

East Yorkshire Housing Association Limited







Wolds & Coast Domiciliary Agency

Inspection report

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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	

Overall summary

This inspection took place on 9 January 2015 and was unannounced. At the previous inspection, which took place on 5 December 2013 the service was compliant with all of the standards we assessed.

Wolds & Coast Domiciliary Agency (Goole), which is owned by East Yorkshire Housing Association, provides 'personal care' and support services to people in their own homes who may have learning difficulties. Most of the people who receive support from the agency reside in two shared properties that are owned and managed by

Boothferry Housing Association. People rent the property as tenants. These properties are on the outskirts of the town but close enough to the town centre to enable people to access local facilities. The aim of the service is to promote each person's independence. The service is a small one which currently provides support to twelve people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that the service was safe in its delivery of care, recruitment practices, providing sufficient staff to meet people's needs, dealing with accidents, supporting people with medication and managing good hygiene practices.

People that used the service told us they felt safe when being cared for by the staff that supported them. They said, "I like living here. The staff are kind and if I was worried about anything I could tell them or tell my sister", "The house is safe. The staff know what to do if I am worried" and "My money is kept safe and there are only staff who come here to care for me." We found that staff understood their responsibilities regarding protecting people from harm or abuse, promoting people's human rights and following risk assessment processes.

We found that the two properties used by people were safe and appropriately maintained as part of the tenancy agreements that people had with Boothferry Housing Association. Staff followed procedures for dealing with accidents, incidents and whistle blowing and therefore ensured people were safe. We found that staffing levels were appropriate to meet the needs of people, the recruitment practices used by the service were robust and met the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and that medication handling systems were appropriate for supporting people with their medication. We found that staff had good infection control management systems in use.

We found that the service was effective in ensuring staff were trained and competent to do the job, were well supported by the management team, followed the procedures for supporting people who lacked capacity, obtained consent to provide care and support, encouraged people to ensure they had good nutritional diets and encouraged people to look after their health.

People we spoke with told us they thought staff were well trained and skilled to do their jobs. They said, "The staff are good and know how to help me", "I think the staff are really nice. They advise me in most things" and "I've

known the staff for many years and they know what to do to support me." One person said, "I like some of the staff better than others because they have more in common with me, being of similar ages."

We found that there were sufficient numbers of skilled and knowledgeable staff employed to meet people's needs, that staff were well supported by the service and people without capacity were protected from the risks of exploitation and receiving poor care. We found that people ate well, had their health monitored, were encouraged to live well and that they lived in properties that were effectively maintained to a good standard.

We found that the staff at Wolds & Coast were caring when they delivered the service to people. Staff had a pleasant and considerate approach to people, ensured people's privacy and dignity were maintained at all times, encouraged people to be autonomous, respected people and maintained confidentiality in all matters.

People said, "I am happy with the care and support I receive, as staff are friendly", "Everyone is caring and I like the staff that look after me" and "I get on well with staff and they care about me very much." They said, "My key worker helps me to understand my choices and to make my own decisions" and "I had involvement with setting and reviewing my care plan."

Staff said, "I assist people to attend health care appointments. I make sure I respect people's privacy and dignity when they use the bathroom or spend time in their bedroom, and I uphold confidentiality when it comes to information about their care and personal details" and "I've known people a long time and the care they get is person-centred. I am a key worker to one person and together we go in to town shopping or for a coffee, which is what they like doing. My enjoyment comes from just being with people. I think the staff here are very committed to caring well for people. Staff continually ask people about their needs and preferences so that their quality of life is the best it can be."

We found that the service was responsive to people's needs. People we spoke with told us they had clear care plans in place for staff to assist them with their needs. They said, "I have a care plan that I was involved in putting together and it is reviewed whenever any changes occur. I get good support from the staff to keep to my

Summary of findings

plan” and “I like to go to day services, but don’t really like doing chores here at home. We have a rota and I don’t like it when it is my turn to wash up, but staff are good and motivate me to do what I have to do.”

We saw that care plans and risk assessments supported people to lead fulfilling and independent lives of their choosing. These involved work and educational choices. People were able to make complaints and concerns known to the service in the confidence they would be dealt with appropriately and satisfactorily.

We found that the service was well-led through the use of a healthy culture of care, an approachable management style and effective quality monitoring system.

People told us they thought they could speak to anyone about anything and said the staff were very supportive.

When we asked the staff about the culture of the service they described it as open and transparent. They said, “We have a good atmosphere in the two properties. They are happy places to work. I think people that live there are happy with the support we give them” and “People are free to do as they wish. We help them to be independent and we offer a nurturing environment for them.”

We found that people were given the opportunity to make their views and opinions of the service known through satisfaction surveys, meetings and daily discussions. There were audits in place, but these were informally recorded and did not show any analysis of information at a local level.

We recommend that quality assurance systems are further developed.

Summary of findings

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 safe.

People were supported by staff that were aware of their safeguarding responsibilities, attended them in sufficient numbers to meet their needs and had been safely recruited to ensure they were fit to work with vulnerable people.

People received their medication when they required it and according to prescribed instructions. They were supported by staff that were aware of their responsibilities to follow good infection control practices.

This meant that people who used the service were protected from harm or abuse.

Good



Is the service effective?

The service was effective.

People were cared for and supported by skilled and trained staff, who were well supported by the organisation. Legal procedures were used to ensure people's rights were upheld.

People received support with their nutritional needs and with their health care needs.

This meant that people who used the service received effective care and support to enable them to meet their needs.

Good



Is the service caring?

The service was caring.

People were supported by caring staff, who took people's views into consideration and put people at the centre of their approach when providing a service of care.

This meant that people who used the service were involved, respected and their privacy and dignity were upheld.

Good



Is the service responsive?

The service was responsive.

People had care plans and risk assessments in place to help staff support people in the best possible way. These included information on education, work, pastimes and activities. People had systems in place to make complaints if they wished.

This meant that people who used the service were supported according to their wishes and were treated fairly when things were not right for them.

Good



Is the service well-led?

The service was well led.

People were informed about the service they received, were asked their views about the service and were able to contribute to its improvement. There was an open and transparent management style used to operate the service and staff had underpinning philosophies to aspire to.

Good



Summary of findings

This meant that people who used the service knew what to expect from the manager and staff and benefitted from improvements in the quality of service delivery.

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 checked 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 9 January 2015 and was announced. The provider was given less than 28 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us.

The inspection was carried out by one Inspector. Before the inspection site visit took place we gathered information from notifications we had received throughout the year and a 'provider information return' sent to us prior to our

inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We received information from contacting the local authority that contracted the services of Wolds & Coast Domiciliary Agency.

We spoke with four people that used the service within two properties in the town of Goole. These people lived in the properties and shared the facilities under tenancy agreements with Boothferry Housing Association. People we saw and spoke with lived as tenants in two groups of six. We spoke with the registered manager of the service and with four staff that worked for Wolds & Coast Domiciliary Care Agency. We looked at three care files for people that used the service and two staff files. We looked at and reviewed other documentation relating to quality monitoring and assessing the service, safeguarding people from abuse, deploying staff, training and supervising staff.

Is the service safe?

Our findings

People that used the service told us they felt safe when being cared for by the staff that supported them. They said, “I like living here. The staff are kind and if I was worried about anything I could tell them or tell my sister”, “The house is safe. The staff know what to do if I am worried” and “My money is kept safe and there are only staff who come here to care for me.”

We were told by the registered manager and staff that they had completed training in safeguarding adults from abuse and we saw evidence of this in staff training records. Some staff training in safeguarding had been completed three years ago and so those staff would have benefitted from refresher training. In interviews with staff two of them confirmed this. However, they also told us they understood their responsibilities for handling information and situations that related to abuse of people. They said, “I did safeguarding training when I first came here three years ago. I know who to make a referral to and would contact social services if my seniors or manager were unavailable” and “I’ve done safeguarding training, but it was a while ago. I would recognise the signs of abuse: bruises, being withdrawn, never having any money, changes in behaviour maybe, and I would always go to my manager to report anything I suspected or saw that was abusive.” This meant people were protected from the risks of harm and abuse because staff were trained in the awareness of abuse and knew their responsibilities for dealing with abuse.

We saw in our files that we had received notifications of safeguarding alerts in the past that had been sent to East Riding of Yorkshire Council (ERYC). The registered manager told us there had only been one referral made in the last twelve months which we saw from our records that had been notified to us. The records held by the service were in sufficient detail to confirm that safeguarding referrals were handled appropriately and within the Council’s procedures. This ensured people were protected as much as possible from the risks of harm and from harm happening again.

When we visited people in their homes we observed that when staff supported people they treated them as individuals and included them in the decisions about their care. Staff treated people equally and enabled each person

to experience the same opportunities but in a way that suited their individual needs while providing them with opportunities to do what they chose to do. This enabled people to be independent and autonomous.

We saw that people had risk assessments in place in their care files to ensure they were enabled to take opportunities of their choosing that might pose risks to their health or welfare. This meant that where there were risks to their safety or health, these were reduced. Staff told us that one person’s risk assessment recorded that they went into town on their own but they were unable to go in the company of other people that used the service whom they shared the house with, unless there was a staff member with them. This was to ensure other people were not exposed to harm from inappropriate behaviour. We saw examples of risk assessments in place for people when travelling in taxis, wearing appropriate clothing for the weather, vacuuming, washing and ironing, making hot drinks and preparing food, bathing and going out in the general community. All of this meant people were protected from harm wherever possible.

Staff told us they encouraged people to expect that their privacy and dignity be respected by all people they encounter. Staff told us they encouraged people to keep themselves safe by following good confidentiality codes. Staff explained that sometimes people they supported were too free with giving out information about themselves or they were insufficiently inhibited in their behaviour. These situations meant people were more vulnerable when out in the community or when relating to strangers. However, there were measures in place to inform people about keeping themselves safe, which helped to reduce the risk of harm or abuse happening to people when they were out in the community.

The registered manager told us that each of the premises where people lived had emergency contingency plans in place and procedures for responding to untoward events.

In our interviews with the staff they were able to demonstrate their understanding of the whistle blowing procedures provided by the service. Staff told us they had a whistle blowing policy to follow, but that with such an open and transparent management style being used by the registered manager, they had never needed to use the whistle blowing policy or procedure.

Is the service safe?

We saw in people's care files where incidents had been referred to the ERYC safeguarding adult's team, that were either dealt with by the team or dealt with internally by Wolds & Coast, as instructed by ERYC. The registered manager told us they were responsible for monitoring and reviewing safeguarding concerns, accidents and incidents by using the quality assurance systems operated by the service. All of this meant there were systems in place to ensure people were protected from the risk of abuse.

We were told by the registered manager that the two rented properties where people that use the service lived and received a domiciliary support service, were appropriately maintained and risk assessed by Boothferry Housing Association, who held the responsibility for this, as they owned the properties. A range of documentation and records were held at the shared Wolds & Coast and Boothferry Housing Association offices to evidence that people were protected from risk and harm associated with poorly maintained premises.

We saw that staffing levels were determined by the levels of support people had been assessed as requiring. When we asked staff for their opinion of the staffing levels they told us they thought they were suitable to meet people's needs. Because all of the people that received the domiciliary care service from Wolds & Coast Domiciliary Agency lived in these two properties it meant that the service could determine the staffing levels according to people's individual needs. This always involved a minimum of one staff being in each property across each 24 hour period.

Other staff support was determined by people's care needs and the activities they engaged in within the community or at home. Staff came and went according to peoples' needs and according to peak activity times. Therefore rosters were set for each property to ensure there were sufficient support staff to assist people at the times they required the support. We saw that the staff that were in the properties at the time we visited them to speak with people was an accurate reflection of the staff that were on the rosters. This meant that people were supported by sufficient numbers of staff to meet peoples' needs.

We saw that in the two staff files we looked at there was evidence of a robust recruitment procedure in place and being followed. There were application forms, references, Disclosure and Barring Service (DBS) checks, contracts of employment, induction information and details of staff qualifications achieved. Dates of when staff started

working, when they received their security clearance and references and when they completed inductions, all evidenced that staff were fully checked for their suitability to work with vulnerable people before they began working for Wolds & Coast Domiciliary Agency.

When we spoke with staff they told us how they had acquired their positions and their accounts backed up the information we had seen in files. One staff said, "I went through a robust recruitment procedure to get the job, which involved making a full application, being checked through references and the DBS and having a daunting interview." All of this meant that people were protected from staff that were unsuitable to care for and support vulnerable people.

When we spoke with people that used the service about their medication they said, "My meds are a bit messed up at the moment, but one of the staff is going to sort them out for me" and "I need support with taking my medication, which I usually get from the staff."

We saw that medication was taken by most of the people that lived in the two properties and used the service. When we looked in the three care files belonging to people we saw that they had medication profiles, medication risk assessments and medication administration record (MAR) sheets. People's care plans told staff whether or not people needed to be assisted with their medication or if they self-administered their medicines. We saw that people had signed a medication agreement form that showed the support they required and when. Because people lived in a shared property as tenants there was one central medication store. Staff told us that people usually came to the store at the time they required medication and rarely needed reminding to take it. We saw evidence in the form of training records and certificates of attendance that staff had completed training in the management of medicines and staff confirmed this in interviews with us.

We saw that one person in one of the properties self-administered their medication and that it was stored in a separate cabinet. Staff still signed a MAR sheet to show they had checked that the person had taken their medication at the time they needed to. This situation was risk assessed and was safely managed. Medication was safely managed throughout the whole of the service, which meant that people were protected from taking the wrong medication at the wrong time.

Is the service safe?

We saw that care staff followed good standards of hygiene and infection control when providing care to people that used the service. Staff told us they had received training in

the safe management of infection control and that they encouraged people that used the service to follow safe practices. This was so that people were protected from risk associated with poor infection control practices.

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

People we spoke with told us they thought staff were well trained and skilled to do their jobs. They said, “The staff are good and know how to help me”, “I think the staff are really nice. They advise me in most things” and “I’ve known the staff for many years and they know what to do to support me.” One person said, “I like some of the staff better than others because they have more in common with me, being of similar ages.”

When we interviewed staff they told us about their induction and training opportunities. One staff member said, “The training I’ve completed includes safeguarding adults from abuse, fire safety, first aid, mental capacity, autism awareness, equality and diversity, medication administration, sign language and infection control awareness. I receive very good support from management via supervision and an ‘open door’ policy and approach.”

Another staff member told us about the training they had completed, which mirrored some of those listed above. They also said, “I haven’t done any DoLS training yet, but have done MCA training. I have worked for the service many years and know the people that use it very well. Continuity of their care is very important to enable them to make choices and exercise their independence. Any conditions people develop because of old age and those they’ve had all their lives I understand about, because of the training I have done and because of what I have learned supporting the people over the years.”

We observed staff assisting one person with mobility and transfers, and supervising other people with cleaning chores, eating and making drinks and with clearing away. Staff encouraged people to be independent and were very caring in their approach.

We saw evidence that staff received supervision and appraisals of their performance in the staff files we looked

in. This was in the form of a signed supervision contract and supervision records. We saw evidence that staff were consulted about the running of the service through information in staff meetings.

All of this meant staff were well trained, well informed about their responsibilities and that they communicated well with each other and the management team, which ensured people were cared for and supported by an efficient staff team.

We were told by the registered manager that there had been no areas of concern using the MCA process and no requirement to implement a DoLS application. They told us that there was a system in place using the MCA to assess all people that used the service and that the assessments carried out had been recorded in people’s files.

The registered manager and staff told us about their understanding of the MCA and DoLS processes which included the implementation of ‘best interest’ meetings where necessary. ‘Best interest’ meetings involve appropriate professionals and others with an interest in the person’s welfare, coming together to make an important decision about the person’s care when they are unable to make that decisions themselves. None had been held or were necessary for the people that used the service, though there had been a border-line query for one person who required some dental treatment.

We observed staff interactions with people in the properties where they lived as tenants and saw that consent or agreement to receive care or support was obtained from people before it was provided to them. Staff in interviews demonstrated to us that they understood the importance of seeking consent and said, “Consent is about getting people’s permission for their care to take place and I would always ask people outright what they would want me to do to support them.” We saw that people had signed their care plans and other agreements regarding, for example, their tenancy, receiving their medication or engaging in activities. We also saw people giving their consent to support in their actions when staff asked if they wanted to transfer, or when staff checked who was on the roster to complete daily living skills chores, like clearing the table or washing the pots.

Because people that used the service lived in a group setting across the two properties there was a communal approach to choosing and determining meal provision in

Is the service effective?

each property. People told us they chose the meals they wanted to have by producing an agreed weekly menu, but that they didn't always have to stick to it. They exercised flexibility if they wished to.

We saw evidence in care files of people's food preferences and likes as well as evidence of the monitoring that took place to ensure their weight remained stable or changed if appropriate to their health needs. Staff said food and fluid monitoring charts were used if people had been identified as being at risk of poor nutrition. We were told that currently there were no people at risk from this. We shared some time with two people that used the service while they and we ate lunch together. These people said they liked the meals they ate and were able to opt for alternatives if ever they didn't like them. We saw that lunch was the main meal of the day for those people that didn't attend any community day care services and that it was a relaxed, social event.

The registered manager said that anyone needing a specialist diet was catered for and staff confirmed this. People agreed they would be given the food that suited their preferences and their health needs. People were

monitored regarding their health and nutrition, although we were told that no one had any specific needs, with the exception of one person who was on a weight reducing diet. Referral to a dietician would be made if they had.

Other health needs were also monitored and addressed appropriately. Health needs that people had pertained to conditions of old age. People had their respective learning difficulties but these did not present any serious health issues that were not well managed by medication and life-style decisions. Some people were diagnosed with diabetes and epilepsy, but these were listed in their files and were well monitored.

We saw that care files contained information about health needs, which were reviewed regularly and there were clear instructions to staff on how best to support people in monitoring their health and maintaining equilibrium. One person had declared their wish to have no involvement in maintaining their own personal aftercare following an operation and so this responsibility was passed to the staff. Everything was recorded and had been signed by the person. People told us they saw their GP whenever they needed to by attending the surgery and these visits were also recorded.

Is the service caring?

Our findings

The overarching approach to caring for people that used the service was that based on solid relationships between people and staff and the knowledge staff had about people. Staff cared for people in a very person centred way. Each person had individual needs and these were well known by the staff.

People said, “I am happy with the care and support I receive, as staff are friendly”, “Everyone is caring and I like the staff that look after me” and “I get on well with staff and they care about me very much.” They said, “My key worker helps me to understand my choices and to make my own decisions” and “I had involvement with setting and reviewing my care plan.”

Staff told us they had completed training in equality and diversity, understood people’s needs well as they had known them for many years, and gave people opportunities to exercise their rights, choices and preferences. One staff member said, “Care plans are used as reminders for supporting people with personal care and to encourage people to maintain their skills and independence. I might assist people to attend health care appointments and I use recording charts to monitor people’s conditions such as epilepsy and diabetes. I make sure I respect people’s privacy and dignity when they use the bathroom or spend time in their bedroom, and I uphold confidentiality when it comes to information about their care and personal details.”

Another staff said, “I’ve known people a long time and the care they get is person-centred. I am a key worker to one person and together we go in to town shopping or for a coffee, which is what they like doing. My enjoyment comes

from just being with people. I think the staff here are very committed to caring well for people. Staff continually ask people about their needs and preferences so that their quality of life is the best it can be.”

We observed staff interacting well with people, whose personal care needs were few, across the two properties. Staff were caring, considerate and they included people in decisions about their lives. We saw and heard people being asked their views and to make decisions and choices. We understood from the registered manager that people had capacity and were all able to represent themselves. They needed no involvement with advocacy services, but the service had information available should people require it.

We saw that people dressed the way they chose and were encouraged to keep up good standards of cleanliness. People wore jewellery and makeup and they decided for themselves where they wanted to go and when. Staff supported people where necessary.

People told us they thought their privacy and dignity were upheld. They said, “I can spend time in my room and be alone if I wish”, “The staff that support me with personal care always consider my feelings and ensure I am discreetly covered” and “Staff always knock on doors to our bedrooms and wait to be invited in before they enter.” Staff told us they saw the importance of ensuring they respected people’s privacy and dignity. They said, “It is important to ensure people’s privacy and dignity is upheld because it helps with their self-esteem. I make sure I give people time on their own when they are in the bath, or in their bedroom. I would always knock on a bedroom door and wait for an answer before entering” and “I knock on doors, respect peoples’ rights and ask them for their consent with personal care. I’m cautious with what I say about people and only share information on a need to know basis.”

Is the service responsive?

Our findings

People we spoke with told us they had clear care plans in place for staff to assist them with their needs. They said, “I have a care plan that I was involved in putting together and it is reviewed whenever any changes occur. I get good support from the staff to keep to my plan” and “I like to go to day services, but don’t really like doing chores here at home. We have a rota and I don’t like it when it is my turn to wash up, but staff are good and motivate me to do what I have to do.”

We looked at people’s care plans and saw they contained assessments of need, risk assessments, care plans, tenancy agreements with Boothferry Housing Association, East Riding of Yorkshire Council support plans, patient passports (given to healthcare professionals to tell them how best to meet the person’s needs when they go into hospital), incident/accident records, activity records and daily diary notes. Files also contained contracts with Wolds & Coast for the provision of care, medication profiles, weekly care schedules and individual medication audits. Details in care files showed evidence of how people’s needs were assessed using a person-centred approach. People had contributed to their care plans with comments of how well they felt and if they had any particular preferences about the care and support they expected.

People and staff told us about the activities people engaged in. We saw from records held that details of what people liked to do and what they actually did corroborated with what they told us. People said, “I like to walk, often into town. I like gardening”, “I go to music group and like to visit cafes” and “I enjoy buying clothes and going out with one particular staff because we have the same interests.”

We saw from files that some people attended education and work, others were of retirement age and spent their time relaxing or socialising. Everyone had been included in choosing pastimes and activities and people had signed activity programmes to consent to them taking place.

The registered manager and staff told us there was a complaint policy and procedure to follow, which we saw. The registered manager told us there had been no formal complaints made in several years but that people did speak to her openly as and when if they had any niggles or concerns. They said that the culture of the two properties was one of openness and sharing of information including any worries. They said, “People just don’t complain. They might ring us up to tell us if their support worker hasn’t turned up, but that is very rare. They might ring us up to tell us about some news they’ve had.” One staff said, “People sharing their time together in this kind of set up do fall out sometimes but they soon get over it because they know each other well.”

The registered manager and staff explained that they informed people on a regular basis how to make a complaint to the service about care and support or to Boothferry Housing Association if with regard to any issues concerning their homes. There were no records of current complaints for us to look at. When we spoke with people they told us they knew who to complain to. They said, “I would go to my key worker or to the manager if I wanted to complain. I can also tell my family and they will speak up for me” and “if I were unhappy about anything I would tell the manager.”

Is the service well-led?

Our findings

People told us they thought they could speak to anyone about anything and said the staff were very supportive. When we asked the staff about the culture of the service they described it as open and transparent. They said, “We have a good atmosphere in the two properties. They are happy places to work. I think people that live there are happy with the support we give them” and “People are free to do as they wish. We help them to be independent and we offer a nurturing environment for them.”

Staff spoke highly of the management team and told us they could approach the manager any time about anything. Staff said they felt listened to. They attended staff meetings and were given individual supervision. We saw records of all of these to corroborate staff comments.

When we asked the registered manager about the service’s ‘visions and values’ and whether any models of care were used to support people, they told us they were not aware of any formally written values but all staff knew about the philosophy of the service: to encourage people to have independence of mind and deed, to support people in their choice of lifestyle and reduce risks associated with this and to offer opportunities for people to learn, develop and experience optimum quality of life. They told us there were no formal models of care followed but information from learning disability organisations like the National Autistic Society, Mencap and Down’s Syndrome Association was used to provide up to date trends in care support to people with learning difficulties.

The service was managed by a registered manager who had been in post for many years and knew the people that use the service extremely well. There had been no changes in the registration of Wolds & Coast Domiciliary Care agency since it first registered and took responsibility for the two properties it now supplies a service to. These were residential care homes prior to Wolds & Coast taking them over and so many of the people that used the service then still receive a service of care, albeit a domiciliary care service now.

When we asked people and staff about being involved in systems to assess and monitor the quality of service delivery people said they were not really involved other than when they completed satisfaction surveys. Staff told us they also received surveys to complete, as well as

people that used the service and their relatives. We were told by the registered manager that all satisfaction surveys were issued independently to people and stakeholders and once completed were sent directly to head office for analysis. Feedback was then given to the manager on their performance and it was the responsibility of the manager to develop an action plan for improvement.

We saw the completed analysis document for 2013 quality assurance system which showed a high level of satisfaction in that year. (The surveys for 2014 had not yet been analysed.) Of the 28 surveys returned in 2013 analysis showed that 100% of people thought the overall support they had received was excellent, 75% said involvement in deciding the support they needed was excellent while 25% thought it was good.

We saw in staff files that supervision and appraisal sessions were held regularly and staff commented that their supervisions were useful in prompting them to address their individual performances and to discuss any concerns they had about individual people they supported.

We saw that as well as satisfaction surveys being issued and staff meetings being held there were meetings for people that used the service. This was unusual for a domiciliary care agency to facilitate but was made possible by the fact that people shared two properties where the agency staff visited to provide people with the support they required.

We spoke with the registered manager about carrying out quality audits and they told us there were some monitoring checks carried out by staff in each of the properties, but that no formal audits were completed and recorded. The registered manager told us that the East Yorkshire Housing Association Limited had regular checks from the ‘Investors In People’ scheme to ensure staff were safely recruited, well trained and properly equipped to do their jobs.

The registered manager told us that staff carried out security checks on each of the properties at night to ensure people were at reduced risk from burglary, fire and electrical hazards. They told us that staff checked the temperature of food when it was served, checked fridge and freezer temperatures for safe food storage and checked water temperatures for people taking a bath. All

Is the service well-led?

of these were logged on dedicated records. They told us that staff carried out checks on the fire safety systems at the two properties where people that used the service lived. These were also recorded.

The registered manager told us they were not aware of any other audits completed by East Yorkshire Housing Association, as Wolds & Coast DCA (Goole) was one of two location sites from which the regulated activity 'personal care' was operated, and they said there might well be other

checks completed at the main head office (Bridlington) which was the other location site. Because of this we saw no analytical details of information gathered as part of the quality monitoring and assessing system.

We recommend that the registered manager develops a more robust quality assurance system at the Goole site, to include development of audits in other areas of the service and to play an increased role in the analysing of information and the feeding back of information to people that use the service.