

# 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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Wolds & Coast Domiciliary Agency provides personal care to people living in their own home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they were happy with the service provided. Staff understood the importance of providing person-centred care and had developed positive relationships with people which helped to promote their independence. People told us, and our observations confirmed staff were kind and caring. People were respected, staff championed their privacy and dignity and encouraged their independence in all aspects of life.

People continued to receive a good service. They were safe from harm. Systems and processes supported this. People's risks were safely managed. Sufficient numbers of safely recruited staff were employed to support people providing consistency of care. People were safely supported with handling medicines and keeping their homes clean.

Staff received appropriate support and training to carry out their roles. This included regular supervision and appraisal.

The provider was responsive to feedback and completed a range of checks to assure quality. Feedback, along with action plans resulted in managed improvement where this was required.

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

Rating at last inspection.

The last rating for this service was Good (published 21 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wolds & Coast Domiciliary Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Wolds & Coast Domiciliary

## Agency

### **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 June 2019 and ended on 25 June 2019. We visited the office location on both days.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service in their own homes and two relatives over the telephone about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at an action plan used as part of quality assurance to maintain and improve standards.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "The staff are great and help to keep me safe. I have a care plan which includes information about any risks staff need to know about."
- Staff had completed training in safeguarding adults and had a good understanding the types of abuse to look out for and how to escalate any concerns for further investigation.
- The provider had a safeguarding policy in place. Where safeguarding concerns had been raised, detailed records confirmed thorough investigations had been completed. One staff member told us, "We discuss outcomes of any concerns during meetings and feedback which helps as part of our overall learning."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had a robust process in place to monitor and respond to risks including those associated with people's physical health needs and risks present in their home environment.
- People's care plans contained individual risk assessments that provided staff with clear guidance about how to reduce and manage risks to people.
- Each person's care plan contained information about how to support them to leave their home safely. For example, when out in the community and with medicines. The provider was in the process of updating these records further to ensure it was representative of people's specific needs.
- Accidents and incidents were recorded and dealt with appropriately. There were systems for analysing incidents and identifying any trends to help the provider prevent them from happening again.

Staffing and recruitment

- Appropriate recruitment procedure was followed and recorded to mitigate potential risks of employing unsuitable staff.
- We observed enough numbers of staff on duty to support people safely. Staff said there were enough staff to meet people's needs safely and they did not feel rushed or under pressure. One staff member said, "We have a good settled team of staff which means people receive consistent, safe support."
- Staffing and calls were adjusted to fit in with people's requirements. For example, to support people to attend events, appointments and activities.

Using medicines safely

- Medicines systems were organised, and records confirmed people were receiving their medicines when they should. People told us they received their medicines on time and as prescribed.
- Staff who administered medicines had undertaken appropriate training. They had access to information about medicines at the point of administration and this information was being updated to ensure it

remained person centred.

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines in people's own homes.

Preventing and controlling infection

- The provider had policies and procedures in place to control and prevent the spread of infections.
- Staff had access to gloves and aprons and had completed training in infection control.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our previous inspection in December 2019 this key question was rated as Requires Improvement. This was because we found staff did not always receive appropriate supervision and appraisal to support them with their role. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received regular supervision and annual appraisals. They told us they felt well supported by the management team who were responsive to their feedback.
- New staff completed a thorough and in-depth induction programme. Additional, ongoing training was provided to equip staff with the necessary skills and experience to be effective in their roles.
- The registered manager told us they were implementing spot checks to observe and ensure staff remained competent in their role and followed best practice. For example, when assisting people to take their medicines or to mobilise using equipment.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We checked and found the provider was working within the principles of the MCA.
- The provider was improving record keeping ensuring where any decisions had to be made in people's best interest they were clearly recorded, with signed input from those with the associated knowledge and expertise.
- Staff had a working knowledge of the MCA and understood where people had been assessed as having a lack of capacity to make larger decisions, the importance of supporting them to make other day to day

decisions and choices.

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported them to have a good quality of life.
- The staff team were committed to ensuring people's diverse needs were met. Staff had received training to ensure their knowledge in supporting people with regards to equality and diversity remained up to date.

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

- Where assessed, people received support to maintain a healthy diet and fluid intake. People told us they helped to choose menus, go shopping and prepare food at meal times.
- People at risk of poor nutrition and dehydration were monitored regularly to ensure their needs continued to be met.
- Staff were knowledgeable about people's individual dietary needs and preferences.

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

- Where people required support from other health professionals this was actioned without delay. One staff member said, "We encourage and support people to attend regular health checks. This includes dental appointments which people are not always keen on."
- Staff followed the recommendations of healthcare professionals to provide effective care. A relative told us, "[Persons' name] is quite independent but needs staff to prompt them about their health checks. The staff work well with other professionals during reviews and action their advice; which is normally of benefit."
- Staff communicated changes in people's needs effectively and worked together to provide consistent care and treatment.
- Care plans included hospital passports containing important information that was shared with other health professionals when people required to access other services. For example, for hospital admissions.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People received a service from staff who were friendly and polite. It was clear there were positive interactions between staff and people which showed positive relationships had been developed.
- People and their relatives told us staff were caring. A relative told us, "Staff care about everybody, including relatives. There are more regular staff which helps because they start to understand how to support people."
- People had been consulted with and their wishes and preferences had been recorded. Staff used this information to care and support people the way they liked.
- Staff were polite and showed empathy to people's needs.
- Our discussions confirmed staff understood the importance of treating people with dignity. One person said, "Sometimes I like my own space and staff are respectful of that."
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required.

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

- Staff communicated clearly with people and respected people's individuals' views, choices and decisions.
- People and relatives told us, and care records confirmed they were involved in writing and reviewing care plans. One person showed us their care plan and said, "Staff write about what we do each day. There is information [in the care plan] about me. We talk about it and change it if I want to."
- People had access to advocates where this was required. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Care plans recorded people's input and provided staff with information to support them with their choices and preferences.
- The provider checked people's goals were being met with corrective actions and amendments implemented where this was not apparent.
- Life histories were recorded to support staff to provide non-discriminatory care and support to people.
- Where people had any religious preferences, information was recorded in care plans and the provider told us people were supported to follow their faith.
- People were supported to enjoy their interests, hobbies and attend a variety of events and activities in their local communities. People discussed their days out, attending day centres with friends and the support they received to enjoy holidays and live very independent lives.
- Where people had been assessed they were able to go out unsupervised and were encouraged and supported to maintain meaningful relationships. One person told us, "I take a walk into town and I meet my boyfriend. We go out for meals and enjoy each other's company. I am very lucky".
- The service was supportive of people who wanted to work. No body we spoke with was in paid employment. However, one person discussed voluntary work they had completed. They told us the work was demanding but had given them responsibility and resulted in them making new friends.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and this was recorded for staff to follow in care plans.
- Staff understood the Accessible Information Standard. One staff member said, "People have their own ways of expressing their views. Some use facial expression and sign language. Others might use visual prompts."
- We were shown picture cards and symbols that were used to help people communicate their preferences and moods. For example, food choices and if they were happy or sad.

### Improving care quality in response to complaints or concerns

- A policy and procedure was available for staff and people to follow should they need to make a complaint.

This was updated after the inspection to ensure information was in an accessible format for everyone to understand.

- Staff understood the importance of supporting people to raise any concerns and these were taken seriously. A staff member said, "We ask people if they are okay, and if they show any signs that they are not happy we will investigate why. We will help them to raise a complaint if they wanted to; people here seem quite happy most of the time."
- Staff told us they used any feedback including any complaints from people to inform group discussions to improve the service people received.
- People and relatives knew how to give feedback about their care and felt confident their concerns would be taken seriously. One person said, "I would speak with the staff on duty. They sort anything out; it doesn't happen very often."

#### End of life care and support

- People's end of life care preferences were discussed. Where people agreed, information was recorded. This helped to ensure people would receive dignified, comfortable and pain free care to support and maintain their cultural and spiritual requirements.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated a commitment to provide person-centred, high-quality care which consistently provided good outcomes for people. People and their relatives told us they were happy with care provided.
- The culture of the staff team was positive. All staff demonstrated they put the people they supported first and did their best to ensure they received care in the way they preferred resulting in positive outcomes for people.
- Staff told us that the managers were supportive and listened to their views and opinions. One member of staff told us, "When we come to work we are supporting people in their home, the way they want to be supported; it's their choice, and in turn we have good support as well. It comes from the top down."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff told us the management team were approachable and open to feedback.
- The provider worked in a transparent way, working with people and relatives when things went wrong to make improvements where they were able.
- The roles and responsibilities of management and staff were clearly defined and understood by people who used the service.
- There were auditing systems in place to support continuous improvements within the service. Where any performance issues or risks were identified, they were investigated, and actions taken to ensure issues were addressed and resolved.
- Systems and process were in place to oversee the service and governance systems drove improvements. This enabled the provider to collate information to show how the service was performing.
- Staff took their roles seriously and raised any concerns they had with the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality; Working in partnership with others; Continuous learning and improving care

- The provider had a clear policy and staff received appropriate training to ensure people were treated equally without discrimination.
- The provider was clear about making any adaptations necessary to ensure everybody was supported

equally regardless of their needs or preferences. This was inclusive of everybody including staff.

- Staff worked closely with other health professionals where people required expert advice and intervention resulting in positive outcomes. Examples included, GP's, district nurses and psychiatrists.
- The service had developed links with the local community which benefitted people when going about their daily lives and when taking up volunteering opportunities.
- The provider sought the views of staff, people and their relatives to continuously improve the service.