed them regularly as part of people’s care review.

People that used the service with whom we spoke told us they thought their place of tenancy was a good place and well maintained. They liked their private and shared accommodation and had personalised their own space. People said, “My bedroom is how I like it and the house is safe for us to live in” and “The staff make sure we are safe living here.”

People that used the agency were supported to maintain their personal safety through promotion of healthy lifestyles, well maintained living accommodation and following safe procedures and practices in their daily lives. The premises where people shared their tenancies were appropriately maintained and provided safe environments to live in. This was the responsibility of East Yorkshire Housing Association and not that of Wolds & Coast Domiciliary Agency.

The agency had policies and procedures in place for managing whistle blowing or any other concerns support workers may have. There were emergency procedures in place for support workers to follow in the event they found a person was ill or had an accident and for in the event a support worker worked alone and was at risk of injury or harm. We saw from the records held for accidents and incidents that the agency followed safe procedures for managing these and for reducing risks to people and support workers.

People we spoke with told us their needs for support were well met and that there were always enough staff around to help them when needed.

The agency had policies on staffing levels and people’s dependency levels and so ensured there were sufficient support workers to assist people with meeting their needs. Support workers worked according to set rosters, which we saw and found to be accurately completed because the support workers named on the rosters were those we saw on duty. The agency had a system in operation whereby some support workers were employed as ‘floating’ workers, not permanently tied to one property, so that they could respond to people’s individual needs across the agency. There were sufficient support workers available to ensure people’s needs were always met.

The newly appointed manager told us the agency used thorough recruitment procedures to ensure staff were right for the job. The agency ensured job applications were completed, references were taken and Disclosure and

Is the service safe?

Barring Service (DBS) checks were carried out using an 'umbrella company' before support workers started working. The DBS check information records if potential employees have a criminal conviction that tells registered providers they are unsuitable to work with vulnerable people and helps registered providers make safer recruitment decisions. They can be carried out by another organisation who acts as a representative for organisations who come to them to complete DBS checks.

We saw that recruitment had been thorough in the case of all four support worker recruitment files we looked at. Files contained evidence of application forms, DBS checks, references and support worker's identities and there were interview documents, health questionnaires and correspondence about job offers. We assessed that support workers had not begun to work in the service until all of their recruitment checks had been completed which meant people they supported were protected from the risk of receiving support from unsuitable workers.

The housing manager explained to us that recruitment of suitable staff was more difficult these days and gave an example of a recruitment drive in July 2015 having identified eleven people suitable for interview, three being offered a job but only one actually taking the position. They told us there had been more vacancies since then to recruit to and because the agency induction took six weeks to ensure support workers were ready for working with people, then filling vacancies was a long process.

People we spoke with told us they were appropriately supported to take their medication at the right times and in the right doses. They said they had never had any problems with medication.

We looked at how medicines were managed within the agency. We saw there was a policy on management of medicines (it included self-medicating) and systems in place to ensure that medicines were safely handled. We were informed that anyone who self-medicated had been risk assessed to do so. We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, were recorded correctly and disposed of appropriately.

Where possible people managed and handled their own medicines with minimal support from support workers. Anyone requiring more support received it from support workers who ensured people had sufficient stocks and prompted people to take their medicines at the right time. We saw that when necessary support workers completed domiciliary medication administration record (DoMAR) charts, so that there was a robust audit trail for medicines handled by support workers. We saw that in these instances medication was appropriately requested, received, stored, recorded, administered and returned when not used. DoMAR charts contained clear details of when and how medicines were to be given and they had been completed accurately by support workers.

We looked at infection control (IC) systems used by the agency and spoke with support workers about their training and understanding of IC requirements. The agency provided suitable IC personal protective equipment to support workers and had policies and procedure in place for workers to follow. Support workers were knowledgeable about ensuring people were protected against infections and poor food hygiene practices and told us they had received training in IC management and safe food hygiene. We confirmed this when we looked at their training records.

Is the service effective?

Our findings

People that used the service with whom we spoke told us they thought the support workers were capable of doing their jobs to a good standard. One person said, “I can always rely on the staff knowing what to do best with a problem.” Another said, “Staff know how to support me and they often complete training.”

We saw from records held in the form of support worker’s training certificates and a general training record that support workers had received training in safeguarding adults from abuse, management of medicines, fire safety, first aid, infection control, health and safety, risk assessment and understanding the Mental Capacity Act. Support workers had also completed other training in person-centred care, professional boundaries, nutrition, challenging behaviour, epilepsy awareness, autism spectrum disorder, equality and diversity, introduction to mental health, palliative care and lone working. All of this was up-to date, as it had been completed within the last two years.

We found that the agency followed best practice guidelines as recommended by the National Autistic Society, The Epilepsy Society and other organisations related to the needs of people with a learning disability. The agency kept support workers up-to-date with current best practice by ensuring their knowledge was maintained throughout the year at team meetings and by completing training.

We were told by employees working in the office at Wolds & Coast that support workers had good communication skills because some of them had learned Makaton or British Sign Language and most had a good understanding of the needs of people with a learning disability.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes, but not to domiciliary care agencies. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

However, the housing manager, assisting with the inspection, told us there had been best interest meetings held for some of the people living in the shared tenancies, whenever they were required. A best interest meeting may be needed where an adult lacks mental capacity to make

significant decisions for themselves and needs others to make those decisions on their behalf. It is particularly important where there are a number of agencies working with the person, or where there are unresolved issues regarding either the person’s capacity or what is in their best interest and a consensus has not been reached.

They told us that the last best interest meeting was held in 2013 ahead of a DoLS being applied for and that another one was currently being planned for another person. This meant that two people that used the agency had their liberty, rights or choices restricted in some way, but the agency was acting within the law by using the DoLS system. Because the last best interest meeting for one person was held two years ago (documents and follow up documents were seen) and one was still pending for another person (no documents in place yet) this meant we were unable to see any current documentation held to support the actual and the proposed restrictions in place.

We saw that most people that used the agency were able to consent verbally or with gestures to the care and support they received. Some people had signed their documentation in agreement to it taking place or it being implemented. Some people we spoke with told us they could make up their own minds about most things but with very serious decisions they turned to a family member or a trusted support worker. We were told by the support workers that people could also have access to an advocate to assist them with serious decisions if they wished.

The newly appointed manager, housing manager, team leader, training coordinator and support workers demonstrated to us that they understood the principles of the MCA, DoLS and best interest meetings and knew when to apply the criteria for using these legislative safeguards. This meant people that used the agency had their rights upheld and they were protected from the risk of exploitation or abuse.

People we spoke with told us they had some choice regarding their meals: times they ate and what they ate, but usually because they lived in a shared tenancy premises they followed set meal times and the menu was planned each week based on consensus or each person taking it in turns to state their preferred meal for the day. People felt this worked well.

We saw that people had nutritional risk assessments in place in care files if they required them and that people

Is the service effective?

sometimes prepared their own breakfast and lunch, but the main meal of the day was prepared by support workers. Care files also showed that some people had special dietary requirements, which were catered for. Any preferences or choices were also considered and alternatives were supplied, within reason, if anyone did not like the chosen meal.

In one shared tenancy people were just about to eat their evening meal when we arrived, but they were happy for us to visit and continued with their usual routine. One person was ready to go out for the evening but spoke to us while they sat at the table with a fellow tenant. They both told us they chose what food they wanted each day and usually agreed with each other as well as the other two tenants living in the property.

People we spoke with told us they were supported to see their GP and to attend hospital appointments when they required it. They said they were able to see their GP as necessary, usually attended their local surgery and could see their GP in private or be accompanied if they requested this.

We saw that people had health care plans in their care files which included information on their diagnosed conditions, medication taken and the support they required to maintain optimum health. There were records of people's outpatient visits to their GP or hospital, hospital admission and discharge notes and body maps in place to show any injuries from accidents or illness.

People lived in their own tenancy properties and as such they were not subjected to any particular scrutiny by the agency, other than to carry out an environmental risk assessment. We saw these in people care files and saw that they were updated annually. However, the agency office staff liaised with another branch of East Yorkshire Housing Association, having responsibility for property upkeep, to ensure the premises where people received a domiciliary care agency service were maintained to a satisfactory standard and were suitable for the people that lived there. The arrangements worked well for people that used the agency and for the organisations providing the accommodation and providing 'personal care'.

Is the service caring?

Our findings

We observed that support workers had a professional but friendly approach to people that used the agency. We observed support workers offering to assist people with household tasks and responding to requests for help in an unobtrusive way. They made suggestions and gave advice and did not impose their view on people or make any judgement about the outcomes when people ignored their advice. Support workers encouraged people to be as self-determining and independent as possible and more often than not only provided advice, prompts and support with tasks. This ensured people were cared for and supported, but enabled to be self-determining.

People we spoke with told us they liked the arrangements where they lived in a shared tenancy and had support workers on-hand throughout the day and night to assist them when necessary. People that used the agency told us they had good relationships with support workers. They said, "I get on well with the staff", "Staff are friendly and help me when I need them to" and "I have known some of the staff for a long time. They are my friends." We saw that people got on well with support workers and that there were some long established relationships. This meant people knew what to expect from support workers, who in turn understood people's needs.

People told us that support workers consulted them to seek their views and to ensure they felt involved in their care and support. We saw that support workers asked people what they thought and what they wanted to do before offering their own advice on an issue. One person we spoke with told us they had moved from one property to another some time ago and felt the current one suited them better because the support workers that assisted them now were more compatible with them. This person said they had much more in common with their present support workers who they felt understood their needs better.

We observed support workers providing explanations to people about what was considered to be appropriate social behaviour and what people could expect support with their daily lives to look like. Support workers were patient and calm and offered practical solutions to problems. One support worker was encouraging when

people made choices regarding their food plans and offered information that enabled people to choose wisely and healthily. They did not contradict people when the choice was unwise.

We found that support workers had an understanding of the importance in encouraging people to have good wellbeing and to engage in activities, follow information and advice and to express their concerns if they were not feeling well. Support workers said, "We help people to maintain good health and eat well where possible, but if people don't want to take our advice, they have that right to choose not to" and "I would go with people to hospital or doctors and help explain what professionals are saying so people are well informed."

We were informed by the agency in a printed copy of their registered provider information return (PIR) that one person had an appointed deputy from the Court of Protection. A deputy is a person appointed by the Court of Protection to be legally responsible for someone who lacks capacity to make decisions for themselves where there is no one already appointed by prior arrangement to carry out this role.

The agency had a confidentiality policy and support workers were expected to adhere to this at all times. They provided information to other organisations and stakeholders only on a 'need to know basis'. Support workers ensured information was only passed to us where it was necessary to evidence the care, support and protection they provided to people, for example, when we asked about an incident that had been reported to us we were only given the outline of the situation and information about the action taken to resolve it.

One person we spoke with told us their privacy and dignity was always upheld, that they were encouraged to live the life they preferred and were supported in this by an understanding network of support workers. We observed support workers encouraging people to dress and present themselves appropriately when in company to maintain their dignity, to use their bedrooms for private conversations or personal care and to exercise independence of choice and decisions. One person, for example, was encouraged to change their jumper after tea and to do this for themselves. We saw one person return home from day care services and privately embark on their own independent routine before tea. Support workers told us this involved showering, changing and listening to music

Is the service caring?

or reading before joining others to eat. Other people stayed in their bedrooms much of the time they were home, but one came out to speak with us and another invited us to their bedroom to show us their possessions and how personalised their space was. They also asked us into their bedrooms to speak with us in private. Support workers respected people's wishes.

Information in the PIR copy we were given told us how support workers were recruited only if they were compatible with people that used the agency. This ensured support workers were chosen for their caring approach and were suitable for the roles they were given: that they were considerate and understanding of people's needs.

Is the service responsive?

Our findings

We were told by people that used the agency that they knew about their care plans though they had not taken the time to look at them. Some people said they had been shown some of the information held in care plans but could not remember what it was about. They could not remember actively contributing to the compilation of care plans, but were able to say that they did the things they wanted to do and went to the places they wanted to go. Support workers told us they used care plans to understand about people's needs and to provide them with the support they required. They said care plans were reflective of people's needs, wishes and choices.

We saw that care plans were person-centred and reflected people's needs in relation to their age, disability, gender, gender identity, race, religion and belief when appropriate or applicable. They had documents relating to assessments of need, details of the support people would require, who by and how this was to be given. There was information in review documents in the form of updates of the care and support people needed. We saw from the list of attendees at formal reviews that people had been involved in their care plan review. Accompanying documents held in people's care files included 'patient passports' (information to be given to hospital staff so they knew how to meet people's needs), risk assessments, monitoring charts, diary notes, incident / accident forms, details of health care issues and information about other organisations or relatives that had involvement with the people that used the agency. Care plans were appropriately reviewed and amended to ensure a person's current needs were known and met.

People we spoke with told us they liked having some independence and very much enjoyed taking part in their own chosen activities in the community. They told us about the activities, occupation and pastimes they engaged in, for example, one person said, "I like to go out to the shops and buy items I need, I enjoy watching television and do some chores around the house, like washing up and drying meal pots and making my own bed." Another person said, "I like having things bought for me, doing computer games and sometimes helping with cooking meals." A third person

said, "I like playing football, though I am not very good at it. I walk to the shops whenever I wish, have a burger sometimes and also visit my friends. I am given a personal allowance each day for expenses."

We saw from documentation held in care files and the agency newsletters that people undertook a variety of activities, for example, horse riding, visiting shops, cafes and pubs, cycling, computer games, meals out, visiting markets and bowling.

People we spoke with told us about their family and friend connections and how they maintained contact with the people that mattered to them. Support workers said they helped people with these contacts and sometimes accompanied people to take journeys if necessary.

We were told by support workers that some people attended day care services, some worked at, for example, charity shops or garden centres and others completed courses at further education college or with organisations specially 'set up' to provide occupation and activity for people with learning difficulties. This was all dependent on people's choice and preferences and was evidenced in people's care files as well as people telling us about their day.

The agency had policies, procedures and guidelines in place regarding respecting people's rights to make choices and decisions about their daily lives. People we spoke with told us they had opportunities to think about and make their choices and were supported in making decisions using a multi-agency approach if they needed this. They said they contacted social workers and health care workers if necessary or if they felt the support workers at the agency were unable to fully assist them. We observed people making decisions about what they wanted to do, what they wanted to eat and when they wanted to be assisted. Support workers were on hand all of the time should people want to ask questions, clarify information or just ask for some company when carrying out a task. Support was unobtrusive.

People we spoke with told us they knew how to complain, when and why. They all said they would speak with the manager or the registered manager, but would tell support workers as well if they thought support workers could resolve things for them.

The agency had policies and procedures on handling and resolving complaints and these were provided in pictorial

Is the service responsive?

format if required. We saw that there was a leaflet available that gave people simple information on making a complaint and having it addressed. There was an East Yorkshire Housing Association tenant's complaint procedure and a Supported Housing Project complaint procedure available and both of these contained more detailed information on how to complain in the appropriate arena, depending upon the issues to be addressed.

We saw that documentation held on complaints was no more recent than 2008 which was when the last formal

complaint had been received. The housing manager and team leader informed us that there were very few grumbles from people that used the agency and when there was an issue it was always addressed quickly before it escalated to a full-blown complaint. This meant grumbles were mainly verbal and were discussed and resolved before they became a serious problem. They therefore did not require formal records to be written and the formal complaint process to be implemented.

Is the service well-led?

Our findings

When we asked the support workers and staff that worked in the agency office about the culture of the service they described it collectively as “Friendly, open and honest, responsive to people’s needs and with an atmosphere where teamwork was at the heart of every approach to enabling people to lead as fulfilling a life as possible.” Staff demonstrated a strong desire to uphold people’s rights and encourage their independence.

There was a registered manager in post who had managed the agency for several years, but changes were in progress to have a new registered manager for the Bridlington branch of Wolds & Coast DCA. This person had been recruited and was already working for the agency as manager. They had submitted an application to become registered with The Care Quality Commission (CQC). Their management style was tolerant, freethinking and non-interventionist and it enabled other employees at the agency to take on their roles within an environment that was non-restrictive. Everyone’s opinion was valid and considered as relevant. This in turn reflected on how people that used the agency were treated: with respect and valued.

People that used the agency mainly lived in shared tenancy properties owned by East Yorkshire Housing Association and their tenancy agreements were with this organisation. People then had agreements through the East Riding of Yorkshire Council to receive the service of care from Wolds & Coast DCA, which had a known philosophy: to encourage people to have independence of mind and deed, to support people in their choice of lifestyle and reduce risks associated with this and to offer opportunities for people to learn, develop and experience optimum quality of life. We understood from employees that there were no formal models of care followed but information from learning disability organisations like the National Autistic Society, Mencap and Down’s Syndrome Association was used to provide up to date trends in care support to people with learning difficulties.

People that used the agency were encouraged to take part in community activities and living. They told us they used local private and council activities for pleasure, used community services and facilities (GP surgeries, hospitals,

churches, civil buildings) and accessed all community support services as required. This ensured people connected with their community, benefitted from some of its services and felt part of local life.

There had been no change to the registration conditions of the agency for some years and these conditions were still being adhered to: the regulated activity of ‘personal care’ was the only regulated activity being provided and it was managed by a registered manager. The new manager role was being introduced in line with CQC procedure and the agency was meeting its obligations.

People that used the agency were aware of having completed satisfaction surveys in the recent past and told us they didn’t mind completing these. We saw from some surveys that had been returned for the year 2014 – 2015, that responses were positive in the main. Comments included ‘I wouldn’t change anything’, ‘I am happy with all of the support I get and enjoy living here so keep everything the same’ and ‘I’d like more opportunities to shop’, ‘I would like regular staff instead of different people’, ‘To have the same staff would improve the service’, ‘I’d like to do more learning’ and ‘I want continuity of staff’.

There were several comments about keeping the same support workers and the office staff team explained this was because there were sometimes changes for people due to the need to give support workers different experiences, to meet the need to cover rosters and to prevent some people becoming too dependent on one or two particular support workers. However, the agency had acted upon these comments and in its 2014 - 2015 ‘summary report for action’ stated ‘We will do our utmost to maintain staff teams with a commitment to send customers staff they are familiar with.’ Agency staff told us it had achieved this by minimising movement across staff teams, which was evident in rosters.

Other comments from people about their shared living experiences mentioned the need for people to get on better with each other, reduce swearing and increase the size of the tenancies. These were not exactly issues that Wolds & Coast employees could resolve and so support workers were faced with ensuring that ‘peace’ was kept in the tenancy properties by leading by example with tolerance and understanding.

We found that there were some employee surveys returned for the year 2014 – 2015 as well and these talked about the

Is the service well-led?

need for support workers to work more regularly in tenancy properties, for more support workers and relief staff to be employed, to improve training opportunities (particularly in-house), increase employee understanding of the challenges faced by the organisation, to have more input from the management team and so improve the cascade of information to junior staff and increase the meetings with management.

While we saw that there had been a summary report produced, including areas for action, for the year 2013 – 2014 quality assurance survey exercise, which showed there had been an analysis of the responses, we did not see evidence of any feedback to people that had contributed. However, the agency staff explained that full feedback would be shown in the 2014 - 2015 quality report. The information received from the 2014 – 2015 surveys had not yet been analysed, but agency staff explained this was because 'service user' responses to surveys had been tardy (slow) and we were informed that analysis was underway.

We saw that there were some tentative audits carried out by the agency within each tenancy property, covering medication management, health and safety and care planning and the agency was assessed annually by the Investors In People scheme.

We were told by support workers that manager's meetings were held each month, team leader's meetings were held each month in all tenancy properties and that minutes of these were kept in separate ledgers. However, these were held at the agency offices and not at each property. All support workers were expected to sign these when they had read them. We saw the ledgers and the minutes for January to July 2015 across three properties.

We saw that the agency held up-to-date records covering the quality assurance systems, staff recruitment, training and supervisions, accidents, incidents and complaints, safeguarding referrals, meetings, staffing levels and people's care and support files.