

Explora Haven Training and Support Services Limited

Explora Haven

Inspection report

Unit 15
Wing Yip Business Centre, 395 Edgware Road
London
NW2 6LN

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17 January 2020

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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

About the service

Explora Haven is a domiciliary care agency providing personal care to approximately 125 people, including children, people with learning disabilities, people with dementia, people with mental illnesses and people aged 65 and over.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People's needs were assessed so appropriate care plans could be developed to meet people's individual needs. People told us they felt safe when the care workers provided them with care. Risks to their individual safety had been assessed and staff had a good knowledge on how to support people to remain safe. People received their medicines when they needed them and there were enough staff to complete people's care visits. When things had gone wrong, lessons had been learnt to prevent the issues from re-occurring in the future. The required checks had been made on new care workers to ensure they were of good character and safe to work within the service.

Care workers had received training and supervision to enable them to have the skills and knowledge to provide people with good quality care. People received assistance with eating, drinking and their healthcare needs where this was part of their care package. The service alerted other professionals and worked with them when needed to ensure people were safe and received the care they required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us care workers were kind, caring and treated them with dignity and respect. People's independence was encouraged. People were able to make decisions about their care and this was respected by the service.

The service promoted an open and person-centred culture. People, relatives and care workers told us that the registered manager was approachable and supportive. Systems were in place to ensure quality of care was monitored and the provider acted to make improvements when shortfalls had been identified.

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

Rating at last inspection (and update) –

The last rating for this service was requires improvement (published 12 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 well-led.

Details are in our well-led findings below.

Good ●

Explora Haven

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector. An expert by experience contacted people who used the service and relatives over the telephone following our visit to the office location. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 January 2020 and ended on 24 January 2020. We visited the office location on 16 January 2020 and 17 January 2020.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections.

During the inspection-

We spoke with seven members of staff including the provider, registered manager, care coordinator and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance information. We also spoke with 18 people who used the service and two relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure that that persons employed for carrying out personal care had appropriate recruitment checks in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Recruitment procedures were implemented safely. Pre-employment checks were completed on all care workers before they started employment. These included appropriate references, proof of their identity and the right to work in the UK.
- Enough numbers of trained and qualified care workers were employed to meet the needs of the people supported.
- Records showed that people were mostly supported by the same care workers, this was confirmed by care workers we spoke with. Most people who used the service told us that they received care from the same care workers and that they had been advised and informed if care workers were running late. However, some people advised us that sometimes the agency did not tell them when care workers changed or if they were running late. We viewed a sample of call logs for some people and found that care workers arrived the correct times and stayed the allocated times. The registered manager acknowledged that care workers would run late sometimes but would also stay a little longer to ensure people received the care as planned for them.

Systems and processes to safeguard people from the risk of abuse

- The provider had arrangements in place to protect people from abuse. Care workers had received training in safeguarding people from the risk of abuse and were able to demonstrate their understanding of the various types of abuse and the processes to follow in case they had noticed or heard any abusive practices. One care worker told us, "Abuse can be many things, like the obvious shouting or hurting people, but it can also be the things you don't see like ignoring people. I would always call the office if I would notice anything."
- People who used the service told us that they felt safe with staff and had no concerns. One person said, "The staff are very good, and I am completely safe with them."

Assessing risk, safety monitoring and management

- Risks to the health and safety of people and the staff that supported them were assessed and reduced. Guidance for care workers to manage such risks was in place.
- Environmental risk assessments were in place for each person's home, with any areas of risk clearly

identified.

- Risk assessments and management plans were regularly reviewed and updated when people's needs had changed.

Using medicines safely

- People who used the service were assisted appropriately and safely with their medicines.
- The provider's medicines procedure stated that care workers would only assist people who used the service if their medicines were blister packed by the dispensing pharmacist. They told us that this ensured people who used the service were protected when supported with their medicines.
- Where people received assistance with taking their medicines appropriate medicines administration records were in place, which had been completed to a good standard.

Preventing and controlling infection

- All care workers had completed infection control training and followed good practice guidelines, including the use of personal protective equipment (PPE) such as disposable gloves and aprons.
- Systems were in place to manage and control the prevention of infection being spread.

Learning lessons when things go wrong

- Accidents and incidents were clearly documented, and care workers told us, that they would report all accidents and incidents to the office.
- The management team and care coordinators reviewed and analysed all accidents and incidents to identify any trends or patterns and action was taken to reduce the risk of further reoccurrence.

Is the service effective?

Our findings

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

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

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

- Explora Haven undertook detailed and robust assessments of people's needs at the start of providing personal care to them. Assessments were carried out by care coordinators who would visit people and discuss the care needs with them
- Assessments also included the person's environment which ensured that environmental hazards were reduced. We saw that assessments were reviewed regularly, and reassessments were carried out annually or when people's needs had changed.

Staff support: induction, training, skills and experience

- Care workers had access to training and received an induction when commencing employment with Explora Haven. The induction included online and face to face training as well as shadowing more experienced care workers. One care worker said, "The training is very good, and we get regular refreshers."
- People who used the service told us, that care workers knew what they were doing and that they were very good. One person said, "They [care workers] are amazingly good, they do their job well."
- Staff records viewed showed that care workers had regular supervisions, which were held at least every quarter and annual appraisal to discuss performance and look at development opportunities for care workers. Care workers told us that they valued the supervisions and found them 'useful'.

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

- Where people required support to eat and drink, this was clearly documented in the care plans. Care plans also contained information about people's specific dietary needs due to specific health care conditions or religious and cultural preferences.
- People told us that they received the right support with their meals. One person said, "They [staff] will heat up the meals I bought for me." A relative said, "I know they [staff] make sure that my relative has a drink in easy reach before they leave."

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

- People told us staff supported them with their healthcare when required. One person said, "My relative usually does this for me, but if I need any other help, they [staff] will call the doctor for me."
- The care workers we spoke with demonstrated they knew people well and said as they saw the same people, they quickly noticed when someone was unwell. One care worker told us, "If there would be anything wrong or different, I would contact the person's family and if it is an emergency I will call an ambulance and would inform the office." Other care workers and staff made similar comments.

- Care workers told us they worked well as a team to deliver good quality care to people. They also told us they worked with other professionals to ensure people were supported effectively. For example, one care worker said, "I have met with the nurse to discuss a medical condition of one of the people I support."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People we spoke with told us the care workers regularly asked them for their consent before they were provided with care. Care workers had received training in the MCA and those we spoke with, demonstrated an understanding of this legislation. They were clear about always offering people choice and supporting them to make decisions where required.
- We saw in care records, that lasting power of attorney was sought for people to ensure that relatives were legally authorised to act on their behalf. "A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them to make decisions or to make decisions on their behalf."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and care workers ensured people's rights were upheld and people were as far as possible not discriminated against. People told us they got on well with care workers. One person said, "I have a good relationship with the carers, they are very good." Another person said, "The carers are very kind and gentle."
- People and relatives told us they felt well supported. One person said, "[Carers name] is very good and we have an excellent relationship."
- People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality.

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

- Records showed people who used the service and relatives were involved in care planning and reviews
- We have been told by one person that care workers had received specialist training to support the person with specialist medical equipment. One person told us, "Staff have received training from the manufacturer in how to use my equipment, and they are very good at it. The carer will do my shopping and food preparation, and the supervisor has been several times to my flat."
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff we spoke with demonstrated a broad knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Care workers could describe, and records confirmed, that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- People who used the service and relatives told us that care workers treated them with respect and ensured their privacy and dignity were maintained. All the care workers we spoke with understood how to support people in a way that promoted their dignity. They spoke about people in a respectful way. This was confirmed by people who used the service. One person said, "The agency has been so good – very responsive, and my carer is very well trained."
- We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. One person said, "She [carer] is very responsive to

whatever I say."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found care plans to be detailed and reflected people's individual needs, choices and wishes how the care was to be provided by the care workers. People told us that they had been involved and consulted about the care provided and described the care received as 'good' and 'flexible' to their needs.
- Care workers told us that they found the care plans useful and easy to use. One care worker said, "All clients I visit have a care plan in their home. I always read them, it's a good way to learn how to care for them, in particular if they cannot talk or have dementia."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that they would provide documents in other formats if this was required. They provided us with examples of translating documents into another language or by using bigger letters to make it easier to read if people had visual impairments.

Improving care quality in response to complaints or concerns

- The service had received seven complaints in 2019. We saw that all complaints had been dealt with and formally investigated and action taken to reduce similar concerns in the future.
- Care workers told us that complaints were a positive way to improve the care for people who used the service and to find out if care wasn't provided appropriately.
- People who used the service told us that they would contact the office if they had any concerns and told us that office staff would listen and was responsive when they raised anything. One person said, "The supervisor is easy to contact by telephone and would listen to what I have to say."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found that the provider's audits had not always been effective and had failed to identify that appropriate recruitment checks had been carried out before staff started working for the service. At this inspection we found that improvements had been made. The registered manager completed regular audits on many aspects of the service. This included audits of staff records, care plans and medicines administration records.
- The registered manager and care workers understood their roles and responsibilities.
- Care workers strived to ensure care was delivered in the way people needed and wanted it.
- There was good communication maintained between the registered manager and care workers.
- Care workers felt respected, valued, supported and fairly treated. One care worker said, "[Managers name] is easy to talk to and I can contact her if I need to discuss anything in relation to my work or personal."
- The provider had a whistleblowing policy and care workers understood their responsibilities to raise concerns where people are put at risk of harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and care workers told us that they were confident in the managers. One person expressed confidence in the management team. Another person told us, "The manager has been to see me and does call me." A relative told us, "The manager is very good, she does care. I say this because she does call us and asks us if we are happy or need anything changed."
- People and relatives told us there was a positive and open atmosphere. One person told us, "The care is very good. I am very pleased with them, and the management is very good."
- All care workers told us they received regular supervision and training. One member of staff said, "I have a supervision every two months, but we also have regular meetings at the office with all carers to talk about what is changing. It's good to keep informed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibility to notify us of incidents that occurred at the service.
- Care workers spoken with were aware of their responsibility to report and act on any concerns and we saw evidence of this.

- The registered manager told us if mistakes were made they took full responsibility to ensure that the same mistake was not repeated. The information was used as a learning opportunity and to improve the service.

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

- People's feedback was sought through surveys and regular care plan review meetings. Responses and records showed they were happy with the standard of care.
- There was an open culture where care workers were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Care workers reported positively about working for the service and did not identify any areas for improvement.

Continuous learning and improving care

- Care workers attended regular team meetings, which had been arranged on different days to enable as many staff as possible to attend.
- The provider and registered manager were continuously developing their training provision to ensure it fully met people's and care worker's needs. For example, ensuring all training was compliant with current standards and best practice.

Working in partnership with others

- The registered manager, provider and management team had good working relationships with other professionals, people and their families. They worked in partnership to provide the best outcomes for people who used the service. One relative told us, "Explora is a very good agency, they listen to what we have to say."