

Expeditions Living Ltd

Expeditions Living

Inspection report

22 Maxet House, Lansdown Industrial Estate
Gloucester Road
Cheltenham
Gloucestershire
GL51 8PL

Tel: 01242532204

Website: www.expeditionsliving.co.uk

Date of inspection visit:

02 August 2016

03 August 2016

08 August 2016

Date of publication:

19 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 2, 3 and 8 August 2016 and was announced. Expeditions Living provides care to people with a physical disability, learning disability and/or mental health needs living in their own homes in Gloucestershire. Some people lived alone in their homes and others lived together in a house they rented, receiving shared care from Expeditions. At the time of our inspection 13 people were receiving personal care. The provider was also responsible for supporting people to take part in social activities, education and employment opportunities as well as maintaining relationships with people important to them.

There was a registered manager in post, who was also a director of the company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People spoke with enthusiasm and passion about the service they received. They said their care and support was directed by them and could be flexible to meet any changes in their daily routines. Their care records had been planned with them to convey what they could do for themselves and what they needed help with. Staff encouraged them to maintain and develop their independence. People talked through any hazards they might face in their homes or local communities with staff and they agreed how to reduce risks to stay as safe as possible. People knew how to stay safe and staff were on hand to provide guidance if needed. People were encouraged to stay healthy and well; staff support was available if needed to attend health care appointments. People enjoyed their independence although if needed staff support was always available for holidays or activities.

People were supported by staff who had been thoroughly checked as part of the recruitment process. People took part in the interviewing of staff and talked with the registered manager about their preferences for the staff supporting them. Staff had access to training and individual support to develop their skills and knowledge and for professional development. Robust communication was in place between people, staff and the registered manager ensuring any changes in people's needs were shared when needed. People were supported by enough staff to meet their needs. They commented, "It's one of the major things which attracted me to Expeditions, it's size and the small staff group" and "As close as perfect as it gets."

People benefitted from a robust quality assurance process which included quarterly stakeholder meetings with the provider, relatives and other professionals involved in their care. They were confident about raising issues as they arose and knew the registered manager would listen to them, respond and take the necessary action to improve their experience of care. The registered manager was open, accessible and worked alongside staff assessing the quality of service provided. A person told us, "I trust in [name of registered manager], happy with the way he deals with things." A relative commented, "The company philosophy on independent living is great."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People's rights were upheld. Staff knew how to respond to allegations of abuse. People were aware of the hazards they faced in their day to day lives and talked with staff about how to reduce these preventing the risk of injury or harm.

People helped to recruit staff and their care and support was delivered flexibly to reflect their individual needs. Robust recruitment procedures were in place.

Arrangements for the safe administration and management of medicines were in place, should they be needed.

Is the service effective?

Good ●

The service was effective. People were supported by staff who had access to training and support to develop the skills and knowledge needed to meet their individual needs.

People had capacity to make decisions and consent to their care and support.

People made choices about their nutrition and diet which were respected by staff. Support was available if needed to accompany people to health care appointments.

Is the service caring?

Good ●

The service was caring. People had positive relationships with staff who they treated them with kindness and concern. Light hearted moments were shared with staff who were respectful and empowering.

People directed their care, expressing their views and opinions about how it should be delivered.

Is the service responsive?

Good ●

The service was responsive. People received care which was individualised reflecting their personal wishes, routines and lifestyle choices. Their care was provided flexibly and responded

to their changing needs.

People were confident about raising issues or concerns which would be listened to and addressed.

Is the service well-led?

Good ●

The service was well-led. People's views were actively sought, promoting a positive and open culture which empowered people.

The service was well managed and well-led.

Care was delivered to high standards and driving through improvements when needed.

Expeditions Living

Detailed findings

Background to this inspection

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

The inspection took place on 2, 3 and 8 August 2016 and was announced. Notice of the inspection was given because we needed to be sure that the registered manager would be in. One inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with four people using the service. We had responses from five people and four relatives to questionnaires we had sent out. We spoke with the registered manager and three care staff. We reviewed the care records for four people including their health care records. We also looked at the recruitment records for three staff, staff training records, complaints, accidents and incident records and quality assurance systems. We observed the care and support being provided to four people. We had feedback from local commissioners. We also contacted five health and social care professionals asking them for their views about this service.

Is the service safe?

Our findings

People's rights were upheld. They said, "I am in my own home, Expeditions can advise me" and "I am pretty switched on about keeping safe." In response to our questionnaires everyone said they felt safe from abuse and harm. People knew how to stay safe in their homes and in their local communities. Staff advised them how to stay safe when using the internet and social networking sites. Staff had completed training in the safeguarding of adults. They understood how to recognise abuse and what action to take should they suspect people were at risk. They talked about how the registered manager had responded to such incidents in the past. The registered manager had liaised with the police, the local safeguarding team and notified the Care Quality Commission.

People discussed any hazards they might face in their homes and in their communities with staff. If additional equipment was needed referrals had been made to occupational health therapists to advise on the best options available. Arrangements were in place to service and monitor any equipment which had been provided. Items such as hoists, sliding sheets, hand rails and electric wheelchairs had been provided. Risk assessments described how hazards had been minimised and identified strategies people adopted to keep themselves as safe as possible. If any accidents or incidents occurred these were recorded and monitored by the registered manager to make sure the appropriate action had been taken in response to reduce the risks of further harm. When needed a full investigation had been carried out by the registered manager and a report produced. It was evident the necessary action had been taken to prevent further occurrences. For example, after a fall a person had been reassessed by an occupational therapist to make sure they could continue to maintain their independence and whether any equipment could be provided to safeguard them from the risk of further falls.

People said they knew they could always contact the office for help or support if needed in an emergency. If the office was closed they could contact the registered manager directly and they were confident he would respond quickly if needed. Staff also commented "there is always someone on the end of the telephone" and "he is there pretty much all of the time". Each person had been provided with information about agencies, social or health care professionals or emergency services which could be contacted in an emergency. Emergency alarms had been tried out or provided to some people so they could get help if needed.

People said their hours had been agreed with the commissioners or according to their direct budgets. They were realistic about whether the hours met their individual needs and acknowledged the restrictions budget cuts had placed on them. They said the registered manager listened to their needs and was as flexible as he could be. Although the rota was scheduled to run over a three month period the hours could be rearranged to reflect people's needs. One person said, "Expeditions provides the care I want as a client" and another person told us, "I plan around the rota but if I need to change staff visits I know the manager will accommodate where he can". Staff confirmed there were enough of them to cover scheduled visits and staff absence. People said staff were usually on time "within five or 10 minutes" and visits were of the right duration. Everyone who replied to our questionnaires said they were supported by a consistent staff team, who arrived on time and stayed for the correct length of time. A person commented, "It's one of the major

things which attracted me to Expeditions, it's size and the small staff group."

People were involved in the recruitment and selection of staff during informal and formal interviews. They said if for any reason they did not wish a member of staff to carry out their care and support, they could talk this through with the manager. They gave examples of how the registered manager had dealt with this, respecting people's feedback. Robust recruitment and selection procedures were in place. Records had been bound together which included a checklist confirming when they had been received. Applicants had provided a full employment history and any gaps had been explored. The reasons for leaving former employment had been investigated. New staff had not been appointed before a satisfactory disclosure and barring service (DBS) check had been received. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. New staff confirmed they shadowed existing staff during their induction.

People managed their own medicines. They chose to keep them securely in their homes. Staff had completed training in the safe handling of medicines and completed questionnaires to assess their understanding. Procedures were in place should people need help or support with their medicines.

Is the service effective?

Our findings

People were supported by staff who had the opportunities to acquire the knowledge, skills and experience necessary to meet their individual needs. People said, "Staff are very good" and "Once they find the right people [staff] you are half way home." All relatives questioned said staff knew what they were supposed to do. Staff spoken with had a good understanding of people's needs and confirmed they had access to refresher training when needed. They said they had also completed training specific to people's needs such as epilepsy and Makaton sign language. Staff said they were supported to develop in their roles and proudly spoke about their achievements completing the diploma in health and social care at level two and progressing onto level three. New staff completed the care certificate. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. Staff confirmed they had individual meetings with the registered manager to reflect about their roles, responsibilities and training needs. They also had staff meetings every two weeks to talk over people's care and support. The registered manager observed staff delivering their care and support assessing their competency and skills.

People benefitted from the support of a diverse staff team. People confirmed they were able to discuss with the registered manager about their preferences for staff making sure they were well matched and compatible. Staff understood people well and described how people directed their care and support. Staff were observed seeking people's opinions and choices about how they wanted their care and support delivered.

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. Everyone receiving a service had the capacity to make their own decisions about their care and support and confirmed they were "in control of their care" and "directed their care". There were no restrictions in place.

People planned their meals and acknowledged staff advised them about aspects of healthy eating but it was ultimately their choice about what they decided to eat and drink. They told staff their choice for each meal and how they liked food and drink to be prepared. Staff said they respected people's wishes and choices. People said staff support was available to help them with their shopping if needed or in an emergency.

People were supported to manage their health care appointments if they needed support. Staff could accompany them if required. Records of any health care appointments were recorded in people's daily dairies. Staff also had access to an electronic database which provided information about appointments they needed to attend with people. They had been advised to record when appointments had been attended and not to include any confidential information about the content of appointments in this database.

Is the service caring?

Our findings

People said they were treated "well" and it's "all really good". Everyone who responded to our questionnaires said staff were kind and caring. A relative commented about the positive changes they had seen; "seeing smiles on their faces and being happy with their support". Staff were observed supporting them with kindness, sensitivity and concern. Interactions were light hearted and there were moments of shared humour and fun. People's preferences and personal history had been shared with staff, who understood people's needs really well. Staff discussed with people any concerns they might have about changes in their health and well-being. This was shared with the appropriate health and social care professionals with people's permission.

People's human rights were upheld. Their right to a family life and privacy was respected. Personal information was kept securely in the office and staff understood how to promote confidentiality within people's homes. Staff had completed equality training. People's needs in respect of their disabilities, age or religious beliefs had been considered before providing their care and support. People's preferences about the gender of staff supporting them was respected. People had been provided with equipment within their homes to promote their independence.

People spoke passionately about Expeditions Living and why they had chosen them to provide their care and support. They said, "I came to Expeditions because they encourage me to be as independent as possible; they don't tell me what to do" and "We enjoy it, the care is really good, they help with what they should help with, they don't tell us what to do." People said they were listened to by the registered manager and staff. They commented, "Care is more about what I want as a client" and staff confirmed, "Clients like the choices they have; they have a voice, the provider doesn't dictate to them where and when, they [people] tell us what they want."

People were actively involved in making choices and decisions about their care and support. They said they could contact the registered manager directly and at any time if they felt their needs had changed. They described their service as "flexible" and all spoken with said they "direct" their own care. People had information about the service provided. This was detailed in their care plans. They also had access via electronic methods and social media to the registered manager and others using the service to exchange views and share information. People had access to advocacy services if needed. The registered manager had retained the services of a lay advocacy service which could be used by people to have the support of an independent party.

People were treated with dignity and respect. The provider information return stated, "Expeditions commitment is to empower, motivate, respect and involve everyone in the care and support of our customers." This was reflected in what we observed and what people told us. Staff knocked on their front door and either waited to be greeted or announced their presence before entering. They promoted people's independence, being directed by people about how to deliver their care and support. They sought people's opinions respecting their choices. One person commented, "I am in my own home, they can advise me, I wouldn't expect them to tell me what to do." Another person said, "I am enjoying living on my own. It's

pretty much me, I know what I need doing and as they get used to me, I don't need to tell them everything."

Is the service responsive?

Our findings

People's care was highly individualised taking into account their personal wishes, routines important to them and the way in which they wished to live their lives. They told staff how they wanted their care and support delivered. Their care plans had been written to reflect this. People had their care plans in paper as well as an electronic format if they preferred. They talked about how they reviewed their care with the registered manager and staff to make sure care records continued to mirror their changing needs. A person said, "I have a copy of my care plan and we have reviewed it, we checked my routines and if I needed anything changed [name] would change the care plan." Another person commented, "If I need to change anything I contact staff and every three to six months we have a care review, make changes if needed." Everyone who replied to our questionnaires said they were involved in making decisions which included people of their choice.

People who had recently started to receive a service from Expeditions said they had chosen this provider because other people had told them they empowered people to direct their own care. The registered manager described the assessment and transition process for people receiving a service from them. This was done thoroughly and at the person's pace making sure as much information as possible had been obtained from people before supporting them in their homes. The registered manager took care not to take on too many new people minimising the impact on other people already receiving a service.

People were animated about the way in which staff promoted and encouraged their independence. They were empowered by staff to take responsibility for areas of their life. Occasionally coaching or mentoring was needed and people talked enthusiastically about how they had been able to reduce the hours of support they needed as they grew in confidence living in their new homes and their new communities. A relative said, "The company philosophy on independent living is great. My son had never lived alone. He has managed to go to the USA. Our son is a transformed person." People spoke about the opportunities open to them including voluntary work and travelling overseas and in the UK. Staff could support them if needed to access community facilities and they enjoyed attending local places of worship, libraries, cafes and pubs.

People said staff always stayed for the correct length of time. If they were a little late they just stayed for longer making sure people received the care and support they needed. People did not feel rushed. They liked that the service they received could be responsive to their needs and staff and the registered manager were able to be flexible if last minute changes needed to be made.

People were confident any issues or concerns would be listened to and the necessary action taken in response. They had a variety of ways in which they could contact the registered manager by telephone, email or through individual and group meetings. One person said, "I haven't got any problems but would call [name] directly and he would get it sorted." Another person commented, "[Name] listens and takes action". Staff also confirmed they openly discussed issues with the registered manager who talked through problems which were "easily rectified". One member of staff reflected "everyone can raise concerns" which had been discussed at team meetings. Staff said they were encouraged to suggest how to resolve issues or concerns.

People had been provided with a copy of the complaints procedure. No formal complaints had been received by the provider. There was evidence the provider had responded to feedback from relatives which had been thoroughly investigated. A report had been produced and feedback given to the relatives who were happy with the response and action taken. Compliments received included "outstanding care" and "very supporting and kind".

Is the service well-led?

Our findings

People were actively involved in developing and shaping the service they received. In response to our questionnaires everyone said they were asked for their views about the service. People told us, "If we have a problem, we have a meeting, talk about it, find alternatives and make the changes" and "I really enjoy the care, it's what I like about Expeditions." Relatives reflected, "We are invited to update meetings with the management and staff. This was excellent as we felt very valued and part of the Expeditions team." The registered manager described how people, their relatives and staff were invited to quarterly stakeholder meetings where they shared news, changes in commissioning, concerns and looked at the way forward for the organisation. People were energized by these meetings and said they valued getting together to talk "openly". They also enjoyed social events where they could meet together informally. In addition people kept in touch via social media. People commented, "As close as perfect as it gets" and "Whole care package is up to us."

The registered manager had a clear vision for the service. He told us, "We try not to impose, listen to what people want us to do" and "Staff enjoy working as a team. They are very knowledgeable. Everyone does everything well." He described the "massive transformation" of people, "doing things they never dreamt of doing." The provider information return stated, "We inspire, challenge, motivate and ensure full involvement of most aspects of the care." A person told us "I trust in [name of registered manager], happy with the way he deals with things." A member of staff reflected, "People bring new experiences to us, we learn from them."

The registered manager discussed the challenges of providing a service in the current climate. He liaised closely with the local authority, commissioners and a local providers group to seek out the best way forward for the benefit of people being supported by Expeditions. One of the challenges was staff recruitment and building a staff team who matched the needs of people using Expeditions. The registered manager was aware of his responsibilities with respect to submitting notifications to the Care Quality Commission. Statutory notifications are information the provider is legally required to send us about significant events.

People benefitted from a range of quality assurance processes which monitored the quality of the service they provided. This included observations of staff carrying out aspects of their work. The registered manager also worked alongside staff and was able to ascertain the quality of service provided. Feedback was received from people during reviews of their care and during meetings. Staff feedback was sought during one to one and group meetings. Environmental checks monitored the safety of people's homes and the working environment for staff. Accident and incidents were monitored for any developing themes and to make sure the appropriate action had been taken to reduce the risks of these occurring again.

The registered manager kept up to date with changes in legislation and best practice guidance. Policies and procedures available for staff included the Mental Capacity Act, Health and Safety at work Act, The Health and Social Care Act 2014, Safeguarding of Adults and the Disability Discrimination Act. Each member of staff had an individual copy of the employee handbook and a copy of a code of conduct for social care staff. Staff were confident any concerns dealt with under the whistle blowing procedure would be dealt with honestly and openly. Whistleblowing allows staff to raise concerns about their service without having to identify

themselves.