

Review of compliance

East Yorkshire Housing Association Limited Wolds & Coast Domiciliary Agency

Region:	Yorkshire & Humberside
Location address:	Grove Centre 78 Bessingby Road Bridlington East Riding of Yorkshire YO16 4SH
Type of service:	Domiciliary care service
Date of Publication:	July 2012
Overview of the service:	Wolds and Coast is a domiciliary care agency that carries out the registered activity of personal care. The agency provides support to people with a learning disability who live in their own home. The agency office is in Bridlington, a seaside town in the East Riding of Yorkshire and the service is provided in the same area.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Wolds & Coast Domiciliary Agency was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out a themed inspection looking at domiciliary care services. We asked people to tell us what it was like to receive services from Wolds and Coast as part of a targeted inspection programme of domiciliary care agencies, with particular regard to how people's dignity was upheld and how they can make choices about their care. The inspection team was led by a CQC inspector.

We used postal surveys, telephone interviews and home visits to people who use the service and to their main carers (a relative or friend) to gain views about the service. We contacted twelve people as part of this inspection, including three people who we visited in their own home.

The four people that we spoke with said that staff used their preferred name.

Two people that we spoke with told us that they could shower themselves but that staff made sure that assistance with personal care was done in private. One person said in a survey, "The care workers take me out weekly and give me choice of meals and help and support me buy other things that I may need."

People told us that they were satisfied with the support they received from care workers and from the agency. Their comments in surveys included, "The service I receive is very good and I am happy", "The care workers are kind to me and treat me well" and "The care workers always help me. We have fun. I love living here."

The people that we spoke with were able to name someone that they could speak to if

they had any concerns. They told us that support workers managed their money safely and in a way that protected them from the risk of financial abuse.

The people that we visited at their home said that the care workers were good and supported them in the right way. One person said, "The care workers are good to me and x. They can't do enough for us."

What we found about the standards we reviewed and how well Wolds & Coast Domiciliary Agency was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The four people that we spoke with said staff used their preferred name.

Two people that we spoke with told us that they could shower themselves but that staff made sure that assistance with personal care was done in private. One person said in a survey, "The care workers take me out weekly and give me choice of meals and help and support me buy other things that I may need."

Surveys were distributed to people who used the service and relatives/friends by the Care Quality Commission (CQC) prior to this inspection. Comments received from the friend of someone who used the service were positive. They said, "The support given is excellent and enabled her to live as independent a life as possible" and "Valuing people as individuals is one of the main principles of the care agency".

Other evidence

Was privacy and dignity respected?

During our visit to the agency office we examined the care records for three people who received a service, and spoke with the manager and five members of staff.

We saw that the person's preferred name had been recorded in care plans. The people that we visited in their own home and the people that we spoke with on the telephone told us that staff used their preferred name when addressing them.

Care records were written in a respectful manner and information had been produced for staff to inform them of the care that needed to be provided at each visit. The records highlighted the tasks that people could complete independently and the tasks that people needed assistance with.

At the agency office we saw a laminated 'Expectation card' that was given to each person using the service. This recorded several statements including, 'Support workers will treat you with dignity and respect at all times. You will be asked how you would like to be addressed. You will be treated as an equal, without discrimination. Support workers will spend time listening and talking to you'.

We spoke with the manager about a person's preference to be assisted by a care worker of the same gender and she told us that this was taken into consideration when care workers were allocated to a house.

The manager told us that the agency used a nationally recognised induction training package and that the topics of privacy, dignity and independence were included. Five people who used the service returned a survey. They all said that care workers treated them in a respectful way.

Were people involved in making choices and decisions about their care?

People expressed their views and were involved in making decisions about their care.

We saw that care needs assessments had been completed when people were first referred to the agency. These records included people's individual choices regarding their care needs.

We spoke with five members of staff who gave us good examples of how they promoted independence, privacy and dignity whilst recognising people's individual choices. People told us that staff supported them to be as independent as possible and only assisted them with the tasks they could not manage themselves.

Some documents within people's care records, including contracts with the agency and care needs assessments, had been signed by the person concerned whenever this was possible. Some records had been written with the use of symbols to aid understanding. People that we spoke with during visits to their home told us that they were aware of their plan of care and that they were invited to contribute to the content.

Five people who used the service returned a survey but only one person responded to the question about decision making. They said that they were fully involved in making decision about their support needs.

People told us that they had tenancy meetings when they discussed menus, activities and forthcoming holidays. People who lived in one house told us that they had a meeting each Sunday when they decided on the menu for the following week.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were satisfied with the support they received from care workers and from the agency. Their comments in surveys included, "The service I receive is very good and I am happy", "The care workers are kind to me and treat me well" and "The care workers always help me. We have fun. I love living here."

Other evidence

Assessment of people's needs

During our visit to the agency office we examined the care records of three people who used the service, and spoke to the manager and five members of staff.

Care records included a care needs assessment that contained information about a person's lifestyle choices, their likes and dislikes, their hobbies and interests, their ability to make decisions, their level of mobility, their medical condition and medication, their personal care needs, their ability to undertake domestic skills including meal preparation and shopping and their health and healthcare appointments.

Each care file included a list of potential risk areas and when these had been identified as an area of concern, a risk assessment had been completed. These included risk assessments for using a hoist, using a wheelchair, being out in the sun, wandering/absconding, exploitation, diabetic diet, showering, using taxis and bedroom safety.

At the agency office we saw evidence in care records that assessments and risk assessments had been reviewed to ensure that care plans remained up to date. The people that we spoke with told us that they received the care they needed from the care workers.

Care Planning

People's needs were assessed and care and support was planned and delivered in line with their individual care plan.

Information gathered in the care needs assessment had been used to develop individual support plans. These recorded information for staff on how to provide care or support in the way chosen by the person concerned.

The people that we spoke with told us that staff recorded information in their care plan each day and confirmed that they were able to read the care worker's comments.

We saw in care records that people had formal reviews of their care plan each year and that people who used the service attended and were asked for their opinion about the support they received.

Delivery of Care

This service had previously been registered with CQC as individual care homes but the organisation amended their registration to a domiciliary care agency in 2011. Although staff had been fully involved in these changes, the organisation had recognised that they needed to minimise disruption for the people who received a service. Staff told us that people using the service had not been affected by the transition and that the small groups of staff that had previously supported them continued to support them. None of the people we spoke with raised this as an issue.

People told us that they received a service from a regular group of support workers and all of the people that completed a survey said that they liked the support workers and that they received the support they needed.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

All of the people who returned a survey told us that they felt safe when support workers were in their home and that they knew what to do if they were concerned about the service.

The people that we spoke with were able to name someone that they could speak to if they had any concerns. They told us that support workers managed their money safely and in a way that protected them from the risk of financial abuse.

Other evidence

Preventing abuse

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The manager told us that each person who received a service from the agency had been given a copy of the service user guide. This included information for people about who they could speak to if they had any concerns. The manager told us that people were asked at each tenants meeting if they had any problems or worries and they were told that they could speak to someone privately if they would prefer. Care workers told us that people living at the home did speak to them if they had any concerns.

We saw examples of financial transaction forms that were completed when care

workers handled money on behalf of people who used the service, for example, when they assisted them with shopping or when people needed money to spend at the day centre. These were found to be an accurate account of expenditure, with receipts being retained.

We looked at staff training records and these showed that staff had undertaken training on safeguarding adults from abuse as part of their induction training and then most had completed refresher training. Twelve staff had completed refresher training in 2011 but some refresher training was overdue; two members of staff had not completed any refresher training. The manager said that staff had received regular reminders about the need to undertake refresher training and this topic had recently been discussed at a management meeting. She understood that most staff had completed this training and said that this issue would be addressed immediately.

The manager told us that the organisation had obtained some DVD training programmes and that topics included safeguarding adults from abuse and whistle blowing; the training included a handout for staff to retain. They had also obtained DVD training programmes about the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Raising concerns

The manager told us that she had completed safeguarding training specifically designed for managers of care services but said that she needed to source refresher training. Team managers within the organisation had also completed this training.

Discussion with the manager demonstrated that she had an understanding of the safeguarding policies and procedures that were in place both at the agency and those produced by the local authority. The manager was able to give us examples of when she would send an alert to the local authority safeguarding adult's team for their consideration. There had been one safeguarding investigation by the local authority safeguarding adult's team during the previous twelve months. The provider may wish to note that, when safeguarding alerts had been submitted to the local authority, a notification also needed to be submitted to CQC.

The staff that we spoke with displayed an understanding of the different types of abuse and told us what action they would take if they observed poor practice or received information about an allegation of abuse. They confirmed their understanding of the agency's whistle blowing policy and said that they were confident the manager would deal with any information they disclosed to them in a professional manner.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The five people who returned a survey to CQC told us that the care workers had the right skills needed to do their job. One person said in the survey, "The care workers are good to me and support me well".

The people that we visited at their home said that the care workers were good and supported them in the right way. One person said, "The care workers are good to me and x. They can't do enough for us."

One friend who completed the CQC survey responded, "Excellent well trained staff who take a genuine interest in the wellbeing of the people they support."

Other evidence

Development, supervision and appraisal

Staff received appropriate professional development.

The training information that we saw during our visit showed that new staff had undertaken a twelve week induction programme. Each house or group of houses had a team manager and they worked alongside staff on a regular basis so that they could monitor their competence.

The manager told us that the organisation had purchased a new IT package that would record training and supervisions/appraisals for the full staff group. The programme would alert the manager when refresher training was overdue.

The agency's policy was for staff to have supervision with a manager every four to six weeks and an annual appraisal meeting. The staff that we spoke with told us that they had regular supervision and that they also had staff meetings where 'everyone could have their say'. All of the staff that we spoke with told us that they received good support from agency managers and that they could approach them at any time for advice.

Training

One of the team managers had responsibility for organising induction training for new agency staff. She told us that, when people had worked for the agency for a year, they revisited the induction training programme as part of the staff appraisal and any 'weak' areas would trigger further training.

The training records evidenced that staff undertook training on a variety of topics including first aid, food hygiene, moving and handling, health and safety, end of life care, understanding dementia, safeguarding adults from abuse, equality and diversity and managing violence and aggression. The organisation had identified that refresher training needed to take place on an annual basis but the provider may wish to note that this had not always been achieved. This could have resulted in staff not having the knowledge they needed to carry out their role effectively. However, the staff that we spoke with told us that they felt that they received the training they needed to keep their knowledge and skills up to date.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The five people who returned a survey to CQC told us that the agency asked them what they thought about the service. The four people who responded to the question about complaints said that they had not complained to the service within the last twelve months. The friend who completed the survey said the same.

The people that we visited at home said that they had not needed to complain because they were very satisfied with the support they received. Three of the five people we spoke with told us that they were asked in reviews if they had any complaints or concerns.

Other evidence

Monitoring quality

People who used the service, their representatives and staff were asked for their views about their care and support and they were acted on.

The registered manager told us that people were sent an annual survey to invite them to share their opinions about the service. She said that there had been a poor response to the most recent survey sent to families and significant others but a good response from people who used the service. Their survey had been produced in symbol format to aid understanding. The results of these surveys had been analysed but the manager acknowledged that, although appropriate action had been taken to improve the service, people had not been informed of the outcome or the steps taken to improve the service.

She said that, in the past, they had included the results in the agency's newsletter but this had lapsed. She said that survey results would be published in the future.

A variety of audits were undertaken as part of quality monitoring within the organisation; the audit we saw on the day of our visit was about the management of medicines

We saw in the care records we examined that assessments and care plans had been reviewed informally and formally on a regular basis. This helped to ensure that the care people received met their current assessed needs.

Risk assessment and management

The manager told us that there was always herself or a team manager 'on call' outside of normal working hours so that staff who were working were able to contact a more senior person for advice when needed.

We asked the registered manager how the organisation learned from investigations following accidents and incidents. She told us that incident forms would be completed and that they were held with care planning documentation, with an additional copy being held at the organisations head office. A risk assessment would be put in place, or if there was already a risk assessment in place, it would be reviewed and updated. She told us that they would make changes to the policies and procedures where necessary, and that they would involve other agencies such as GP's, Psychologists, Fire Officers and Health and Safety Advisors, depending on the issue involved.

In the three care plans that we checked we saw a document entitled 'Domestic work place inspection report'. This recorded six monthly safety reports on equipment used in each house, including moving and handling equipment used by staff to aid people with mobility and transfers.

Complaints

The manager told us that the organisation had a complaints policy and we saw that there was a copy of a complaints form in each care plan ready for use.

The manager said that the annual survey sent to people who used the service asked people if they had any concerns or complaints. People were also asked at annual reviews if they were satisfied with the service they received. We checked the complaints log and no complaints had been received since during the previous twelve months.

All of the five people who returned a survey said that they had not complained to the service within the last twelve months. The friend who completed a survey said the same.

Care workers told us that they felt able to contact the office at any time to raise concerns and that they did not need to wait until they had a staff meeting or a supervision meeting. They also told us that they would encourage people who used the service to complain if they were dissatisfied with any aspect of the service they received.

We asked the registered manager how learning from complaints investigations would be shared with staff. She told us that they would be recorded and discussed at staff meetings and one to one supervision sessions.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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