Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Wolds & Coast Domiciliary Agency

Grove Centre, 78 Bessingby Road, Bridlington, YO16 4SH

Tel: 01262400789

Date of Inspection: 04 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	East Yorkshire Housing Association Limited
Registered Manager	Mrs. Christine Lessentin
Overview of the service	Wolds and Coast domiciliary care agency provides home based support to people with a learning disability. Support is provided to people living within shared tenancies in Bridlington.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

At the time of our visit Wolds and Coast Domiciliary Agency was providing support to 27 people residing in eight shared tenancy houses.

People's consent was obtained before care and support was provided. Where people did not have capacity to consent to care or treatment best interest decisions were made that involved the relevant people involved in the person's care.

Care plans provided clear guidance to support staff to ensure people's needs were safely met. People we spoke with confirmed they were satisfied with their support.

People were supported to take their prescribed medication in accordance with their care plan.

Appropriate recruitment policies were in place to check that people working at the service did not present a risk to people who lived at the service.

The provider had effective systems in place to check on the quality and safety of the service people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Care records included information regarding people's capacity to make decisions. This included consideration of potential risks associated with decision making, mental health and wellbeing. Care files contained information regarding the person's life history and known likes and dislikes. This information allowed staff to provide care for people who did not have capacity that was in their best interests, and in accordance with their personal choice and preferences.

Care records contained evidence of best interest decisions. A best interest decision is made when a person does not have capacity to consent to their care and treatment. We checked the records of one best interest meeting regarding a decision to undertake dental treatment. The documentation provided details of the people who contributed to the decision and consideration of whether the treatment was in the person's best interests. The records of the meeting showed that in addition to the support staff and clinical staff an Independent Mental Capacity Advocate (IMCA) had also been involved in the decision making process. This showed that the person at the centre of the decision had been supported with appropriate advocacy support to represent them in the decision making process.

There was opportunity for people who had capacity to sign their care records to confirm they agreed with their care plan. In some cases people had signed each of their risk assessments. This meant that people had been able to discuss, and evidence their agreement, to the plans that were in place to help them reduce risks whilst encouraging independence.

Staff we spoke with were very clear they would only provide care and treatment to people with their consent. This was confirmed by people we spoke with. One person told us "They just ask me – are you getting a shower?" They explained that if they declined staff would encourage them to take a shower at a later time. When we checked the person's care records we saw clear guidance for staff to inform their approach. We saw that where support had been declined this was recorded and that staff had later recorded when the person had consented to, and accepted support.

During a visit to one of the tenancies we observed staff supporting one person with their Christmas shopping. We saw that the staff member asked the person if they wanted any help in putting their shopping away and asked the person for permission to enter their room.

One staff member explained how they checked people were consenting to support who did not use verbal communication. They told us "People who cannot speak all have their own ways of communicating and they let you know when they are not happy. If this happened I would stop."

Some staff had completed training regarding the Mental Capacity Act (2005) (MCA). Staff we spoke with told us they felt confident about the principles of the MCA and this helped them to support people appropriately with their decision making. One staff member told us they ensured people were offered the opportunity to make decisions at the levels appropriate to them. They told us "We give people time to choose. We have one person who will sometimes say I don't know but we always make sure they are asked."

We asked staff about how they supported people with decision making relating to daily living tasks. Staff explained that they gave people the information and time they needed in order to make an informed choice. One staff member used the example of supporting a person to eat healthily. The staff member was clear that they would encourage the person to make healthy choices but that if the person chose an unhealthy option this would be respected. This showed that staff had a clear understanding of people's rights.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

Care plans reflected the needs of each individual. Care records included a customer support plan and associated risk assessments, as well as a weekly support schedule detailing when each person was to be supported.

Individual risk assessments were in place that afforded people the opportunity to pursue independent tasks whilst evidencing that risk had been considered and minimised as much as possible. However the provider may find it useful to note that general risk assessments relating to issues including the risk of falls, the use of medication and infection control were generic and did not include the person's name.

Where people presented with mental health needs that affected their behaviour, appropriate risk assessments and behaviour management plans were in place. This included managing agitation and self-injurious behaviour. Support plans were detailed and included those approaches that staff should use to promote a positive response in order to meet the person's needs.

Care files showed the service worked closely with a wider multi-disciplinary team to support people's needs. We saw from records that some people had received support from health services such as a psychology, learning disability nurses, or speech and language therapists. Staff at the service explained they had an excellent working relationship with all members of the multi-disciplinary team. Staff told us they were confident that if anybody experienced a change in their care needs a referral to a specialist health team would trigger a prompt response.

One person's care records contained a "Hospital Passport" document in case of admission to hospital. This provided information that people who were unfamiliar with the person needed to know to ensure continuity of care. The provider may find it helpful to note that we only found a hospital passport in one of the three care files we checked.

Key workers completed a monitoring report on a monthly basis detailing any changes in the person's care needs. The most recent visits with members of the multi-disciplinary team were also dated within the monthly report. This meant that care plans were reviewed on a monthly basis. This helped to identify where people had changing care needs for key workers to check that appropriate changes had been made to the person's care records.

People were supported to engage in a variety of activities both at home and in the community. This included activities associated with daily living skills, attendance at adult education classes, and involvement in community groups.

Staff we spoke with told us they were provided with the information required to meet the needs of people who used the service. Staff told us they were provided with a handover at the beginning of each shift. This took different forms dependant on the support provided. For some people who were not supported by the service during the day this included the use of communication books. This ensured staff were made aware of the current needs of people who used the service.

Staff we spoke with were very knowledgeable about the people they supported and spoke about people using very positive language. For example, one staff member told us "When I am working with X I encourage them to do their own thing. They are organised and clever and brilliant at it".

People we spoke with told us they were satisfied with their care and support. When discussing staff one person told us "I can talk to any of them".

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, recording, handling, storage and disposal of medicines.

The provider had a medication policy in place that had last been reviewed in May 2013. The policy provided clear guidance regarding staff roles, consent, risk assessment, and the need to provide support in accordance with people's individual care plans. The provider may find it useful to note that the reference to legislation and guidance within the policy did not relate to the most up to date versions.

People we spoke with told us when they took their medicines and that they always had the support they needed to take their medicines at the appropriate time.

We checked the medication administration records (MARs) for those people who received support with their medication and found these had been completed appropriately. However the provider may find it useful to note that stocks of 'As and when required' medicines had not always been carried forward onto current MAR records. This made it difficult to provide a clear audit trail when checking that correct amounts of tablets remained in stock. This had been an area for improvement when the community pharmacist had completed a monitoring visit in June 2013 but had not been actioned.

All staff had completed medication training prior to providing any support with medication. Staff told us they were aware of the protocol to follow in the event of a medication error but that this had never been required stating "We have the simplest of systems that reduces any chance of errors".

We checked the storage arrangements for medicines at two locations where the provider provided support to people and found that these were appropriate and minimised any risk to people who used the service of people accessing their medication inappropriately.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We saw the organisation's recruitment policy that have clear guidance to recruiting managers. We noted this included a policy for including people who used the service and family carers in the recruitment process.

We checked the files of three staff who worked at the service. Files were clearly organised and included a separate section on recruitment.

Staff files included copies of the staff member's application form and interview record. We saw that Criminal Record Bureau (CRB) checks had previously been completed prior to staff commencing employment and that new staff had been screened by the Disclosure and Barring Service (DBS). The manager explained that if any DBS returns showed any criminal convictions this would be escalated for consideration by senior managers within the organisation in order to make a decision about employment. Each staff file also contained two references that had been obtained prior to the person commencing in post. References included information about the staff member's character and their suitability to work in their current role.This reduced the risk of the provider employing a person who may be a risk to vulnerable adults.

Staff told us they had been required to attend induction training prior to starting work at the service. The induction training covered all aspects of mandatory training including data protection, MCA, moving and handling and infection control. New staff then shadowed other experienced staff to allow them to be introduced to people who used the service and get to know their support needs. Staff we spoke with told us they valued this induction and felt they had the necessary training and knowledge prior to commencing in post. We also saw evidence that staff had completed and met the Skills for Care Common Induction Standards.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

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.

Reasons for our judgement

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

The manager explained their quality assurance processes were informed by the provider's quality assurance policy.

Monthly reports completed by key workers included a review of each person's care plan, a review of accidents and risk assessments, and financial arrangements. The monthly report also recorded liaison with professionals and family, health checks, social emotional and behavioural needs, significant events, and input from community outreach and day services. This provided a comprehensive review of the support each person had received during the month and outlined important dates in the coming month.

People who used the service were invited to 'Tenants' meetings'. Minutes from these meetings showed people were invited to provide feedback on support received, activities and staff. Staff explained they used catalogues and magazines as visual prompts to help the discussion at meetings. This showed that staff made adjustments to include people with different communication needs.

Staff meetings were also completed on a regular basis. Minutes were recorded that showed staff were provided with information regarding all aspects of the service. The manager told us staff meetings would be discussed as a forum to discuss any areas of shared learning or development. The minutes of managers' meetings confirmed this was the case.

The manager showed us stakeholder and service user surveys that had been completed regarding the service. The manager explained the surveys were undertaken in accordance with the provider's quality assurance policy. We saw that all responses had been positive with judgements of 'good' or 'excellent'.

We saw that results of a staff survey had been mainly positive. Some staff had made

comments regarding a lack of regular supervision. The manager explained they were working to implement regular supervision.

The manager told us they had a complaints log in place but no complaints had been received since our last visit.

The provider may find is useful to note that medication audits were completed on an annual basis. We found that recommendations made by the pharmacist at their quality check in June 2013 had not been implemented. The lack of regular audits to check the quality and safety of the support people received regarding their medication meant this had not been identified and addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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