

Explicit Care Solutions Ltd

Explicit Care Solutions Office

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 ●

Summary of findings

Overall summary

This inspection took place on 4 October 2018 and was announced. The provider was given at least 48 hours' notice because the location provides a supported living service for people who are often out during the day. This was the first inspection of the service.

Explicit Care Solutions Office provided support to 12 people, living in three 'supported living' settings, so that they can live in their own home 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. At the time of our inspection eight people were being supported with personal care.

There was a registered manager at this service. 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.

People told us they felt the service was safe, staff were kind and the care received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed. People were supported with medicines.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). MCA is a legislation protecting people who are unable to make decisions for themselves. People had capacity to make decisions for themselves.

Person centred support plans were in place and people were involved in planning the care and support they received.

People had access to a wide variety of activities within the community. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaint procedure in place. People knew how to make a complaint.

At the time of our inspection the service did not have any people receiving end of life care. The nominated individual advised us that the service would update the support and risk assessment records so end of life

wishes could be explored.

Staff told us the registered manager was supportive. People liked the registered manager and found her helpful. The service had various quality assurance and monitoring mechanisms in place.

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 was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

People felt supported with medicines.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People were protected by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005).

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good ●

The service was caring. People that used the service told us that staff treated them with dignity and respect.

People were involved in making decisions about the care and the support they received.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People

were involved in planning their own care.

People knew how to make a complaint.

Staff members demonstrated that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Is the service well-led?

Good ●

The service was well-led. The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

The service had various quality assurance and monitoring systems in place.

Explicit Care Solutions Office

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.

Before we visited the service we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placements at the service, the local borough safeguarding team, and community mental health teams. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 4 October 2018 and was announced. The provider was given at least 48 hours' notice because the location provides a supported living service for people who are often out during the day. We needed to be sure that someone would be in to assist with the inspection process. The inspection team consisted of one inspector.

During our inspection we spoke with three people who used the service. We spoke with the nominated individual, the registered manager, one team leader and one support worker. We looked at four care files, three staff files which included supervision and recruitment records, a range of audits, minutes for various meetings, accidents and incidents, training information, policies and procedures, and safeguarding information.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am safe" Another person told us, "I feel safe around here."

There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities. One member of staff said, "I would inform my manager for guidance. There is a local safeguarding team I can escalate to if my manager did nothing. The number is in the care folder and in the office. I can whistle blow to CQC." Another staff member said, "I would report to the manager. If nothing done, report to safeguarding team and CQC." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

The registered manager told us there had been one safeguarding incident since the service had been registered. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the CQC and the local authority. This meant that the provider was aware how to report safeguarding concerns appropriately so that CQC would be able to monitor safeguarding issues effectively.

Risk assessments had been written to identify risks to people and minimise these. Risk assessments covered areas such as self-neglect, medicines, challenging behaviour, going out in the community, falls, substance misuse, fire, and emotional and psychological abuse. The risk assessments were specific to the individual need and included information for staff on how to manage risks safely. For example, one person was at risk of financial abuse when in the community. The risk assessment stated, "Staff to educate [person] on the dangers of giving away money and encourage her not to as she might put herself in danger by doing so." Records showed the issues around financial abuse had been improved when the risks were reviewed. This meant the risk assessment processes were effective at keeping people safe from avoidable harm.

The staff recruitment files showed checks were carried out to make sure that staff were suitable for employment with people who used the service. Each file contained two relevant references, which had been verified for their authenticity. There were criminal record checks, evidence that people were eligible to work in the UK and proof of their identity and address. One staff member told us, "I had to bring in my passport and previous training certificates."

Through our discussions with staff and people who used the service, we found there were enough staff to meet the needs of people who used the service. Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. One person told us, "Yes [enough staff]. Two [staff] is enough." Another person, "I think there is [enough staff]. Two [staff] in the day and one at night." A staff member said, "There is enough [staff]. Our manager calls bank or agency staff to cover. Doesn't happen very often." Another staff member told us, "I think we have enough staff. It never feels short."

Staff were trained in handling medicines. There was a comprehensive medicines policy in place which

provided clear guidance to staff. Most people supported themselves with medicines or had low level of need of support. One person told us, "If I did have medicines I would do it myself as I am independent." The provider kept medicines in a locked cabinet in one of the locations we visited. Records showed the nominated individual checked the quantity of medicines monthly. Records showed people who needed prompting with medicines had this recorded in the daily notes. However, we found detailed information about the level of support people needed with medicines and the recording of medicines was not always robust. We had a discussion with the nominated individual and the registered manager. The management reassured us that they would implement medicine recording sheets the following day for safe medicines administration record keeping. During the inspection the nominated individual showed us a copy of the medicine recording sheet and we observed staff being instructed how to complete it. The nominated individual also told us they would update people's risk assessments and support plans to reflect the changes they had made in medicines management by 12 October 2018. After the inspection the service provided us with a template of a self-medicating and prompting risk management plan.

Staff were trained in infection control. The nominated individual conducted a monthly quality audit which looked at the cleanliness of the three locations where the service was being provided. One staff member told us, "We wear gloves and aprons." Another staff member said, "When cleaning I put on gloves. Management buys lots of cleaning products. We have hand washes and hand gels."

Is the service effective?

Our findings

People who used the service told us they were supported by staff who had the skills to meet their needs. One person said, "I get along with all [the staff]." Another person told us, "[Staff help me]."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. The assessment looked at personal care, shopping and budgeting, daily living skills, behavioural support, activities in the home and community, overnight support, sexual orientation and sexual/emotional needs, health, mobility, mental health and psychological difficulties, food, bathing routine, bedtime routine, employment, hobbies and interests. Records confirmed this. One person told us, "I met with [registered manager]. We talked about the [service]. She had been [given my] file from social services. She asked me what I do on a regular basis."

Staff told us they felt supported in their role. Records showed staff had completed training specific to their role. Training included Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DoLS), dignity, equality and diversity, fluids and nutrition, person-centred care, communication, recording and reporting, fire safety, food hygiene, health and safety awareness, infection control, medicines management and administration, moving and handling, positive behaviour support, safeguarding adults, first aid, mental health awareness, and managing challenging behaviour. One staff member told us, "We have external trainers and one of our managers is a trainer. I think [training] helps. You think you know it all but the laws keep changing." Another staff member said, "It's good quality training. It makes me a better support worker."

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included actions from previous supervision sessions, any work concerns, roles and duties, key working, professional development and training. One staff member said, "When I started I got supervision every two weeks and now I get every two months. It's quite helpful." Another staff member said, "I really like supervision as I feel it helps. [Registered manager] listens to you." Annual appraisals had not been completed as the service had only been registered for one year. The registered manager told us they were about to start the process of annual appraisals for all staff.

All new staff were given a detailed induction. A staff member who had recently started working at the service told us, "I did get induction for about two weeks. It was helpful." The staff files showed that staff had completed the induction programme, which showed they had received training and support before starting work at the service. The nominated individual told us they were about to start the process of registering people for the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.

People's nutritional needs were met. People were supported to plan, shop and prepare their meals with support from staff if needed. One person told us, "I always cook my own dinner." Another person who recently had started to use the service said, "[I've] had the opportunity to cook again." A third person told us, "I cook for myself but if I needed help I would just ask."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

We checked whether the service was working within the principles of the MCA. Records showed Court of Protection documents were accessible to staff. People told us staff sought their agreement before delivering support. People using the service had capacity to make choices about their day to day life. This was recorded in people's support plans. For example, one support plan stated, "I currently have capacity to make my own decisions."

Records showed people signed for consent. People told us they were not restricted using the service. One person said, "I can go out when I want." Another person told us, "I can go out anytime day or night." Staff had received MCA training and they were aware of how the MCA applied within their day to day practice. Mental capacity assessments were completed by the placing community mental health team and this was shared with the service. That meant the service followed best practice in order to support people to make decisions, act in people's best interests and protect people's rights.

People told us they were supported to maintain good health. One person said, "[Staff] are trying to get me to go to the dentist." A second person told us, "[Staff] have supported me if anything wrong and [need to] go to the GP." People's health conditions and health professionals contact details were recorded in their care records.

Is the service caring?

Our findings

People told us they liked staff and thought they were caring. One person said, "When I first came [to the service] they [staff] gave me a cup of tea which was very welcoming." Another person said, "[Staff] do [care]. We know each other. If anything wrong [staff] will know." A health and social care professional told us, "[Staff] have good relationship with the families as well and support them accordingly." Another health and social care professional said, "[Staff] have been patient and understanding when working with [person]."

Staff spoke in a considerate way about people they supported and told us that they enjoyed working at the service. One staff member said, "It's been a good experience [working at the service]. It's a professional relationship but at the same time I build trust with [people who used the service]. I give [people] a platform to speak whenever they want." Another staff member told us, "My relationship with [people who used the service] is quite good."

Staff knew the needs and preferences of the people they cared for and supported. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. One person told us, "It's really good because you can talk about anything that's bothering me. [Staff] try and solve the situations." Staff were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "We ask them if [person] has any concerns and we document. [I ask] how they feel about the service, placement and other tenants." Another staff member told us, "We talk about what [person] is going through." Records confirmed key working sessions were being regularly completed.

People were actively involved in making decisions about the care and support provided. Support plans were reviewed every three months with input from people. Records confirmed this. One person told us, "[Staff] did a support plan. They asked about my appetite." Another person said, "I have a support plan. I'm always involved with that. They review it every month I think." A third person commented, "I sat down with [staff member] and we worked [on each] individual item on [the support plan] and I signed it."

People's privacy and dignity was respected. Staff told us they knocked on people's doors before entering their rooms and we saw this during the inspection. One person said, "[Staff] don't go into my room. They knock. The staff do respect me as a person." Staff we spoke with gave examples of how they respected people's privacy. One staff member told us, "We don't go into their rooms when they are not there." A second staff member said, "I respect [people's] space."

People's independence was encouraged. One person said, "My goal is for independent living." Staff gave examples how they involved people with doing certain aspects of their daily life to help become more independent. This was reflected in the support plans for people. One staff member told us, "You can help [people] with budgeting. You encourage them to eat healthy foods and try to cook more at home." Another staff member said, "We prompt and promote [people's] independence. They do their [own] flat cleaning but prompt them."

Is the service responsive?

Our findings

People told us they enjoyed the service and the support they received was responsive to their needs. One person said, "If anything wrong [staff] discuss it straight away." A health and social care professional told us, "[Staff] have been on the whole responsive and helpful."

Care records contained detailed guidance for staff about how to meet people's needs. Support plans were in place for each identified area of need. People's support plans were easy to follow and provided information on how to support people to meet their outcomes. The registered manager and staff told us that support plans were updated following any changes to people's needs and were also reviewed regularly in order to ensure that they contained up-to-date information. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, relationships, keeping safe, eating and drinking, personal care, household tasks and shopping, accessing the community, medicines, work, education & leisure, managing tenancy and paying bills. The support plan included a section called 'about me' which talked about what was important to the person and family relationships. The support plan also had a one page profile on the person which included topics as what people appreciate about the person and the best way to support the person. For example, one profile stated, "Talk to me, do not shout at me." People were encouraged by staff to be involved in the planning of their care and supported as much as possible. Staff told us they read people's support plans and they demonstrated a good knowledge of the contents of these plans. Detailed support plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

The service held a meeting monthly with people to share information and gather their views. Topics included any feedback on the service, sharing ideas and key working. One person told us, "We do have house meetings."

People were supported to maintain local connections and engage in the community. They were actively encouraged and supported to maintain local community links. One person told us, "I get up and go to the shops. I'm not bored. [Staff] speak to me about [community activities]." Another person said, "I am on a [sports] team. I get enough things to do. I am working with [mental health organisation] to get a job." A staff member commented, "We do a lot of job searching and college applications [for people]."

People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions of their spiritual faith during the support planning process. Staff showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We would tell [LGBT people] about equal opportunities and we don't discriminate when they join us." A staff member told us, "We would follow their support plan. We wouldn't discriminate. We would provide care for their needs."

The provider followed appropriate complaints procedures. People were encouraged to raise concerns. One person told us, "I would tell my keyworker who would probably tell the manager." Another person said, "I would complain to staff and [the registered manager and nominated individual]." Complaints records

showed there had been eight complaints since the service had been registered and suitable actions had been taken promptly to address the concerns. One staff member told us, "If [people] raise a concern we will forward to the manager. The manager is to acknowledge in three working days and a full response in 28 days."

At the time of our inspection the service did not have any people receiving end of life care. The provider did not currently have an end of life care policy and did not proactively discuss with people their end life wishes. We asked the management about this and they reassured us that they would implement systems and processes that would enable end of life care discussions. Following the inspection, the provider sent us their end of life care policy which was appropriate for people who used the service. They further sent us updated risk assessment and support plan templates which explored end of life for people.

Is the service well-led?

Our findings

People who used the service spoke positively about the registered manager and the nominated individual. One person told us, "I find [registered manager] very good." A second person said, "I can phone [registered manager]. She is supportive." A third person told us, "[Registered manager] is really good. She helped me get [medical record] sent to the new doctor. She drove me." A health and social care professional said, "The management has demonstrated good leadership to their staff and good working relationship with social care commissioners."

Staff told us that they felt supported by the registered manager. One staff member said, "[Registered manager] is good. Very supportive. She will ask if you are okay and if you need help with anything." A second staff member told us, "I must say [registered manager] is very flexible. Always available when you need her. Very supportive and a good listener. [Registered manager and nominated individual] provide professional development."

Staff meetings were held monthly. Minutes of these meetings showed there was regular discussion about people who used the service, roles and duties, quality assurance, safeguarding adults, supervision, key working, fire safety, medicines, and CQC. One staff member told us, "We have monthly staff meetings. Gives us a platform to discuss any concerns or suggestions. They update us on any upcoming training." Another staff member said, "Everyone expresses their issues and the managers act on them."

The provider had a number of quality monitoring systems in place. These were used to continually review and improve the service. The nominated individual told us they had started using an external company to quality assess the service. The external company had last visited the service on 27 April 2018. Records confirmed this. The registered manager told us the external person would visit the service every six months. The last quality audit looked at the home environment, maintenance, accident and incidents, support planning, fire safety, health and safety, quality assurance, medicine management, complaints and compliments, people's feedback, staff meetings, service user meetings, activities, finances, supervision, staff rotas, and safeguarding. The audit had highlighted the service should have a formal debrief session after a challenging behaviour incident and that the service should record staff have read the policies and procedures. Both these actions had been completed.

The nominated individual of the service also completed a monthly quality audit. The last monthly quality audit was completed on 30 September 2018. Records confirmed this. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. For example, the quality audit completed on 31 August 2018 had highlighted support and risk plans needed to be evaluated on time and placed in people's care folder. We saw this had been completed. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of six monthly surveys for people who used the service. The last survey completed was for June 2018. Surveys included questions about respect, key

worker sessions, activities, involvement in support planning, what don't you like about the service, what makes you happy with the service, and any other comments. Overall the results were positive. Comments included, "Staff are very friendly, easy to talk to. Staff are bubbly" and "This is a safe house. I love my room. This home is ideal for keeping myself alive."

The service worked in partnership with key organisations to support care provision, service development and joined-up care. The service worked with the local community health team, GPs, local colleges and mental health voluntary organisations.