

Expect Ltd

# Expect Limited

## 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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

About the service:

Expect Limited provides personal care and support to people in their own homes in the Sefton area of Merseyside.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

There was not always clear guidance for staff to follow with regards to consuming food and drink whilst supporting people in their homes. We have made a recommendation about this. Some information in care files was not always easy to find and differed in their presentation. The registered manager explained there was a new system in place which would re format people's care plans, so they were clearer. Recent audits had been used to evidence the need for this change. Audits took place across all areas of service provision, and detailed action plans were drawn up as a result of the findings.

People told us they felt safe receiving care from Expect. Our observations showed that people's homes were secure, clean, and kept to a nice standard. Staff were deployed in suitable numbers, and staff had time to spend with people and were not rushed. Medication needs were assessed, and medication was only given by staff who were trained to do so. Staff were recruited safely, and incident and accidents were analysed for patterns and trends. Risks to people were assessed safely.

Staff had the correct skills to support people and their training was up to date and recorded in a training matrix. Staff were required to engage in supervision and had an annual appraisal. People were supported to eat and drink in accordance with their needs. Decisions and consent to care and treatment were sought in line with the Mental Capacity Act 2005.

We received positive comments about the staff in relation to the support they provided. Everyone said staff were kind and caring. Staff were able to describe how they ensured people's dignity was respected. People were involved in their care plans.

We observed, heard and read examples of how people's routines and choices were listened to and respected. There was a complaints procedure in place.

Rating at last inspection: rated good, report published November 2017.

Why we inspected: This inspection brought forward following some concerns we received which may put people at risk of harm.

Follow up: ongoing monitoring.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Expect Limited

## Detailed findings

### Background to this inspection

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

The inspection was prompted in part by some recent concerns which we were made aware of by the local authority. We attended the service earlier than scheduled to ensure that people were not exposed to unnecessary risks.

#### Inspection team:

The inspection team consisted of four social care inspectors.

#### Service and service type:

This service is registered as domiciliary care agency which provides care in supported living settings. People were living in supported living houses. Senior support workers managed the everyday running of the supported living houses and the registered manager had oversight of the service. It provides personal care to people living in their own houses and flats in the community as well as specialist housing. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

The inspection took place on 30 April 2019. We also visited a number a people in their homes, with permission on this date.

What we did:

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We also sought feedback from the local authority. We had not requested a Provider Information Return for this service. A PIR is key information providers are required to send us about their service, what they do well, and improvements they plan to make.

During the inspection we visited people across five houses and spent time talking to them, the staff and reviewing documentation.

We also spoke with five staff, both registered managers, the training manager, and the compliance and complaints service manager. We looked at 10 care records across the homes we visited, including records relating to the administration of medicines, audits and other records associated with the management of the service and three staff recruitment files.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered provider had systems and processes in place to ensure that people were safeguarded from the risk of abuse.
- Staff were able to explain the course of action they would take to ensure that actual or potential abuse was reported. This included raising any concerns with their line manager or speaking to external organisations such as the Care Quality Commission or the police.
- There was a safeguarding policy and procedure in place, this was reviewed and made available in different formats to support people's understanding.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed when needed and contained a high level of detail in relation to the control measures in place to help keep people safe and minimise the risk of harm occurring. For example, we saw how one person had a risk assessment in place in relation to their finances and what support they required from staff in relation to their spending. We saw that finances were checked weekly.
- Risk assessments were in place in relation to people's homes. In cases where some people had chosen to live together in houses of multiple occupancy, (HMOs), the communal areas were assessed for hazards. Any identified concerns were reported to the housing provider.

Staffing and recruitment

- Staff were deployed in sufficient numbers to provide safe, consistent care and support. We looked at staff rotas and found there were enough staff to meet people's needs.
- Staff were recruited and selected following robust recruitment processes.
- Checks consisted of a Disclosure and Barring Service check, (DBS) and at least two satisfactory employment and character references.

Using medicines safely

- Medication was administered by care staff whose competency was frequently assessed. We found that medicines were stored safely.
- Medication administration records (MARs) contained the necessary information for safe administration of people's medicines.
- We saw that for people who were prescribed PRN (as and when required) medication, staff attempted diversion techniques before administering this type of medication.

Preventing and controlling infection

- There were stocks of Personal Protective Equipment (PPE) available for staff to use.

- There was hand washing guidance and infection control techniques communicated to staff via team meetings.

#### Learning lessons when things go wrong

- The service had implemented some recent changes with regards to how they support people to manage their finances.
- These changes had been implemented due to some recent issues the registered provider had highlighted.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had a pre assessment in place before they started receiving support from Expect.
- There were detailed discussions regarding people's needs, preferences for support, and medical conditions.
- This pre-assessment information went on to form the person's care and support plan.

Staff support: induction, training, skills and experience

- The training matrix evidenced that staff had completed training in accordance with the registered providers training policy. Additional training had been undertaken in epilepsy, MCA, and deprivation of liberty safeguards.
- Staff told us they liked the training and they felt suitably skilled.
- Staff received an induction prior to starting work with Expect. There was a designated training manager who was highly qualified to deliver training to staff. The induction process was aligned to the principles of the Care Certificate and adapted by the training manager to take in account staffs different learning support needs. The Care Certificate is a nationally recognised induction process.
- Supervisions took place every other month throughout the year. Other forms of supervision took place with staff in the community, such as spot checks.

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

- Staff supported people each week to write their own meal plan based on their preferences and needs.
- The staff supported people's specific dietary needs.
- People told us staff had supported them to be more independent in their cooking skills.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed. We saw evidence in care records that GP's and other healthcare professionals completed regular check-ups.
- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care, support and activities.

Adapting service, design, decoration to meet people's needs

- Each person had their own tenancy agreement which had been made available in a format they understood.
- Where people lacked capacity to understand their tenancy agreement, this was signed in their best

interest.

- We visited some people's homes with permission. We saw that people's homes were clean, tidy and nicely decorated.

Supporting people to live healthier lives, access healthcare services and support

- Care records showed that staff communicated with other health care professionals when needed.
- Staff would accompany people to GP and hospital appointments when needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible". In the community any restrictions need to be referred to the Court of Protection for authorisations. At the time of our inspection there was no one who required a referral to the Court of Protection.

- Mental capacity assessments were decision specific and clearly described how to support the person in the least restrictive way possible, whilst ensuring their safety.
- There were best interest decisions in place for one person who needed them.
- The registered manager and the staff team were aware of the roles with regards to the MCA and had completed training in this area. Staff were knowledgeable about the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Everyone we spoke with said they felt staff treated them with kindness and respect.
- Comments included. "I like it here" and "The staff are really nice."

We saw a number of examples where staff spoke to people with kindness and respect throughout the inspection.

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

- Care and support plans were written in a way which evidenced that people were involved with decisions regarding their care and support by the use of supportive language, such as 'ask me first' 'remind me'.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with said staff acknowledged their need for privacy and independence.
- Staff were aware of people's diverse needs and were able to describe to us the different support people required and why this was important.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- People and family members were encouraged to share their views about the care they received with regular reviews and surveys; reviews were completed over the phone and in person.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support was responsive to their individual needs. People had a variety of individual care plans in place to underpin this.
- People were supported to follow their interests and encouraged to try something new, to promote their quality of life.
- Care plan files were person-centred. We saw however, that the level of detail was not consistent for each person. We raised with the registered manager at time of our inspection, who informed us that a new system was currently being implemented.
- Care plans provided information and guidance for staff on how to meet people's needs and respect their preferences. This information had been regularly reviewed.
- Records contained relevant information about the individual, such as their background, communication methods, along with their health, emotional, and physical needs. There was also clear information about people's daily routines and their preferences about how they liked to be supported.
- People told us they engaged in a number of activities in the community.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and people were provided with a copy of the complaints procedure in different formats.
- There had been some low level concerns recorded and these had been responded to in line with the organisations policy and procedure.
- Further learning had been implemented as a result of some incidents.

End of life care and support

- At the time of the inspection no one was being supported with end of life care needs.
- Staff were trained in end of life care, and our conversations with the registered manager evidenced that people's wishes would be supported, and their care package would be reviewed if their needs ever changed.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not always clear guidelines for staff to follow in accordance with some aspects of their roles. For example, when we discussed meal time provisions and beverages for staff during their shift, there were some inconsistent responses.
- We found that some staff paid for the food and drink they consumed while supporting people, whilst others did not. There was no specific policy or guidance available for staff to adhere to in people's homes. We recommend the registered provider reviews their practice regarding staff mealtimes and considers relevant guidance.
- Audits were in place which were effective in highlighting any areas for improvement. Action plans were drawn up and shared with the registered provider as well as the registered manager and staff teams.
- There was a range of audits in place for all areas of service provision.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was relevant documentation in place within people's care plans, however the presentation of the records differed from person to person.
- Some support plans required reviews, and it was not always easy to find important information. We discussed this at the time of our inspection with the registered manager who informed us a new system was currently being implemented with regards to people's support plans.
- The culture of the service was person centred and the registered managers were hands on in their approach to care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We looked at processes in place to gather feedback from people living at the service and listen to their views. Regular meetings were held for people using the service and people could choose what topics they wanted to discuss. This helped to empower people and ensure they had a say in how the service was run.
- Team meetings with staff took place every month.
- The service had developed relationships with other healthcare professionals.

Continuous learning and improving care

- The service had recently increased staff wage to the living wage, introduced staff benefits including increasing annual leave to improve recruitment and retention.

- The registered manager had used some of the feedback from the last report and our recent communication to implement some changes in their practice.
- The registered manager was responsive to our feedback and acknowledged some areas of service provision were currently being improved.

#### Working in partnership with others

- The service had working relationships with other medical professionals to ensure training courses were sourced appropriately to help meet people's needs, as well as relationships with various housing providers.