

East Yorkshire Housing Association Limited Wolds & Coast Domiciliary Agency

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection of Wolds & Coast Domiciliary Care Agency (DCA) took place on 04 and 09 November 2016 and was initially unannounced, because the inspection began as a Focussed inspection on 04 November 2016. This became a Comprehensive Rated inspection and was completed as an announced inspection on 09 November 2016. We visited the agency offices and visited five people who used the service. This was to obtain people's views of the care and support they received.

At the last inspection in August 2015 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was rated as a 'Good' service. At this inspection in November 2016 we also found the overall rating for this service to be 'Good' as there had been no changes in the quality of the service since the last inspection. The rating is based on an aggregation of the ratings awarded for all five key questions.

The service provides support to 35 people in their own homes, who may be living with dementia, have a learning disability and/or autistic spectrum disorder, a physical disability or a sensory impairment. People mainly live in shared houses and have individual tenancy agreements with East Yorkshire Housing Association. The support provided to people can be with personal care, food provision, personal safety, social activity and/or financial needs.

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager who had been the registered manager for the last five years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager explained to us that the agency was owned by East Yorkshire Housing Association Limited and run as a separate concern to the 'housing arm', which had charity status.

People were protected from the risk of harm because the registered provider had systems in place to manage safeguarding incidents. Support workers were trained in safeguarding adults from abuse and understood their responsibilities in respect of managing safeguarding concerns. Risks were managed and reduced on an individual basis so that people avoided injury or harm.

Staffing numbers were sufficient to meet people's needs and we saw that rosters accurately cross referenced with the support workers on duty. However, the registered provider had been recruiting new staff for some time and this was proving difficult. Incentives had been introduced to attract new candidates to the vacancies. Recruitment policies, procedures and practices were followed to ensure staff were suitable to care for and support vulnerable people. We found that the management of people's medicines was safely carried out.

People were cared for and supported by qualified and competent support workers. Support workers were supervised and took part in an appraisal scheme regarding their personal performance, although we found that these schemes had been neglected on several occasions over the last year. This had not been identified quickly enough to prevent the lack of regular supervision having an effect on support to workers. We made a recommendation about this.

Communication was satisfactory and both people and support workers felt information was appropriately shared in good time. People's mental capacity was appropriately assessed and their rights were protected with regard to ensuring their liberty. Support workers had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they encouraged people to make decisions for themselves.

We found that people received appropriate care from kind support workers who knew about people's needs and preferences. People were involved in aspects of their care and were asked for their consent before support workers undertook care and support tasks. People's wellbeing, privacy, dignity and independence were monitored and respected and support workers worked hard to maintain these wherever possible. People were supported according to their support plans, which were regularly reviewed and amended according to need and/or requests. People were supported with nutrition and hydration where necessary.

There was an effective complaints procedure in place and people had complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain healthy relationships.

We saw that the service was well-led in all aspects. People had the benefit of an open and inclusive culture and the management style of the service was positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication. Information from the quality monitoring and assurance system had been used to take action and make changes to the service for people but this had not been fed back to anyone who used the service or other stakeholders. We made a recommendation with regard to this.

People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely in the company offices.

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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury or harm.

Support worker numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were cared for and supported by qualified and competent support workers, but workers were not always regularly supervised or received an annual appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

Support workers sought and respected consent from people before they supported them with care and treatment. People received adequate nutrition and hydration to support their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support and care from kind support workers, who knew about their needs. People were supplied with detailed information that they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked hard to maintain these wherever possible.

Is the service responsive?

Good ●

The service was responsive.

People were supported according to their support plans, which were regularly reviewed and updated.

People had their complaints investigated without bias and they were encouraged to maintain healthy relationships with family and friends.

Is the service well-led?

The service was well-led.

There was a registered manager at the service who had an open and inclusive style of management.

People had the benefit of a well-led service of care in respect of the culture of the service. The service was positively managed. Quality monitoring and checking of the service was effective.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely in the company offices.

Good ●

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Wolds & Coast DCA took place on 04 and 09 November 2016 and was initially unannounced as a Focussed inspection had commenced because we had received some concerns about the service. During our visit we changed this to a Comprehensive inspection and the second site visit date was announced to complete the inspection. One Adult Social Care inspector carried out the inspection.

Information had been received in October 2016 from an anonymous source in the form of concerns passed to the CQC. We requested feedback from the local authority that contracted services with Wolds & Coast DCA and we reviewed information from people who had contacted CQC to make their views known. We had not requested a 'provider information return' (PIR) from the registered provider by the time we visited the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people that used the service; two were visited in their own shared house and three were seen during the time they attended a day care facility provided by East Yorkshire Housing Association. We spoke with six support workers, one senior support worker, the housing manager and the registered manager. We also had a conversation with the chair of the committee for East Yorkshire Housing Association. We viewed care files belonging to three people that used the service, recruitment files and training records for four support workers and supervision records for seven support workers. We viewed records and documentation relating to the running of the service, including the quality assurance and medication management systems. We also looked at records held in respect of complaints and compliments.

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving support from support workers at Wolds & Coast DCA. They said, "There is always someone there in the shared house that I like to look after us. And if anyone bullied me I would tell one of the staff", "Staff stay at night so that no one can break in, so it is safe", "The staff never leave us on our own, so I feel safe" and "Staff never get annoyed or shout, they are nice."

There were systems in place to manage safeguarding incidents. Clear information was available to inform support workers what the definition of a vulnerable adult was and what constituted abuse. There were policies and procedures on abuse and accompanying policies on whistle blowing.

We found evidence that support workers were trained in safeguarding people from abuse. This evidence was in the form of training records and certificates of attendance for the safeguarding training they had completed. Support workers demonstrated knowledge of what constituted abuse and what the signs and symptoms of abuse might be. They told us how they referred suspected or actual incidents of abuse to the local authority safeguarding team. There were records in respect of managing safeguarding incidents and referrals that had been made.

We discussed one particular safeguarding issue that was still undergoing investigation by East Riding of Yorkshire Council (ERYC) safeguarding adult's team, as one of the concerns shared with us was about inadequate handling of financial safeguarding issues. We were told by the registered manager and housing manager that this was the only financial safeguarding issue in recent months, but it was complicated and long-running, so there could have been a belief among service employees that it was not being addressed. The registered manager and staff were working closely with other lead agencies in regards to this matter.

People had risk assessments in place to reduce the risk of harm from, for example, poor nutrition, going out into the community, completing daily living skills, travelling on transport, taking medicines and smoking and drinking. These were reviewed appropriately as people's needs changed and also on a regular basis to ensure they were still current. People also had individual personal emergency evacuation plans in the shared houses so that support workers knew how to assist them to leave their homes in an emergency.

There were contracts of maintenance in place for ensuring the office premises were safe. The service had accident and incident policies and records in place should anyone working for Wolds & Coast DCA or receiving their services encounter an accident or be involved in an incident. A condition of the policy was for all accidents that involved a person sustaining a head injury to be referred to hospital. Records showed that accidents had been recorded thoroughly and action had been taken to treat any injured persons and prevent accidents re-occurring.

Another of the concerns raised with us in October 2016 was that of staffing shortages causing new support workers to work long and extra hours to cover the service requirements, which meant that people with learning disabilities were not always supported by workers that were sufficiently experienced in working with them, if they had come from other positions, for example, working with older people.

We discussed staffing shortages with the registered manager who confirmed that support worker vacancies were being recruited to but this had proved difficult. They gave one example where five candidates had recently been selected, but only two had actually accepted the job and started working. The registered provider was utilising alternative methods of attracting candidates to apply for jobs: having open days, offering increased night sleep-over pay, offering an hourly rate of pay slightly above the 'living wage' and paying a bonus on completion of the six month induction.

We looked at the staffing rosters and saw there were sufficient support workers deployed to meet people's needs. People's needs were such that they required 24 hour support, which was provided by the service on a roster basis. Usually support workers slept over at the shared houses as people only required on-call cover at night. People told us they were satisfied with the staffing cover they received from support workers.

Support workers confirmed they had experienced some staffing shortages over the last six months, due to staff leaving but that new people were being recruited to fill the vacancies. These had not been completely filled yet, but some support workers were covering by working extra shifts. One support worker told us they would be completing three consecutive sleep over duties with some day shifts in between, during the week in which we carried out our second site visit. We discussed with the registered manager the need to ensure support workers were not working excessive hours over a long-term period. They assured us this was not the case.

The rosters we looked at for August and September 2016 (October's were unavailable as they had not yet been brought to the agency office for archiving), showed there had been sickness and holiday leave in all of the shared houses. All leave and sickness had been covered. We saw from the rosters that some support workers had worked excessive hours, but this had not been long-term.

Support workers also talked about lone working, which we understood was a normal practice of the service. Support workers had access to a lone-working policy and contact numbers of senior support workers assigned to on-call duties, should they require further support or advice. Lone working was not an issue for the majority of support workers. However, some that visited people in one of the larger shared houses felt there were times when one worker was insufficient, such as when people required one to one support or be supported to see their GP. Some support workers would have preferred more staff to assist people in these instances, but the registered manager informed us that only hours that were assessed and contracted with the local authorities could be allocated to support workers.

Discussion with the registered manager revealed some people that used the service were allocated one-to-one hours for specific support and that this was always provided. They said that one or two support workers sometimes took it on themselves to allocate other one-to-one time to people, which might mean there were unplanned times when workers worked alone. They said they would re-iterate to support workers the times and reasons when people were allocated one-to-one assistance.

There were robust recruitment procedures to ensure support workers were suitable for the job. Office staff ensured job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before support workers started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people.

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. DBS checks were obtained before support workers begun working in the service. However, we saw that one of the four support worker's recruitment files we viewed did not hold details of

their DBS check. This was passed to the registered manager who asked the service administrator to locate the information and ensure it was filed correctly. The registered manager told us that recruitment file audits checks had already been completed and had identified missing DBS details. A list had been passed to the administrator to ensure checks were in all files. This information was found and filed correctly.

We were told by the registered manager that most people required support with the management of their medicines. Where people did require it a medication chart was used and signed by support workers on supporting people to take their medicines. When people were asked about satisfaction with the support they received with their medicines they said, "I only take tablets when the staff help me. There are too many for me to remember and I also have inhalers, but I do them myself", "Staff support me with medicines as I would get mixed up with them" and "I need help with my medicines and staff always help me, as I have some special ones to take."

Medicines were held securely in people's shared houses and usually in the one place for safety and where support workers could access them when required. Support workers ensured people had repeat prescriptions and sufficient medicines in stock so that they did not run out of them.

Is the service effective?

Our findings

People we spoke with felt the support workers at Wolds & Coast DCA had the knowledge to care for them and supported them well. They said, "I think the staff all know what they are doing", "Staff are very good and show us what to do" and "The staff are good but they sometimes annoy me, but that is because I annoy them. It is really my own illness that makes this happen. At the moment I am okay and I am getting on all-right with staff and other people. I really would prefer to live on my own though and not in a shared house." This was passed to the registered manager to share with the person's care coordinator.

The registered provider had systems in place to ensure support workers received the training and support they required to carry out their roles. A workforce training record was used to review when training was required or needed to be updated and there were certificates held in support workers' files of the courses they had completed. Support workers confirmed to us the training they had completed over the last twelve months. We saw four support worker files that evidenced the training they had completed and the qualifications they had achieved.

The registered provider had an induction programme in place and reviewed support workers' performance via one-to-one supervision and the implementation of a staff appraisal scheme. Failings in the supervision and appraisal schemes were one of the concerns raised in October 2016. We looked at these scheme records for seven support workers and found there had been occasions when supervision had not taken place for many months, for example, one worker that started their job in May 2015 had only been part of a supervision session once: August 2015. Another worker who started their job in July 2014 had one supervision record for May 2015. Five other support workers had been regularly supervised. We also found that with regard to appraisals of performance and development three workers were last assessed in 2016 and two in 2014. One worker's record was not dated and another worker had no record of their appraisal.

All of this was discussed with the registered manager and housing manager who explained that the supervision and appraisal scheme had been neglected by two senior support workers over a period of time. Both had been disciplined with regard to this and had chosen to terminate their employment. This had been picked up in audits and there was mention of that fact in the registered manager's report to the Committee dated August 2016. Although supervision and appraisal for support workers had been reinstated on a regular basis and the registered manager was monitoring them, too long a period had passed without the lapses being identified. We recommend the registered provider regularly monitors the supervision and appraisal schemes to ensure all workers receive supervision according to the organisation's policy.

The housing manager explained that an alternative method of supervising support workers had also been introduced in recent months: holding breakfast meetings as an open forum in the offices for all employees to attend if they wished, where general issues were discussed.

We saw that the induction programme included shadowing senior support workers, becoming familiar with policies and procedures, gaining health and safety awareness, knowledge of the risk assessments in place and being introduced to people that used the service and other workers. Induction followed the guidelines

and format of the Care Certificate, which was a set of standards that all competent social care and health workers followed in their daily working life. Support workers at Wolds & Coast DCA were also visited using a 'spot check' system while working with people that used the service. This was to observe support workers in their practice and offer advice for improvements in service delivery.

The Care Certificate covers the new minimum standards that should be learned as part of induction training for new care workers, as identified by Skills for Care. Skills for Care are part of the National Skills Academy for Social Care and help create a better-led, skilled and valued adult social care workforce. They provide practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. They work with employers and related services to ensure dignity and respect are at the heart of service delivery.

Communication within the service was described by people that used the service as "Adequate to good" between the office workers, support workers and themselves. They said, "Usually I know who is coming on duty to support us and the office staff tell us about any changes" and "Sometimes carers that I really like will be on duty and they might tell me when they are next on. I like to know that." One person said, "Staff sometimes have time to go out with me and my friends, but most of the time we go without them. We don't need anyone to look after us all the time, not when we are coming to the centre."

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We were told there were no people currently under a Court of Protection order. One person was considered for such an order but it was deemed that they had capacity and therefore did not need it, even though they had been the subject of a safeguarding concern. Efforts were still being coordinated by the registered manager, officers of the East Riding of Yorkshire Council and the Police to ensure the person remained engaged in meaningful activity so they did not revert back to peers in the community who were exploiting them.

Support workers facilitated the management of finances within shared houses by ensuring people contributed their allocation of the weekly housekeeping budget. People then used the budget to purchase food and toiletries. There were records in the shared houses to show when money was obtained for and handed to people and for whatever purpose, and all items they spent their money on were receipted. Although support workers had access to some people's personal identification numbers for their accounts, there were systems in place to ensure all parties were protected. Receipts were held at Wolds & Coast DCA offices and weekly checks were made to ensure people's balance matched with the receipts for expenditure. This was to protect individuals from financial abuse and the staff from potential accusations being made against them.

People consented to care and support from support workers by either verbalising this or accepting the support they were offered. Other consent was in the form of signed documents in care files. We saw that people had signed their support plans and plan agreement forms, which stated whether or not support workers assisted them, for example, with medication and personal care.

People received support with their nutritional needs and were consulted about their dietary likes and dislikes, allergies and needs due to medical conditions. Support workers provided snack-type meals or sometimes assisted people to cook a meal from scratch for those that required one. Some people told us they managed to prepare their own food and drinks, but were thankful if support workers made extra meals and drinks for them. People we spoke with said about the support they received with nutrition, "I can't cook very well but like to try. Staff will help whenever I need it" and "I am a good cook, I do lots myself but staff help me when I am stuck."

Health care records were held in people's files if this was considered important and relevant to the support that workers provided. Daily diary notes recorded when people had been assisted with the health care that had been suggested for them.

Is the service caring?

Our findings

People we spoke with told us they got on very well with the support workers that assisted them. They said, "The staff are really nice, I like them", "The staff are good fun. They are helpful and [Name] is my friend now", "Staff are very kind and help me with lots of things" and "The staff are pretty good really. They offer advice and help settle me down when I need that."

Some support workers told us they had been employed at Wolds & Coast DCA since it was first registered, while others were quite new to the organisation. Support workers told us they enjoyed working at Wolds & Coast DCA in the main, as they helped people with all aspects of their lives: personal care, living skills, taking medicines, socialising, preparing meals and advising on and assisting with financial transactions.

Support workers were pleasant and knowledgeable when they spoke about people's needs. Some were professional and caring, but some were a little indifferent and described their roles as more task orientated than supportive and inclusive. There was a range of experience and abilities among the workers to engage with people that used the service. This presented as either very enabling or lacking in empathy. For example, one worker related their understanding of the importance of supporting people and enabling them rather than doing for them, but another worker seemed only bothered about how situations in their working day troubled them personally. These experiences and abilities were discussed with the registered manager, who was already aware of some of the situations and undertook to speak with support workers about their attitudes and values.

Discussion with the registered manager, housing manager and support workers revealed that almost everyone that used the service had particular diverse needs in respect of at least one the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people were at risk of discrimination due to their learning disability and had experienced discrimination or exploitation in the community. Others due to a combination of their age and disability, or sexual orientation.

Staff were well aware of the rights of all the people they supported and championed these at every opportunity. The organisation was respectful of the diverse needs of the people they supported and of the employees of Wolds & Coast DCA and East Yorkshire Housing Association Limited. Employees of the organisation were tolerant and inclusive of people's diversities.

Support workers gave us an example or two of when they had intervened in a person's life situation because they were at risk of being disadvantaged in the community or in their own shared home. Support workers were aware of when situations were harmful to people that used the service. They told us they spoke up as necessary to pass concerning information to the registered manager or to East Riding of Yorkshire Council social services department. We saw no evidence to suggest that anyone that used the service was discriminated against by support workers, but instead heard accounts of workers protecting people from discriminatory situations.

We saw that some documentation used in the service, for example, support plans and satisfaction surveys were produced in pictorial format for 'easy read' and where a person required particular aids for visual or hearing impairment these were accessed.

People told us they were treated as individuals with their own particular needs being met according to their wishes. Support plans, for example, recorded people's individual support needs and requests for assistance. They noted people's food preferences and how they wanted to be addressed. Support workers knew these details and responded to them accordingly.

People that used the service had their general well-being considered and monitored by the support workers if this was appropriate and necessary to maintain their mental health or physical health. People were supported to have interests and attend places of their choosing where they could socialise and keep in touch with friends and acquaintances. People received practical support with transport, having sufficient money on them and arriving at the expected time of appointments. People were accompanied to GP and hospital appointments where necessary too.

While we were told by support workers that no person using the service was without relatives or friends to represent them, we were told that advocacy services were available if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. People were provided with information on how to contact an advocate if needed and offered support to do so.

People we spoke with told us their privacy, dignity and independence were always respected by support workers. People said, "Staff are very good when they prompt me with personal care and my privacy is always respected" and "Staff are careful to respect my privacy." With regard to upholding privacy and dignity one support worker said, "I make sure I give personal care discreetly, covering people, closing curtains and so on, but really this is more about supporting people to be self-caring and prompting them to think for themselves about their personal hygiene." Another worker said, "I give people plenty of time to bath or shower themselves and think about what I would feel like if it were me needing help. I always ask people to tell me whether or not they are happy with the support I offer."

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about times they had required help to achieve their ambitions or when they had wished to go somewhere and how support workers had provided this help. They related accounts of incidents that had happened in their lives, due to illness or disability, and explained how support workers had helped them overcome difficulties.

We looked at three care files for people that used the service and found that the support packages were clear and specific to individual people's needs. These were person-centred and contained information for support workers on how best to meet people's needs.

Files contained personal risk assessment forms to show how risks to people would be reduced, with regard to accessing facilities in the shared houses or in the community, taking medicines, nutrition and hydration, accidents, chosen lifestyles, going missing from home, exploitation from other tenants in shared houses or acquaintances, taking drugs or alcohol and with regard to people's living environment. Care packages and risk assessments were reviewed monthly or as people's needs changed.

Files recorded personal details, the person's weekly care schedule, the type of transport the person used, daily communications, medication incidents, monitoring charts, financial transactions on behalf of the person and details of incidents / accidents / near misses.

One person we visited told us they only received support with their medication, required prompts with personal hygiene, and needed help to manage their financial affairs and with psychological needs.

Support workers told us that it was important to provide people with choice, so that people continued to make decisions for themselves and stay in control of their lives. People tended to be in control of their daily decisions for living, for example, with going to and rising from bed and what and when they ate. This meant that support workers did not assist people with these needs but provided prompts, advice and guidance to enable them to carry out tasks themselves. People's needs and choices were respected.

People were supported to maintain relationships with family and friends, if this was considered an appropriate inclusion of their support package. Support workers who key worked (or provided extra and specific care within a closer relationship) with people got to know family members and kept them informed about people's situations if people wanted them to. Support workers spoke with people about their family members and friends and encouraged people to remember family birthdays, by helping them send cards or letters.

The service had a complaint policy and procedure in place for everyone to follow. Records including complaint logs showed that four complaints and concerns addressed in the last year were handled within set timescales. People said, "I would talk to the staff if I was unhappy", "I would tell my relatives if I had a complaint and they would speak up for me", "There is nothing to complain about. I like the staff that help me, I really like my life" and, "I have nothing to complain about, but would tell someone here at the day

centre."

The effectiveness of the complaint procedure was another of the concerns raised in October 2016. The complaint stated that whenever a complaint about the management team was made to the Committee this was passed to the management team to investigate, which was not appropriate. We asked the registered manager if this was the case and they told us it was not. They said there had been one complaint about management in the last year. This had been addressed by the Committee and the registered manager. It was found to be unsubstantiated.

Support workers told us they were aware of the complaint procedures to follow if a person that used the service made a complaint. We saw that the service had appropriately handled complaints from people that used the service. These were separate to the complaint made about a member of the management team. Complainants had been given written details of explanations and solutions following investigation. Complainants had been satisfied with outcomes.

Is the service well-led?

Our findings

People we spoke with felt the service was suitable to meet their needs and had always offered them a good level of care and support to lead independent lives. Everyone said that support workers were helpful and that they saw many of them as friends now.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager that had been registered for the last five years. One of the concerns raised with us in October 2016 was that there was a culture of bullying among the management team, which was led by the registered manager.

We discussed the culture of the service with support workers who expressed the view that generally they all got on quite well with each other and that the management team were approachable and supportive. Some support workers said they had not always been able to openly consult the registered manager or the housing manager, but we found that these support workers had been in consultation with management lately over certain performance issues. Those that were more positive about the management support said the culture of the service was open, sharing and positive. Some support workers described it as, "Friendly and supportive" and "Progressive, but caring." They described the organisation as one where teamwork was important and everyone shared the problems of the job.

We found that the management style of the registered manager and management team was open and approachable, but firm and accountable. Staff told us they could express concerns or ideas any time to senior staff or management and that they felt these were considered. The management of the service was business-like and organised, and was accountable to the Committee for East Yorkshire Housing Association.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager knew how to fulfil their responsibility to ensure any required notifications were submitted under the Care Quality Commission (Registration) Regulations 2009. We saw that only one notification had been sent to us over the last year.

The service had written visions and values within the 'statement of purpose' and 'service user guide' (documents explaining what the service offered), as well as on staff expectation cards. These included the values of privacy, dignity and respect and instructed workers to never assume anything. The documents implied that what was important in the organisation were listening to people's views, understanding and meeting their needs and providing a quality service.

Support workers were able to describe the values of the service in terms of, "Ensure we provide a safe environment for people, encourage people to achieve fulfilled lives and enable people to make their own choices and decisions." The 'statement of purpose' and 'service user guide' were kept up-to-date and clearly described what people could expect from the service and how support workers should conduct

themselves.

We looked at documents relating to Wolds & Coast DCA's system for monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were sent out to people that used the service, relatives and health care professionals.

Audits included checks on support worker training, supervision and development, people's files, their medication and finances. The registered manager explained that the audits had only picked up issues with supervision systems in the last four months and those senior support workers responsible for carrying out supervision that had not kept these up-to-date had already been spoken with.

Satisfaction surveys were issued to people and their relatives, as well as to employees and professionals. Of the 35 issued to people that used the service, 31 were returned and all contained responses to questions in the 'good to excellent' range. Of the 32 surveys issued to relatives and other stakeholders, 14 were returned and all contained responses in the 'good to excellent' range, with just one question answered as 'poor'. Of the 63 surveys issued to employees, 28 were returned and all contained favourable responses.

While there was evidence in the form of statistical analysis and action taken to respond to the information received from people and from carrying out audits, there was no evidence to show that people who used the service and other stakeholders were given feedback about any changes or improvements that had been made to the service. We recommend the registered provider ensures people that use the service and other stakeholders receive feedback about the quality assurance and monitoring systems, so they can see any action taken as a result.

Meetings were held for support workers at the service offices and these were all recorded in separate meeting registers held for each of the shared houses. Meetings records showed a variety of topics were discussed that helped support workers to carry out their roles effectively. Meetings were also held by and recorded for tenants of the shared houses and the topics they discussed included compatibility issues, holidays, activities and meals. Overall, there were effective systems in place to seek the views of people that used the service and other stakeholders, so that improvements could be made.

The service kept records on people that used the service, staff and the running of the business that were appropriately maintained, up-to-date and securely held. All documentation was signed by the person completing it and/or someone agreeing to it.