

East Yorkshire Housing Association Limited Wolds & Coast Domiciliary Agency

Inspection report

Unit 13, Carlisle House
Goole Business Centre, Carlisle Street
Goole
DN14 5DS

Tel: 01405761700

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17 April 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wolds & Coast Domiciliary Care Agency is a domiciliary care service providing personal care for people who are living with dementia, mental health conditions, physical disability, sensory impairment, older people, younger adults and people with a learning disability and/or autism in their own home. At the time of our inspection 11 people received support from the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Risks to people continued to not be effectively managed. Health conditions continued to not be sufficiently risked assessed.

Medicines continued to not be managed safely. This included the management of homely remedies and some people were not receiving their medicines as prescribed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. At time's people's choice was restricted due to staffing levels. Capacity assessments had not always been recorded.

Right Care

There was not always sufficient staff on duty. People did not always receive person centred care due to the staffing levels.

Staff had not always had training in supporting people with a learning disability to ensure they were supporting people appropriately.

People had good relationships with the staff. People were supported to maintain relationships with their relatives.

Right Culture:

Staff felt supported by the registered manager but did not always feel supported by the provider. Although the registered manager recognised improvements where required, they had not always had the time and resources to make these.

People, their relatives and staff were supported to give their views in meetings and a satisfaction survey was in the process of been carried out to gather people's feedback.

The provider's quality monitoring processes were not robust and had not always identified concerns and improvements in the service identified during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider seek advice from a reputable source regarding auditing and action planning. At this inspection we found the provider had failed to make the required improvement and the provider was now in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wolds & Coast Domiciliary Care Agency on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk management, medicines, staffing and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made recommendation regarding person centred care.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 12 April 2023 and ended on 20 April 2023. We visited the location's office on 12 April 2023 and 17 April 2023.

What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 2 relatives about the experience of care provided. We spoke with 5 members of staff, including the registered manager and 4 care staff. We reviewed a number of care plans and also looked at people's medication administration records. We reviewed a selection of documentation about the management and running of the service. We looked at recruitment information for 3 members of staff. After the inspection We received further evidenced from the registered manager via email to verify information they told us during the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to have effective systems to ensure the safe management of medicines. This was a breach of regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely. For example, one person's medication was prescribed with the instructions not to take a on a Sunday, however this had been administered on a Sunday.
- At the last inspection protocols were not in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required. Although some protocols were now in place, there was not in place for all as and when required medicines. When people were no longer prescribed medicines they were still in place.
- Procedures to ensure the safe use of homely remedies were not embedded. Records of stock and care plans were not always in place and some boxes were not labelled.

Failure to have systems in place for the safe administration of medicines was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was working with the pharmacy to try improve medicines practices at the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to failed to respond to risk. This was a breach of regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were not managed safely. Timely action continued to not be taken in relation to individual risks to people.
- Risk assessments continued to not always be in place or were not always sufficiently robust to reduce risks

related to people's health conditions.

Failing to respond to risk was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to feedback and started to implement risk assessments during the inspection.

Staffing and recruitment

- There were not always sufficient staff on duty. The provider did not have sufficient staff to meet the funded care hours and care hours had been under delivered for a number of months.
- There was only 1 sleep-in staff on duty during the night, which meant they may not always be able to respond to people who required support with rescue medication or personal care.
- At times there had only been 1 staff member on duty, this meant people were not always able to access the community as they wished.
- One relative told us; "If there is only 1 staff and there cleaning, they're not caring for people or supporting them to go out. The carers look tired out when I go sometimes, bless them. I feel sorry for them." Feedback from staff included; "No there is not enough staff, you cannot be in two places at one; Yes at times people have to wait for their care because of staffing."
- Staff had not always had the appropriate training. 6 staff had not had training on supporting people with a learning disability.

The failure to ensure enough staff were on duty was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took prompt action to book staff on the appropriate training following the inspection.
- Recruitment checks were carried out to ensure staff were of suitable character.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager was aware of her duties to report safeguarding concerns. However, there was sometimes delays in this information been passed to management which caused delays in notifying the appropriate people promptly.
- Accidents and incidents were reviewed by the registered manager, but they were not always fully analysed for themes and trends.
- People told us they felt safe. One person told us, "Yes I do feel safe, the staff are good and they look after me along with my family."

Preventing and controlling infection

- Infection prevention and control practices were in place. Staff used personal protective equipment to help prevent the spread of healthcare related infections.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we recommend that the provider seeks advice and guidance from a reputable source, about the use of action plans and audit systems to support the changes required. At this inspection sufficient improvement had not been made.

- The provider had failed to learn from the previous inspection. This is the second consecutive inspection we have identified concerns with medicines, risk management and governance.
- The audits in place had failed to identify the areas we found at this inspection. When audits had identified areas for improvement, there was a lack of robust action planning.
- The registered manager had a plan to make improvements to the service, but they lacked the time and resources to put this into practice.
- The provider lacked oversight of the service, which meant areas for improvement were not always identified to drive improvements. There were no audits carried out by the provider and the managers audits had not always been reviewed by the provider.
- Records were not always completed or fully accurate. Capacity assessments and best interest meetings were not always robustly recorded. Records were not always completed for staff induction.

The failure to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback about the supportive nature of the registered manager. However, staff and the registered manager did not always feel supported by the provider.

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

- Work was required to ensure the people received support and people's care plans reflected a person-centred way. Some people's hobbies and interests were not always robustly considered or supported.
- Due to the staffing levels at time people did not always receive a person-centred service.

We recommend the provider rereviews their systems and processes to ensure people receive a person-centred service.

- People and their relatives told us people were happy. Feedback included, "[Name] is happy at the [service name] and if she is happy, I am happy.

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

- The registered manager was aware of her responsibilities under the duty of candour.
- The registered manager was open and honest.

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

- Satisfaction surveys had recently been sent out, these were in the process of been collated to be reviewed and analysed.
- Staff meetings and tenant meetings were held to keep people involved in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people were mitigated.</p> <p>The provider had failed to ensure medicines were managed safely.</p> <p>12 (1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider has failed to deploy sufficient numbers of staff.</p> <p>They had failed to ensure staff received the appropriate training to carry out their roles.</p> <p>18(1)(2)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to assess monitor and mitigate risks relating to the health and safety of others.</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records.</p> <p>17 2 (a)(b)(c)(d)</p>

The enforcement action we took:

We have issued a warning notice.