

Explicit Care Solutions Ltd

# Explicit Care Solutions Office

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Explicit Care Solutions Office is a supported living service providing personal care to people with mental ill health. This service provides care and support to 21 people living in three 'supported living' settings in Haringey and Enfield.

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. Not everyone who used the service received personal care. 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

Staff compliance with infection prevention and control requirements (specifically mask wearing and screening visitors) was inconsistent.

We found one person whose dignity and privacy were compromised. Other people were satisfied with the support they were receiving from this service. They said staff were kind and helpful.

The service worked well with health and care professionals to meet people's health and care needs. Medicines were managed safely.

Staff supported people to develop their independence. People were able to follow their own chosen lifestyles and daily routines. Staff were trained to meet the needs of the people they were supporting. We observed staff interacting with people. People were comfortable around staff and staff were aware of people's individual needs and preferences.

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.

Systems were in place to promote continuous improvement. People benefited from a stable staff team who were well supported and worked well as a team.

The provider had a quality assurance system in place to check that the service was running safely and meeting people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 October 2018). At this inspection the rating has changed to requires improvement.

#### Why we inspected

The inspection was prompted in part by concerns reported to us about people's safety. The information CQC received about an incident indicated concerns about safeguarding people from abuse. This inspection examined those risks. We found that, at the time of the inspection, people were safeguarded from those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Caring key question sections of this full report.

The provider has taken some action to mitigate the risks immediately.

#### Enforcement and recommendations

We have identified a breach of regulation in relation to treating a person with dignity and respect.

We have made two recommendations. One is that to ensure consistent infection prevention and control measures and the other is to provide staff with further training in understanding mental illness. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe. Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring. Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# Explicit Care Solutions Office

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by four inspectors. Two inspectors visited the office and two inspectors visited the three supported living services over two days.

#### Service and service type

This service provides care and support to people living in three 'supported living' settings so that they can live as independently as possible. The accommodation is rented and is the occupant's own home. Each house has an office and two have a sleep-in room for staff use. 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.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a registered manager in place at the time of the inspection.

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on 4 August 2022 and ended on 16 August 2022. We visited the office location on 4 August and the three supported living houses on 4 August and visited two of the houses again on 11 August.

On other days we reviewed records, spoke with professionals and the registered manager in telephone and video calls.

#### What we did before the inspection

We reviewed information we held about the service including notifications, safeguarding alerts and contacts with the service over the last year. The provider completed a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We met 12 people who used the service. We spent time observing staff interacting with people and supporting them. We spoke with 10 people about their experience of the service. Other people were not available or not willing to meet with us. We spoke with seven members of staff, including the registered manager, two senior staff and four support workers. We sought feedback from the local authorities commissioning from the service and professionals who work with the service.

We reviewed a range of records. This included three people's risk assessments, support plans, care records, medicines records, three staff recruitment files, quality assurance records and staff training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- People were not consistently protected from the risk of infection.
- Staff did not consistently wear personal protective equipment (PPE) such as masks. Despite the registered manager telling us all staff were expected to wear masks on duty, we observed staff not wearing masks on our arrival, but they put on masks on when we arrived. We also noted that staff did not ask us or other professional visitors to wash hands, any health screening questions or to wear masks in order to reduce the risk of infection in the service. This was not in accordance with the service's visitors' policy.
- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was using PPE effectively and safely.
- In two of the houses we found concerns about hygiene. In one house, a person had been allowed to leave unsafe expired food items in a fridge that other people had access to in the communal kitchen. In another house the kitchen was in an unhygienic state partly due to the provider leaving old used refrigerators in the room. There were also various discarded items in the garden which could have posed a safety risk.

We recommend that infection prevention and control guidance is consistently implemented in line with current best practice.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. People had individual COVID-19 risk assessments and had been given information on how to minimise risks.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff received training in infection prevention and control practices and there was an infection control policy and visitors policy in place. There was an enhanced cleaning regime and staff testing regime.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risks of abuse.
- At the time of this inspection there had been a safeguarding concern which was referred to the police. The registered manager had taken action to safeguard people from this risk whilst waiting for outcome of the investigation.

- There had been a safeguarding alert raised by an external organisation about the care of person using the service. We saw that the registered manager had dealt appropriately with this incident and taken action to safeguard people and to prevent a recurrence of the incident.
- Staff were trained in identifying and reporting abuse. They said they felt confident approaching their manager with any concerns and knew who else they could contact for advice. Any safeguarding alerts were raised by the registered manager who had good knowledge of local safeguarding procedures.
- The contact numbers for the local safeguarding team were displayed in each house.
- We asked people if they knew who they could contact in the event of any abuse or suspicions of abuse and they told us they had contact numbers for the registered manager, care coordinators and would approach staff to help them. Some people said they were also comfortable contacting CQC with any concerns.

#### Assessing risk, safety monitoring and management

- People were protected as far as possible against known risks to their safety.
- Staff had understanding of the risks for the people they supported.
- People had individual risk assessments which included guidance for staff on supporting people to stay safe but also acknowledging that people had the right to make unwise decisions.
- There was a risk to safety in one house which we referred to the local authority.
- Risks to people's health and safety that had been assessed and management plans in place included risks from COVID-19, self-neglect, mental health relapse and social isolation.

#### Using medicines safely

- People's medicines were managed safely.
- Medicines administration records (MAR) showed that staff supported people to take their prescribed medicines if they had been assessed as needing that support. In addition staff worked with local community mental health nurses who visited the service to administer people's injected medicines where this was appropriate.
- Staff had completed training in medicines administration and were assessed as competent by the registered manager before doing so.
- Medicines were stored safely and securely. People told us they were happy with the way staff supported them with their medicines.
- Policies and procedures were in place to ensure people received their medicines safely and as prescribed.

#### Learning lessons when things go wrong

- There was an effective system in place to learn from incidents.
- The registered manager told us they learned from incidents and shared learning with staff across the service. They gave us an example of where a person using the service had not received good enough care and explained what action they had taken to try and ensure this did not happen again. The learning from the incident was shared with all staff and improvements implemented including staff training here needed.

#### Staffing and recruitment

- There were sufficient staff to meet people's needs.
- Staffing levels varied from service to service depending on needs of the people living there. This ranged from one staff 9am -5pm in one house and two staff 24 hours a day in another.
- People using the service and staff told us they thought there were enough staff on duty to meet their needs. The registered manager deployed extra staff in a house where this was needed. There was a small staff team in each house which provided consistency and allowed staff opportunity to get to know people well and understand their needs.



- There was evidence of safe recruitment practices which included obtaining proof of identification, right to work documents, references from previous employment and criminal records checks.

# Is the service effective?

## Our findings

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 our last inspection we rated this key question good. At this inspection the rating has remained good.

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

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

- People were supported with their dietary needs where this was an assessed need.
- Most people using the service did their food shopping and cooking independently but staff supported people with this where they were assessed as needing help and willing to have staff support.
- Staff told us they supported people with eating and drinking by offering them meals when they had not bought their own food and offering to help them prepare food.
- Staff were available to support people with cooking if they wanted support.
- Most people brought and prepared their own food, though in practice most ate takeaway food.
- People who did not have their own refrigerator had access to communal refrigerators and basic cooking facilities.
- In one house people told us that staff prepared a barbecue for them during the summer which they enjoyed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- We observed staff seeking people's consent, for example to support them with personal care or to go and check or clean their room. They respected the person's decisions.
- Mental capacity assessments were carried out to confirm whether a person could make a specific decision.
- Staff involved professionals and relatives to support people and make decisions in a person's best interests where they lacked capacity to decide for themselves.
- People's capacity to make decisions for themselves was clearly recorded, one example was a care record

showing the person had full capacity except in the area of finances where they lacked capacity and needed an appointee which was then put in place for them.

- There were no people who were deprived of their liberty via the Court of Protection. Everybody was free to leave the service at any time.

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

- Care was delivered in line with people's preferences.
- The service assessed people's needs and used information from other professionals who knew people well.
- People's support plans contained information about their support needs and their likes and dislikes to give staff enough information to be able to support the person with their day to day life.
- Support plans detailed people's needs in various aspects of their life, including religious, spiritual and cultural needs, keeping safe, personal care, domestic tasks and shopping and managing a tenancy.
- Most people said they were satisfied with the support they received and had no problems with the service. One person told us they had support with budgeting, medicines and cooking and could approach staff if they needed support with other aspects of their life.

Staff support: induction, training, skills and experience

- Staff generally had suitable skills and experience for the job.
- Staff who had no prior experience working in care were asked to complete the care certificate, a nationally recognised qualification for staff working in health and social care.
- Staff received training suitable for their role including some staff who had completed level 5 diplomas in health and social care.
- However, the specific training on mental illness for some staff was only one hour of online training in mental health awareness. This meant staff understanding of different mental health conditions and how they impacted on people was variable. We noted in one house that staff showed a limited understanding of the needs of one person they supported and how their condition and history impacted on them. In other houses staff showed good knowledge and understanding.

We recommend that the provider arrange further training for staff in mental health conditions and how they impact on people.

- Staff told us they felt well supported. They had regular supervision and received good support from the registered manager. Staff also said they worked well as a team in each house as well as supporting staff in other houses when the need arose.

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

- The service supported people to arrange and attend healthcare appointments where this was an assessed need. Most people said they received good support with their health appointments.
- If a person refused support with personal care staff tried different ways or different staff to encourage and prompt the person.
- Where a person refused to attend an appointment but had a need for a service such as chiropody or mental health support, staff encouraged them and then arranged home visits by the healthcare professional. Staff informed the person's GP or care coordinator if a person had a health need but was refusing support.
- The service made referrals to specialist healthcare professionals where needed and supported people in following the professional's advice.
- Staff worked with community mental health teams on a regular basis to address people's mental health

needs.

- Where a person was unwell, we saw that staff had called 111 for advice on how to help the person.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence but not everyone was treated with dignity.
- We found that one person was not being treated with respect and their dignity was compromised. This person was not treated as well as other people in the house. One of our concerns was that the service had denied the person the same living facilities as their housemates. This also prevented them from having privacy for their personal belongings. We were given different explanations for this by different staff, our judgement was that the reasons given did not justify the treatment of this person.
- Discussions with staff and records showed that for one person the service focused on what they perceived as problems rather than the person as a whole. Staff appeared to lack understanding of the person's difficulties and showed a lack of empathy.

This was a breach of regulation 10 – Dignity and respect, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after our first inspection visit the service made some improvements for this person.

- Most people were happy with how staff treated them and made positive comments about staff.
- People had support to develop the skills they would need for more independent living where this was their goal. Staff supported people with claiming benefits, accessing services and practical skills such as budgeting and menu planning if they wanted this support.
- Staff supported people with cleaning their room including cleaning for them where they were unable to do so.
- Staff told us how they encouraged people to go out and socialise with other people to go out for an activity, a walk or a coffee if a person was isolated or wanted to have some structure in their day.
- Most people told us they were treated well and supported by staff who were kind to them. Some of the protected characteristics of the Equality Act 2010 were considered by the service when planning care and staffing requirements.
- Women who needed support always had this support from female staff.
- We observed staff interact well with people.

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

- Staff told us that people were involved in writing their care and support plans. Some of the goals in people's support plans which were for example to have a better quality of life, did not contain details of support needed to achieve the goals.
- There were records of meetings with people including individual keyworker meetings (between a person using the service and their allocated member of staff) but people were not always involved in these meetings. Staff explained there were difficulties in engaging with some people who did not want to participate in group meetings or keywork sessions. Their engagement was more informal and on the person's own terms.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Staff respected people's individual preferences and supported them to make their own choices.
- Staff offered people support but also respected their decisions to decline the support.
- Staffing in the service was planned to meet people's preferred routines, for example there were more staff on duty at times of the day where people needed support.
- A professional gave us positive feedback about the service stating that the person received excellent support for the service and there had been recent major improvements in on aspect of the person's care. They also said that staff supported them with their visits to the person.
- People's protected characteristics were included in their support plans. People's care and support plans described their support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People led ordinary lives doing things they wanted and living in their own flat or room. One person said they would like it if the service arranged some group trips out to places of interest and another suggested the service set up a communal room with a television for people to socialise in as a group. We passed these suggestions to the provider who said they would look into them.
- People maintained relationships with family and friends and staff supported them with this if necessary.
- Most people told us they received good support. Two people said they had support from staff to encourage them to try to socialise with other people, to get up at certain times and have some structure to their day. Staff also confirmed they did this.
- The registered manager told us they arranged weekly barbecues for people during the summer as opportunities for people to socialise as well as engage with staff.

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 careers.

- People said they were given information they could understand. They had information displayed advising who to contact with any concerns.

Improving care quality in response to complaints or concerns

- There was an effective system for recording and responding to complaints.

- There was a complaints procedure in place. We saw complaints were recorded including the provider response. The service also informed professionals involved in a person's care if the person was unhappy with the service.
- People told us they knew how to make complaints and felt comfortable doing so.
- Staff said they felt comfortable in raising concerns and making suggestions.
- One person told us if they had a concern they would "always speak to staff, they've been responsive" and, "There's an on-call manager, number is on the wall."
- A professional told us the service was responsive to any concerns.

#### End of life care and support

- At the time of the inspection, the service was not providing end of life care. The service would work with palliative care professionals to support a person at the end of their life if needed. There had been some unexpected deaths and the registered manager had supported people and staff in these cases.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the quality and safety of the service. This included weekly audits completed by senior staff and sent to the registered manager. There were weekly meetings of the management team and monthly audits conducted by the provider.
- However, although the systems for assessing risk and quality were in place, they had not identified and addressed the concerns that we found at this inspection about infection prevention and control and the lack of dignity and privacy afforded to one person in one house which are described in the safe and caring key question section of this report.

We were assured the registered manager would act on the concerns immediately.

- The registered manager and staff had a knowledge of regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged well with staff and people using this service.
- People said they knew the senior managers including the registered manager. One person said, "I don't have regular contact, but I do see them. They show an interest in my wellbeing." Another person said, "I have met them, they seem like nice people."
- Staff told us they enjoyed working for the service, they took part in regular team meetings and had regular individual supervision and worked well as a team.
- The provider sent out surveys to people using the service to assess their satisfaction and see where they might want to make improvements.
- People had key workers and had opportunity for regular individual meetings with their key worker to but in practice some people did not engage in this process. There were records of regular tenants' meetings in the houses, but staff told us in practice people had not attended the meetings. Staff still wrote a record of the meetings as if they had taken place. We advised that this practice was not appropriate and if people did not want to engage in formal meetings, then a record should be made of the informal interactions staff had with them to ask their views or give them information. Staff used any opportunity to engage with people during their daily lives and were flexible and creative in the ways they did so.
- The service worked in partnership with a variety of external healthcare professionals to ensure best outcomes for people.

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 provider understood the duty of candour. They told us they listened to feedback and informed people when something went wrong and explained what the service intended to do about it.

Continuous learning and improving care

- There were a commitment to continuous learning and improvements. The registered manager told us of initiatives they planned to continuously improve the service for people.
- The service analysed all incidents and debriefed staff as well as setting actions for improvement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The registered persons had not ensured that a person's rights to dignity and privacy were respected.</p>