

Explora Haven Training and Support Services Limited

Explora Haven

Inspection report

Millennium Business Centre, 3 Humber Trading Estate
Humber Road
London
NW2 6DW

Date of inspection visit:
16 January 2019
17 January 2019

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12 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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:

Explora Haven is a domiciliary care agency which provides personal care in people's homes and buddy services to people with learning disabilities, younger adults and older people. Buddy services included accompanying people to activities and outings. The services they provide include personal care, housework and assistance with medication. On the day of our visit the service provided care and support to approximately 95 people.

People's experience of using this service:

The provider did not always follow safer recruitment practices. Appropriate recruitment checks were not always carried out to ensure we could be confident that staff provided were safe to support people who used the service unsupervised in their home. The service quality assurance monitoring systems were not effective and did not pick up on the shortfalls found in respect of safer recruitment practices.

People who used the service felt safe with the support they received from the staff. People who used the service told us, "I've had the same person for [several] years and she never let me down. I feel totally safe with her."

Staff had a good understanding of how to raise any concerns if they felt people who used the service were not safe or had been abused.

People and staff told us they felt they were listened to and that the provider would address any concerns they might have.

Where people received support with their medicines this was managed safely.

Usually the same team of care workers supported people who used the service. This maintained consistency and ensured that staff knew people and could build friendly professional relationships with people.

Where people received support with their nutrition and hydration this had been documented clearly in the care plan.

Staff received a wide range of training, which they said was useful. Staff felt supported by their manager, but occasionally supervisions were not provided within the time stated in the providers supervision policy. However, this had no impact on the care and support provided to people and care workers.

Where possible people were involved in making their own decisions about their care and staff sought appropriate consent and asked people.

People received care that respected their privacy and dignity as well as promoted their independence

wherever possible.

Most people were supported by their relative to access external healthcare support, However, when people required support in this area, this was documented in their care plan and medical appointment were arranged if they felt unwell.

Care records and assessments were detailed and reflected people's needs and wishes.

A dedicated management team led the service. The management team and office staff demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.

The service worked with external agencies. The registered manager and nominated individual promoted transparent communication, honesty and were approachable.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 about staffing and safer recruitment practice. We have made a recommendation about seeking guidance to maintain effective governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Good (Published August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. During our last inspection we rated the service 'Good'. At this inspection we found the service did not maintain the rating of 'Good' and we rated the service 'Requires Improvement'.

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information was received, 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 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 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 ●

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. 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.'

Inspection team: One inspector visited the office location. One expert by experience (ExE) contacted people who used the service and relatives after the inspection over the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in using domiciliary care services.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults, younger disabled adult and children.

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 visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 16 January 2019 and ended on 17 January 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service and seven relatives to ask about their experience of the care provided. We spoke with four members of staff, this included two office staff, the registered manager and the nominated individual. We received written feedback from three care workers after the inspection. We send people questionnaires and received additional feedback from eight people who used the service, two relatives, 12 care staff and one community professional.

We reviewed a range of records. This included ten people's care records and medicine records. We also looked at 11 staff files around staff recruitment and various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider. Some information in relation to the action taken in respect of safer recruitment practices were requested following the inspection. We received these in a timely manner.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe.

Staffing and recruitment

- ☐ The service did not always follow current best practices of safe recruitment. For example, we found that two references as stated in the providers recruitment procedure, were not always obtained from the current or previous employer.
- ☐ Where prospective employees had gaps in their employment history these were not always followed up.
- ☐ Relevant checks in relation to prospective employees' address were not always obtained.
- ☐ Following the concerns, we raised with the registered manager, the service sent us an action plan, stating how they would address and remedy these shortfalls.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- ☐ We found that the provider had an overall effective system in place to safeguard people who used the service from abuse. Care workers we spoke with, or sent us feedback, demonstrated a good understanding of what process to take to make sure people who used the service were protected from harm and abuse. One care worker told us, "I would gather some information about what happened and report it immediately to my immediate manager or supervisor on duty."
- ☐ People who used the service told us that they felt safe with their care worker and relatives told us if they had any concerns in respect of unsafe care or support, they would report this to the registered manager. One person told us, "I am in completely safe hands with [name], she is very skilled, and I never had any concerns." One relative told us, "[The carers] are really good with safety."

Assessing risk, safety monitoring and management

- ☐ Appropriate risk assessments were in place to ensure risks in relation to carrying out the regulated activity were managed and minimised.
- ☐ Risk assessments clearly identified the risk, for example, when people required support for transfers using specific equipment. Guidance in how to manage the risk were detailed and any actions to minimise the risk were clearly documented.
- ☐ The risk assessments process included assessments of the risk in relation to the environment people lived in.
- ☐ Equipment used for transferring people who used the service were checked and any request for additional equipment was made on behalf of people who used the service.

Using medicines safely

- ☐ A small number of people received support with their medicines, where this had been the case, we found that this had been documented in people's care records.
- ☐ A risk assessment had been put into place which recorded the medicines taken and where they were kept in a person's home. Medicines Administration Record Sheets (MARs) were available and completed correctly and as per current national guidelines.
- ☐ Care workers told us they had received medicines training and records viewed confirmed this.

Preventing and controlling infection

- ☐ The provider had a detailed infection control policy in place. Care workers received infection control training during their induction.
- ☐ Care workers told us they always used protective clothing such as single-use gloves and aprons when attending to people. People who used the service confirmed that this was the case.

Learning lessons when things go wrong

- ☐ The service had been notifying the Care Quality Commission (CQC) of reportable accidents and incidents where required.
- ☐ The registered manager told us that she discussed accidents and incidents during meetings. This had been confirmed by staff spoken with. One member of the office team staff told us, "We have regular meeting where we discuss any accidents to see if there is a trend and what we could do to reduce similar accidents from reoccurring."

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

- ☐ Records showed that people's needs were assessed at the start of the care package and further assessments were carried out yearly or if people's needs had changed.
- ☐ People who used the service or their relatives told us they had been involved and consulted during the assessment process. One relative told us, "A lady called [name] came to do the care plan and introduced herself; she was very nice."

Staff support: induction, training, skills and experience

- ☐ Care workers told us that they found it easy to access training and that they found the training useful. Training records viewed confirmed that care workers had received a wide range of training during their induction. Care worker also received annual refresher training in specific topics to ensure they kept their skills and knowledge up to date.
- ☐ Care workers told us that they felt supported by the registered manager and office staff including the nominated individual. They told us that they had supervisions and annual appraisals. Records showed that these were not always provided as frequently as stated in the provider's supervisions procedure. However, we were reassured by the new registered manager that they had a system in place to ensure that all staff would receive the regular supervisions.
- ☐ People who used the service and relatives did not raise any concerns about care workers skills and knowledge to support and meet their needs. One relative told us, "The office is very responsive. They explained [a training issue specific to the carer]. I now know that the company give three days' induction training to their own new carers." ☐

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

- ☐ Where people who used the service required help with eating and drinking this was clearly documented in their care plans.
- ☐ People who used the service told us that they were satisfied with the support they received from care workers regarding the support they required around eating and drinking. One person told us, "[My care worker] does all the shopping for me and cooks it. Mostly she knows what I want and gets it because she knows me well; she keeps a check on the bread and milk etc., so I don't run out. Occasionally we have a meal together at night if the pack is for two people."

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

- Mostly, people's health care needs were dealt with by the persons family. However, care workers told us that they would call out the person's doctor if they realised that the person was unwell or would contact the emergency services.
- If people were supported to attend or arrange health care appointments, we found this to be documented in care records. People who used the service also confirmed that the care workers would support them. One person told us, "[My care worker] comes with me to any appointments; she comes in with me so she knows what the doctor is saying and that I'm doing what I'm told. She is exceptional."

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
- Care workers told us that they would always ask people who used the service prior to providing personal care. One care worker told us, "I will ask my clients if it is ok you provide care, if they can't tell me, I look at the care plan or ask their relative for advice."
- People who used the service also told us that care workers would always ask them for their consent. One relative told us, "[My relative] was directly involved; I acted as interpreter, so they could have their own say."

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

- ☐ People who used the service and their relatives consistently told us that they were well treated and supported. One relative told us, "[The carers] genuinely seem to care and they do as much as they can for [my relative]. They are limited for time but if they can they will try to stay and talk to [my relative] to calm them down if they're agitated."
- ☐ Care workers we spoke with, talked about people with kindness and compassion. One care worker told us, "I always treat people as I wanted to be treated. It could be my mother or father."
- ☐ Care workers had a good understanding of equality and diversity and told us that they would treat everybody as an individual. One care worker said, "I treat people the same no matter where they come from and what they are, everybody is equal."
- ☐ People who used the service told us that they were very well cared for by the care workers who visits them. One person told us, "I never expected to find such an incredibly caring carer. As far as I am concerned, the carer they send me is incredible."

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

- ☐ Care workers knew people well and had built a good professional relationship with the people they looked after. One person told us, "The carers who come are so nice, very nice. They listen to me and they helped me as well when I [had specified health issue]."
- ☐ Where necessary, they sought external professional help to support decision-making for people.

Respecting and promoting people's privacy, dignity and independence

- ☐ People who used the service told us that the care workers who visited them ensured that their privacy and dignity was respected. One person told us, "[The care staff] always treat me with respect." One relative told us, "[My relative] has their own bathroom, and the door is always closed [during personal care]."
- ☐ Care workers told us that they would cover people up and closed the curtains when they supported them with their personal care.
- ☐ The service ensured that people's independence was maintained. One relative told us, "[My relative] can do some things for themselves and the carers do stand back and let them."

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.

The provision of accessible information

- ☐ All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- ☐ We discussed the AIS with the registered manager who advised us that some policies and procedures were made available to people in alternative formats to ensure that they were accessible. We were also advised that care records can be provided in larger print if required for people who have visual impairments.

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

- ☐ Care plans viewed were holistic and person centred. All care plans were of a good standard and comprehensive and had been reviewed if people's needs had changed.
- ☐ People who used the service told us that they were involved in the formulation and in the review of their care plans. One relative told us, "The [other professionals] did the care plan, and when it first started used to come to check up that everything was happening as we'd agreed. The carers fill in the [daily] plan about what they've done, when they've been etc." One person told us, "A lady called [name] came out to see us and do [the care plan]."

Improving care quality in response to complaints or concerns

- ☐ The service told us that in the past twelve months they had received 19 complaints.
- ☐ Complaints we viewed were responded to and dealt with in line with the providers complaints procedure. Mostly the complaints were in relation of care workers arriving late and not contacting the person in a timely manner. We saw that the service had introduced an electronic call log, which showed that over the recent month complaints of this nature had reduced.
- ☐ Care workers told us that they encouraged complaints. One care worker said, "Complaints are good, this is the only way for us to know how we can improve."
- ☐ People who use the service and relatives were confident that they could complain to the agency and that their concerns would be dealt with appropriately. One relative told us, "If I do have any concerns, I speak to the office. The ladies I deal with are very good; they resolve things."

End of life care and support

- ☐ Currently the service did not provide end of life care.

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

The service was mostly managed and well-led. Leaders and the culture they created promote high-quality, person-centred care most of the time.

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

- ☐ We saw that the service had systems in place to monitor and assess the quality of care. However, we found that these were not always effective. For example, the service did not always ensure that safe recruitment practices were followed and appropriate recruitment checks were obtained for prospective employees. This led to some references not being in place or appropriately verified for their authenticity and not all employees having appropriate evidence of their address in place.

We recommend that the service seek support and guidance, for the management team, about how to implement more effective quality assurance monitoring systems.

- ☐ The service had sent us an action plan shortly after the inspection which highlighted the action they were planning to take to review and address these shortfalls.
- ☐ We saw that the service contacted people who used the service to find out if they were satisfied with the care they received. However, people told us that recently the phone calls had happened less frequently. They told us that this was not really a problem as they would contact the service directly if they had a concern. One person told us, "Some time ago they used to come and visit and check what's going on, if everything's all right etc. It's been a while since their last visit, but if I had a problem I will call the office."
- ☐ Care workers told us, that office staff was doing unannounced spot-checks to assess their punctuality, their care practices and to obtain feedback from them and people who used the service.

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

- ☐ We saw clear evidence of effective person-centred care. Care records viewed were based on the individuals needs and people as well as relatives confirmed that they had been involved and had contributed to the developing of their care plans.
- ☐ People who used the service and relatives continuously told us that the agency and their staff was providing high quality care and support and that people's needs were fully met. People who use the service told us that they were listened to and any suggestions to improve the care they received was dealt with and responded to appropriately. One comment who summarised the above for a relative stated, "[The company] are approachable to comments, yes. I ring them to tell them if they've done something well too. They responded well when my [relative] took a dislike to one of the carers for no reason. They try as much as they

can to provide the carers my [relative] is comfortable with."

- The registered manager and nominated individual had an understanding of their requirement of notifying the Care Quality Commission of specific incidents. Over the past twelve months we had been regularly informed of reportable accidents, incidents and other events registered providers are required to inform us.

Leadership and management

- People who used the service spoke very highly of the registered manager. Comments made by people and their relatives included, "Sometimes I ring the manager [giving a name] and she'll always put things straight if there's a problem" and "As far as I know, the lady who ran it has left and another person has taken over. [The new manager] rang and introduced themselves; seemed very nice." Care workers similarly to people who used the service echoed the support and assistance they received from the registered manager. One care worker said, "[Name] is excellent, she is very helpful, I can come to her at any time if there are problems and she always helps to sort it."
- Since our last inspection the service had recruited more office and senior staff to meet the growing demand of people who used the service and care workers. The service had increased the number of people who received care and support since our last inspection by 25%. The service now had a designated person who dealt with complaints and was considering appointing a deputy manager to support the registered manager.

Continuous learning and improving care

- Care workers told us that the service had been arranging care workers meetings to discuss issues in relation to the care provided. For example, one care worker told us that she had some issues with a person's behaviour. The care worker told us that this was discussed during a meeting and other care worker as well as the registered manager provided her with ideas in how to work with the persons more pro-actively. The care worker said, "It is now much better working with [name], talking about it helped."
- The service was undertaking surveys and sends out questionnaires to people who used the service to comment on the care they received. Feedback received was mostly positive. One such feedback stated, "It is good to know that comprehensive procedures are in place. The QA questionnaires are very good way to say how we feel."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The service did not ensure that persons employed for carrying out the regulated activity had the information as specified in schedule 3 of this regulation in place. Regulation 19 (3) (a) Schedule 3.</p>