

East Yorkshire Housing Association Limited Wolds & Coast Domiciliary Agency

Inspection report

Cornerstones
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 19 April 2017 and was announced. The service provides a domiciliary care service supporting people in two properties over 24 hours. There were three people living at one property and six at the other. Staff supported people to live as independently as possible in the shared houses which were rented by people through Boothferry Housing Association. There were tenancy agreements in place for each person.

At the last inspection the service was rated Good. At this inspection we found that the service remained Good.

There was a person registered with the Care Quality Commission at the time of the inspection. We were told they were retiring but another person held a manager role and had been trained by the outgoing registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care was planned in partnership with people and they received the care and support they needed to meet their individual needs. The managers and staff were committed to working in a person-centred way and treated people with kind-heartedness and consideration. People, including those who had difficulties communicating or who could become upset, responded positively to the way in which staff approached them. Staff were professional but kind in their approach.

People were protected from abuse because staff could identify the different types of abuse and knew what actions to take to report abuse. It was clear from our observations that people felt safe around the staff.

Improvements were identified through meetings, reviews and surveys. As well as consulting with people there were systems in place to monitor the quality and safety of the service and bring about any improvements that were needed. The home worked in partnership with other organisations to make sure they were providing high quality care.

The service had a clear management structure. Managers worked closely with staff, frequently observing and providing care. People were confident in the leadership of the service. They were encouraged to raise any areas of concern, which were taken seriously and the appropriate action was taken.

Staff demonstrated good communication skills when engaging with people. The staff were familiar with the needs of people. There was plenty of communal space available to people, including outside space.

Risks to people were monitored and people were encouraged to maintain a safe level of independence. Staff supported people in a positive way and were able to recognise when people may require additional

support. We saw that people were cared for and supported by qualified and competent staff who were regularly supervised. Staff told us they felt extremely well supported by managers and the registered provider through training and meetings where their views were listened to.

The service was organised to meet people's individual needs. They were supported by staff that were kind and treated them with dignity and respect. Without exception, people we spoke with were complementary and positive about the staff that supported them.

People were supported to buy, prepare and cook their own food.

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.

The premises were safely maintained by the housing provider but checks of the environment were carried out by staff. Staff were recruited safely and during this inspection we saw there was sufficient staff available to provide support to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wolds & Coast Domiciliary Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 April 2017 and was announced. The registered provider was given 24 hours' notice because they provide a supported living service for adults with a learning disability who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at all the information we held for the service including statutory notifications. Notifications provide specific information about certain events at the service. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to plan the inspection.

During the inspection we met seven people who received care from staff at Wolds and Coast and spoke at length with two of them. We also spoke with three care workers and the manager. We looked around the two properties where people who received personal care resided and with their permission were able to see their bedrooms. We observed practice throughout the inspection and saw a meal being prepared and medicines administered. We inspected the care records for three people who used the service. We reviewed the recruitment, training and supervision records for three staff and looked at other records related to the running of the service. These included meeting minutes, accident and incident records and complaints. We requested an electronic copy of the statement of purpose, a copy of the managers meeting minutes and contact details for some people we wished to contact for feedback.

Following the inspection we contacted the local authority and safeguarding teams for feedback.

Is the service safe?

Our findings

Two people who used the service spoke with us and told us that they felt safe. One person said, "Yes, I am safe. There are staff here every day." A care worker told us, "I feel that people are safe" and people we spoke with were comfortable around the staff. We could see from their interactions, which were both verbal and non-verbal, and their body language that they had confidence in the staff.

The rotas showed that there were sufficient, suitably qualified staff working at the service to meet people's needs. One person told us, "I don't have to wait for help." Whenever people went out to activities and they required support from more than one care worker the rotas showed two staff had worked. A care worker confirmed this saying, "Staffing levels are good. They have been restructured to give people support with activities."

Recruitment was robust with checks carried out by the Disclosure and Barring service (DBS) and two references sought by the registered provider. The DBS checks assist employers in making safer recruitment decisions by ensuring that prospective staff members are not barred from working with people who require support. Prospective employees had completed application forms and attended interviews as part of the recruitment process.

Staff told us that they had undertaken training at induction and beyond which helped them identify how to safeguard people and we saw evidence of this for each member of staff. The training was due to be updated with some staff telling us they had completed their refresher training. Staff told us that they were aware of how to report any incidents of potential or actual abuse. One care worker told us, "I would report anything to the senior worker or to the manager." There had been no safeguarding incidents since the last inspection. Staff followed the Hull and East Riding of Yorkshire integrated multi agency policy for safeguarding adults as well as their own policies and procedures.

When we looked at people's care and support plans we could see that the risks to them and others had been identified, and management plans with clear guidance for staff were in place. In one person's case there had been some behavioural issues and there was a behaviour management plan for staff to follow. Another person had risk assessments for making hot drinks, preparing food and washing and ironing. This enabled both staff and people who used the service to be kept safe.

Care workers managed people's personal monies within the shared houses. Money was kept securely within the houses but people could have access at any time. Records of all transactions were kept, receipts numbered and kept with the record and signatures from both the person and member of staff recorded. This protected individuals from financial abuse and the staff from any accusations of financial impropriety.

Medicines were managed safely and service policies and procedures followed. The medicines for each person were kept in a central locked medicines cabinet. People were supported to take medicines by staff and these were signed for on the medicine administration record (MAR). There were no unexplained gaps on the MAR and following administration of one person's medicines the number of tablets left were counted

and recorded by staff ensuring the medicines stock was correct. There had been no medicine errors made by staff at this service. All staff were trained in the administration of medicines and competency checks carried out.

The properties where people lived were managed by a housing provider, Boothferry Housing Association who had responsibility for maintaining the safety of those properties. They supplied the manager with copies of all health and safety certificates so that they could be sure people were safe. There was a commitment on the part of the registered provider to maintain the health and safety of people who used and worked at the service and they took additional precautions within each person's home. These included visual checks of the environment to ensure that people were not placed at risk. People had genuine tenancy agreements in place.

Any accidents and incidents had been recorded and these were analysed and added to a monthly report which was sent to the registered provider.

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences. Staff were well trained in areas which were relevant to people's day to day care. For example staff had received training about autistic spectrum disorder, communication and signing, moving and handling, both practical and theory, mental health and the Mental Capacity Act. One person told us, "Everyone's trained here. They have training days."

Staff received regular supervision from senior staff to support them in their roles and this was recorded. We were told by the manager that staff had received practice observations from senior staff to ensure they were competent to carry out their role. The manager had not recorded these competency checks but assured us they would do so in future in order to clearly evidence staff ability. One care worker told us, "I have just completed refresher in safeguarding and health and safety. My supervisions are very regular."

There was a programme of induction for new workers and an on-going training programme which meant that staff had the appropriate skills and knowledge to start working with people who used the service. Staff were able to tell us about people's needs, demonstrating their knowledge of people, and there was written information in care and support plans for staff to refer to. Some care plans lacked detail. Although this had no impact currently because of the excellent knowledge staff had of people and their needs care plans would benefit from being more thorough so that future staff could be certain they were providing the correct level of care and support. We discussed this with the manager during the inspection and they were aware that some improvement was needed.

There was evidence that people had good access to appropriate health services. For example, one person received support from the learning disability nursing service.

We saw that another person had attended an annual health check appointment and had monthly visits by a chiropodist. Another person had appointments noted in their care records with a consultant and an optician. During our inspection some people were visited by the chiropodist. A care worker said, "People have regular foot care and dental appointments."

Staff assisted people in planning their menus, shopping and preparing food. Staff monitored what people ate and we also noted that weights were recorded which informed people's health checks. It also meant that staff could identify if someone was becoming malnourished and take appropriate action. Two people were preparing food and drinks with support and independently during the inspection. Staff encouraged people to maintain as much independence as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that no-one at the service was deprived of their liberty. We saw that staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation but no-one had any restrictions in place.

We noted when we looked at care and support plans that consents had been sought where possible. People had genuine tenancy agreements. The housing provider, although separate from Wolds and Coast Domiciliary Agency had their office in the same building so any issues could be dealt with quickly. People lived as a family, sharing a house within the local community. Where necessary adaptations had been made to the accommodation to meet people's access needs. However, most people moved around the service without the need for adaptations.

Is the service caring?

Our findings

People told us that staff were kind and we observed many positive interactions between people and staff. People who used the service were relaxed with staff. It was clear to us that people who used the service and the staff knew each other well. One person told us, "It's nice. All the staff look after me. They are very caring."

We saw people being spoken and listened to by staff in a respectful but friendly manner. Staff had close relationships with people and we watched them communicate with people skilfully in a way which encouraged interaction. There was a family type feel to the houses we visited and we saw that people who lived there were comfortable with the staff presence.

Staff respected people's privacy and dignity by knocking on people's bedroom doors and only entering with permission, closing curtains and blinds when providing personal care and having locks on bathroom doors. They respected the fact that this was the person's home and encouraged them to answer the door when people visited. We were greeted at the door by one of the people who used the service when we visited.

People were supported by staff to maintain their personal relationships with the help of staff who understood who was important to the person, their life history and their cultural background. We saw that one person had regular visits to the home of their relative accompanied and supported by their key worker. The person told us, "We go on the bus or the train and I can go by taxi now."

People were well cared for and dressed smartly in clothing chosen by them. We saw from the care records and our observations that people were treated as individuals maintaining their dignity. Staff were supportive of people finding ways to meet their needs or wants. Staff involved the person in every aspect of their care and explained things to them in a way that they understood. We asked one person if they had seen and understood their care plan. They told us, "We discuss it at my meetings [reviews]."

We saw that any information provided to people was presented in an easy read format enabling people to understand the information they had been given. A care worker told us that one person used non-verbal communication and staff made sure they used written or pictorial information which they understood.

Although no-one was currently receiving end of life care staff had recently supported a person at the service with end of life care. They were shown how to care for this person and supported by district nurses and McMillan nurses to ensure that they provided care that met the person's needs. This meant that the person could remain at home for as long as possible receiving care from people who were familiar to them.

Is the service responsive?

Our findings

Care and support plans were person centred and individualised but lacked detail in some areas. For example there was very little detail for one person about their dietary needs. However, most areas of need had been identified and associated risk assessments carried out. In addition staff were aware of everyone's current needs and so there was no impact on the person. There were clear management plans for staff to follow where a risk was identified. Reviews were carried out regularly and people who used the service told us they were involved in these. Staff evaluated the daily diaries monthly and the manager reviewed these and added any relevant details to their report to the registered provider.

Staff were proactive in ensuring people received appropriate care and support with daily personal care needs. For example one care worker told us, We observe people and notice anything different. For example [Name] got a rash on their leg. I notified their key worker who is making them an appointment with their GP." They also said, "[Name] is having some dental work. I will go with them."

Most people received a high level of support which required staff to be present 24 hours a day. They could spend their days doing whatever they chose and were supported to access the local community which avoided any social isolation. For example, one person told us, " I go to the hairdressers and do a bit of shopping." Another told us, "I'm going to cricket on Saturday. I sometimes look after the garden. Well, I look after the wild birds." One person came in during the inspection after going into the town and meeting their friend. We saw recorded evidence of a variety of activities undertaken by people in the community and at home with staff support. People were taken out shopping, for coffee and for lunch on a regular basis. They also attended clubs. We saw these activities had been recorded in the persons care records. A care worker told us, "People have their own routines which they have developed over time. We [staff] fit in with people's routines."

If people needed to be admitted to hospital or visit their GP a member of staff accompanied them and information about their needs was shared. We saw that regular health checks had been completed by people's GP's to ensure their physical health needs were met.

The service responded to complaints in line with their policy and procedure. There was a guide for people who used the service who wished to complain. Staff had signed the complaints policy and procedure to confirm they had read it and understood. There had been no complaints to the service recorded since the last inspection.

Is the service well-led?

Our findings

Wolds and Coast Domiciliary Agency was run by the registered provider, East Yorkshire Housing Association Limited. It was one of two domiciliary care services run by the registered provider. There was a manager registered with the Care Quality Commission on the day we inspected although we were told by the manager on duty they were retiring. They were not present during the inspection. A new manager had been employed and trained by the registered manager and was currently in the process of applying to be registered with us. The registered provider had been proactive in forward planning in order that continuity could be maintained. People were confident about the management of the service and one person told us, "The manager is nice. She was here on Monday to see us."

The organisation is voluntary, not for profit, limited by guarantee and operating under charitable rules. There is a board of trustees who oversee the running of the services and a management team for day to day leadership. The nominated individual for the service was not present for this inspection but was available to answer questions by telephone. Notifications about events at the service had been received in line with requirements and although we could not see the rating from previous inspections displayed on the website the nominated individual assured us it was in hand and would be displayed within a few days.

The service had clear aims, objectives and principles displayed on their website and in documents available to people. The main principle was, "To provide a service that is driven by the needs and aspirations of our customers by listening to them." We requested an updated statement of purpose at this inspection and it clearly described the services available to people and how they would be provided in great detail. It outlined what people could expect. A care worker told us, when asked to describe the culture of the service, "It (The service) empowers people and promotes individuality and confidence. It lets people's personalities shine through."

We looked at documents relating to monitoring the quality of the service and found that there was a satisfactory system in place to maintain quality and improve the service. We saw that there were quality audits completed on a regular basis. Audits were carried out on different aspects of the service and resulted in an annual quality report which covered the whole service. There was an annual domestic workplace inspection, which checked the premises where people were supported, fire safety audits and monthly reports sent to the registered provide.

Satisfaction surveys were issued to people in a written and pictorial format. There were positive comments from people who used the service such as, "I feel I'm supported with all my needs" and "I'm happy with the way things are." Analysis of the information received in surveys and any actions taken to respond were recorded and reported in the annual audit. This was shared within the houses in order to ensure improvements were made.

Meetings were held for care workers and people who used the service in the houses. Meetings records showed a variety of topics were discussed that helped support workers to carry out their roles effectively and showed that people who used the service were able to voice their opinions.

The service worked in partnership with health and social care professionals as well as other organisations to support people who used the service. For example when one person had recently required specialist care the staff had worked closely with the district nursing and MacMillan nurses.

Documents were held securely in line with the requirements of the Data Protection Act. This ensured that people's private information could only be accessed by those with authority to do so.