

East Yorkshire Housing Association Limited Wolds & Coast Domiciliary Agency

Inspection report

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Date of inspection visit:
26 November 2019

Date of publication:
11 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wolds and Coast Domiciliary 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.

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.

People's experience of using this service

Risks to people were not always managed and medicines practices were not safe. Records were not up to date and checks in place to monitor the quality of care being provided had not identified or addressed the concerns found. The registered manager was absent from the service but the nominated individual for the provider and the manager were responsive to concerns we found and had identified some areas for improvement before our visit. We made a recommendation about the use of action plans and audits to support the changes required.

Robust recruitment processes were not always followed. The provider had already identified this, and action had been taken.

People were supported with activities and interests to suit them and to aid their independence. Staff knew people's likes and dislikes well.

People were supported with their communication needs and staff demonstrated effective skills in communication. Staff had received training and support to enable them to carry out their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff told us the management team were approachable. The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

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.

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

Rating at last inspection

The last rating for this service was good (published 05 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe administration of medicines and the management of risk at this inspection.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service provides care and support to people living in 'supported living' setting, 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.

The service had a manager registered with the CQC. 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. The registered manager was absent from the service during the inspection. An interim manager was in post who was not registered with the CQC. We have referred to this person as the manager throughout the report.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 26 November 2019 and ended on 27 November 2019. We visited the office

location on 26 November 2019.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does 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 the nominated individual, the manager and four support workers. We also spoke with four people using the service. We looked at two people's care records in full. We also looked people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records and records of complaints.

After the inspection

We received further evidenced from the nominated individual 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- Medicine administration was not always safe. For example; medicines were not being administered from the original packaging and records did not show that time specific medication was being administered safely. Controlled drugs were not recorded in line with requirements. Protocols were not in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.
- Staff had received training in medicines administration, but their competency had not been checked to ensure their learning was imbedded in practice.
- Medicine audits had not always been completed to identify shortfalls and address any concerns. We discussed this with the manager who told us they would take action

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.

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

- Risks to people were not managed safely. Timely action had not been taken to reduce known risks.
- Risk assessments in relation to specific medical conditions were not in place. Staff were not provided with up to date records to support them to respond to risk.

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.

- Following the inspection, the nominated individual told us that action had been taken to reduce the risk identified.
- People were supported to take positive risks to aid their independence, such as cooking and making their own drinks.
- Accidents and incidents were responded to appropriately. The manager reviewed all incidents and was able to describe how they had considered lessons learnt and implemented changes when necessary.

Staffing and recruitment

- Staff recruitment processes were not always followed. The provider had already identified this and taken action to address this.
- There were enough staff available to meet people's needs as staff were flexible to cover shifts required. There was on going recruitment.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The manager knew to liaise with the local authority if necessary.
- People told us they felt safe. One person told us, "I feel safe because staff are here with us."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received appropriate support from management.
- Staff felt supported by the management team and they told us they could approach the manager at any time. Staff told us, "I definitely feel supported in my role. The manager is very approachable, if I have any issues I can approach them."
- A staff induction and training programme was in place. Staff told us they enjoyed their training and found it informative. Staff were encouraged to attend additional training to enhance their knowledge and skills.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed, and care and support was reviewed.
- Care and support was planned and delivered in line with current best practice and evidence based guidance, such as registering the right support.
- The service supported people to make their environment homely and communicate with the landlord regarding any repairs.

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

- Staff supported people to maintain a balanced diet. People were involved in food shopping and preparation and were able to choose their own meals. One person told us, "I did a cookery class this afternoon and I made fish pie for tea tonight."
- People were protected from risks of poor nutrition and dehydration. This included working with other healthcare professionals.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- People had an annual health check and accessed medication reviews. One person told us, "If I have hospital appointments staff come with me. Sometimes the doctor comes out to see us."

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Records showed that applications to Court of Protection were in process.

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 has 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

- People were treated with kindness; they were actively listened to and their choices respected. One person told us, "I get to choose when I go to sleep, what I am going to wear and what I would like to eat."
- Staff were friendly and demonstrated a passion for providing a good quality service. One staff member told us, "I love the job. The best bit is seeing how happy the people are."
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people, such as other health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. We observed staff promoting people's dignity.
- People's right to privacy was respected and reflected in care planning.
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including house hold tasks, washing and cooking. One person told us, "Staff help me keep my room tidy."
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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 has 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

- People's needs and information on how best to meet their preferences were being updated at the time of the inspection. The manager had identified not all care plans were person centred and sufficient and changes were being made to ensure this.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

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

- People regularly engaged in the local community including accessing centres, classes, shopping and local cafés. One person told us, "We go for fish and chips on a Friday."
- People were also encouraged to spend time with family and 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.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints. The complaints procedure was available within the service, including easy read versions.
- People told us they knew how to make complaints. One person told us, "I would tell them there [pointed to staff member], they would sort it out."

End of life care and support

- At the time of the inspection no one was being supported with end of life care.
- End of life care planning was recorded in care plans.

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 has deteriorated to 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.

- Regular, effective and consistent checks were not in place. Not all concerns we found during the inspection had been identified by the management team.
- The nominated individual and manager recognised where improvements needed to be made and demonstrated a commitment to this. However, here were no clear action plans in place to drive forward and monitor improvement.
- Following the inspection, the nominated individual sent information on checks they planned to use to make the required improvements.

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.

- People and staff had confidence in the manager and found them to be approachable.
- Staff treated people with respect and in a professional manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People had opportunities to be involved in developing the service. Staff, people and their relatives were asked to complete a quality assurance questionnaire. Feedback was summarised, and action was taken where people made suggestions.
- Staff told us the management team were approachable and would listen to their concerns or ideas.

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 nominated individual was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk was not always assessed and reduced and medicines practices were not safe.