Expeditions Living Ltd

Expeditions Living

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Expeditions Living is a domiciliary care and supported living service that was providing personal care to 11 adults at the time of the inspection. The service was for younger adults with physical disability, learning disability and/or mental health needs.

In domiciliary care and supported living settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate these premises; this inspection looked at people's personal care and support.

People's experience of using this service:

- Risks to people had not always been fully assessed or managed by the service. People's support plans lacked sufficient detail to keep them safe from some known risks.
- Health and safety audits, spot checks and service reviews supported the registered manager to identify concerns to improve the service. However, these quality monitoring systems were not always effective in identifying shortfalls in the service provided. Prompt action was therefore not taken to address the risks these shortfalls might pose to people.
- We received positive feedback about the service and the support people received. People felt safe and told us staff understood their needs and how to support them.
- Staff were knowledgeable about safeguarding and understood provider policies for reporting and recording concerns. Staff knew when and how to involve external agencies.
- People were protected from unsuitable staff through safe recruitment and induction practices.
- Staffing levels were maintained according to people's funded hours. The service was flexible in responding to people's requests for changes to their planned hours.
- People received appropriate support to take and/or order their medicines safely.
- Health and safety and infection control risks were monitored. The registered manager supported people to address tenancy related issues with their landlord if needed.
- People's health related needs were managed with support from health care professionals. People were supported to attend their health care appointments.
- People were encouraged to live healthy lives. Where staff were responsible for preparing people's meals, people were encouraged to eat a suitable diet.
- People were partners in planning their care and their relatives were consulted when appropriate. People felt respected and listened to.
- The service had a visible person-centred culture. People were valued as individuals and their independence was respected. People received a service that was tailored to their needs.
- People's psychological, social and cultural needs were considered and people benefitted from a service where inclusion was the norm.
- People were supported by caring staff who felt supported and enjoyed their role. Staff competency and performance was checked regularly.
- People knew the registered manager well and were confident any concerns would be addressed.

● The service worked openly and in partnership with other community services and agencies.

Rating at last inspection: At the last inspection the service was rated 'Good'. (This report was published on 18 August 2016). At this inspection we found concerns in relation to the assessment of people's risks and the effectiveness of the provider's quality assurance systems. We have therefore rated the service Requires Improvement.

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous 'Good' rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor intelligence we receive about the service until we return to visit, as per our inspection programme. If any concerning information is received we may inspect sooner.

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

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**

Expeditions Living

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:
Our inspection was completed by two inspectors.

Service and service type:
This service is a domiciliary care and supported living service. This service provides care and support to people living in their own homes/flats, including 'supported living' settings, so that they can live as independently as possible. It provides a service to younger disabled adults.

Supported living was provided in adapted houses/flats in ordinary residential streets. This included two shared houses; Three people shared one house and four people shared the other. Some houses/flats had a sleep-in staff member on-site overnight. In domiciliary care and supported living services, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises where people have their own tenancy agreement or own their home; this inspection looked at people's personal care and support. Not all people using the service received personal care.

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 24 hours' notice of the first inspection site visit because it is small and the registered 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 27 March 2019 and ended on 5 April 2019. We visited the office

location on 27 March, 3 and 5 April 2019 to see the registered manager, speak with staff and with people using the service; and to review records and policies and procedures. On 3 April 2019, with their consent, we visited three people using the service at their shared home.

What we did:
Before the inspection: We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections.
During the inspection: We spoke with five people who use the service and one person's relative. We observed staff interacting with people. We spoke with the registered manager, deputy manager and three care staff. We reviewed three people's care records, the staff rota, recruitment, training and supervision records. We checked complaints received, incident and accident records, medicines records and a selection of audits and policies.

After the inspection: We sought feedback from a range of health and social care professionals and other community-based professionals. We received feedback from one social care professional.

Requires Improvement

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:
- People told us their care was delivered in ways that supported their safety and welfare.
- The service relied on assessments completed by people's social workers and services previously used by people, to inform their risk management plans. However, the service did not take account of all the risks identified in these assessments. People did not always have risk management plans in place when they had known risks in relation to their mobility, eating, behaviour, their home environment and healthcare conditions they were being supported with.
- There was a lack of thorough assessment and risk management plans for the safe use of people's moving and handling equipment, when their needs changed, or while staff waited for an Occupational Therapist's assessment or report. Insufficient information was available to help guide staff in the interim, on how best to support each person safely and in a way that promoted their independence where possible.
- Were risks had been identified, written risk assessments were not always completed in full or personalised. Some generic risk assessments had standard responses which had not been personalised to the specific individual. People were placed at risk of harm and injury without a detailed risk management plan being in place.

Not assessing risk and planning safe care to ensure the safety of people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

- Staff had received training in safe moving and handling practices. Their competency in using moving and handling equipment was checked at regular intervals.
- Contingency plans were in place to ensure the service kept running through adverse weather conditions or staff sickness. People whose care needs were time critical were identified, to ensure risks to them were prioritised.
- People and staff told us they could contact the service office or on call person at any time. Staff told us there was always a senior person on call to assist and advise.

Systems and processes to safeguard people from the risk of abuse:
- All the people we spoke with told us they felt safe when supported by staff. People's relatives told us they are satisfied their relatives are safe.
- All staff we spoke with had a good understanding of safeguarding procedures. They knew how to identify signs of abuse and how to protect patients from harassment and discrimination.

● The registered manager/provider worked appropriately with relevant agencies to safeguard people. The arrangements in place to assist one person to manage their money had been reviewed following a theft, to ensure they were protected from financial abuse.
● People were supported to understand how to keep safe. For example, when one person needed support regarding management of their finances, they had been referred to an advocacy service.

Staffing and recruitment:
● There were enough staff to meet the needs of people using the service. People were involved in recruiting their staff and were matched with staff that shared their interests.
● People received a copy of their staff rota in advance and were supported by a small number of staff that were familiar with their needs. A staff member said, "Support is fluid, they [people] may change their plans last minute. Requests can be met eight to nine times out of ten."
● People told us staff were punctual and stayed for the allotted time. If staff were delayed, people were contacted by telephone. There had been no missed visits.
● There were no staff vacancies and unexpected staff absences were covered by the registered manager and senior staff to ensure safe staffing levels were maintained.
● The service had safe systems for recruitment, including the taking up of references and disclosure and barring service (police) checks. This helped ensure only people of suitable character were employed.
● Systems were in place to ensure staff safety when working remotely. The service had a lone working policy and assessments identified any risks, for example, from poor street lighting.

Using medicines safely:
● Where possible, people were supported to manage their own medicines. People required few medicines and understood when and how they should take them. One person said, "I remind them [staff] when I need to take it and they help me [physically]". Another person said, "I self-medicate. I ask staff to ring [pharmacy] and order them for me".
● Support with medicines was provided in line with best practice guidance. Staff completed appropriate training and their competency was checked through direct observation, before supporting people with this aspect of their care. Staff competency in administering medicines was checked regularly through monthly spot checks.
● One person required support with administration of an emergency medicine 'when required'. Staff understood how to support this person safely during an emergency.

Preventing and controlling infection:
● People were protected from risk of infections. Staff use of infection control measures was observed during spot checks. This included hand-washing, use of gloves and aprons as indicated.
● Staff had received training in infection control and food hygiene standards. Spot checks ensured staff had a plentiful supply of gloves and aprons available to them.
● Staff assisted people to maintain the cleanliness of their homes.

Learning lessons when things go wrong:
● Staff knew how to report accidents and incidents. There had been few accidents and none had resulted in a serious injury. Following an accident, people's relevant support plans were reviewed and updated and any changes were communicated to staff.
● The provider did not have a robust system in place to facilitate the analysis of incidents and accidents to identify themes and learning. For example, when several behavioural incidents occurred with one person, this did not trigger a plan for emotional support to be put in place for them. This meant there was no guidance for staff to follow to ensure they responded appropriately.

Good

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

Good: 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:
- People's needs were assessed holistically and reviewed regularly, with appropriate involvement of health and social care professionals and people's close relatives when indicated.
- People's support was planned and delivered in line with professional standards and guidance. For example, people received support with their medicines in line with NICE (National Institute for Health and Care Excellence) guidance.
- People were supported by staff who received training in legal requirements related to equality and diversity. Staff supported people to access public services and places as needed. One person told us, "Because I'm registered blind I'm a bit sceptical of going out [alone]. The staff really help me to get out and about."
- Technology was used to help people remain independent. For example, people regularly used email, text or telephone to communicate with the management team, for example, to request a last minute change to their support. The electronic staffing system also alerted managers when staff were late to a call, so any disruption to people could be minimised.

Staff support: induction, training, skills and experience:
- People were supported by staff with the appropriate skills and experience to meet their needs. One person said, "They [staff] know how to support me".
- New staff worked alongside established staff until they were competent to work alone. One staff member said about staff induction, "Staff have full training before they're allowed to work alone" and feedback about new staff was sought from people to ensure they, "Feel safe'.
- Staff completed training relevant to their role and the needs of the people they supported. For example, All new staff completed the Care Certificate then went on to Diplomas in Health and Social Care. A staff member who had not previously worked in care told us, "I got good training".
- Staff training and support needs were monitored through probationary meetings, spot checks, one to one meetings and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet:
- Where staff were responsible for preparing meals, or meal planning, people's dietary requirements and preferences were recorded in their support plan. People were involved in shopping for and planning their meals.
- Staff completed training in fluids and nutrition and food hygiene.
- People's cultural and religious food preferences were met.

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

● When people's support needs changed, staff referred them to health and social care professionals appropriately. For example, when a person expressed concern about being alone at night, the registered manager contacted commissioners to review their support needs.
● The service worked closely with previous care providers to ensure a smooth transition. For example, when people moved from a specialist college to Expeditions Living, some staff moved with them to continue supporting them. Both providers worked in partnership, as staff were recruited to Expeditions Living for an agreed amount of support hours (and continued to work, under separate contracts, for both providers). This provided excellent continuity during the significant transition for young adults, moving from education, to a supported living environment.

Adapting service, design, decoration to meet people's needs:
● When people needed assistance to adapt or maintain their homes, though their private tenancy agreements, the registered manager supported them to do this.
● Monthly checks were carried out by the provider to ensure people's homes were safe and well maintained. This included checks of fire alarms, security, lighting, flooring and kitchen safety.
● The provider worked with housing agencies to arrange for significant maintenance, such as replacing flooring, to be carried out when people were away.

Supporting people to live healthier lives, access healthcare services and support:
● Some people managed their healthcare needs independently, including making their own appointments. They contacted the service to make arrangements for timing of personal care and assistance with transport as needed.
● When people needed support to access healthcare, staff liaised with them and/or their relatives. For example, staff supported one person to attend a regular hospital appointment.
● People had access to regular exercise including swimming and/or walking. One person told us they were competing that weekend and aimed to compete in the Paralympics.

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.

We checked whether the service was working within the principles of the MCA.

● All people using the service were able to consent to the care and support they received on a day to day basis. Staff routinely sought permission from people before providing care.
● Staff understood the principles of the MCA and the MCA Code of Practice was followed. For example, when staff identified that one person needed support with decision-making, they referred them to an independent advocacy service, to ensure their views were heard.
● The service relied upon health and social care professionals to carry out mental capacity assessments and to lead on 'best interests' decision-making. Outcomes of these processes were noted in people's support plans and taken into account when planning care and support.
● During the inspection, the registered manager arranged to refresh their training in MCA assessment, so people's MCA assessments could be reviewed/carried out by the service when indicated. For example, to establish whether one person understood privacy risks associated with staff accessing their social media account and to review the arrangements in place to support another person manage their daily monies.

● People were asked who their information could be shared with and this was recorded. People signed their support plans to indicate their consent to the care received.

Good

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

Good: 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:
- People told us staff were caring and treated them with kindness and compassion. Their comments included, "They are kind. We have fun."
- When one person became tearful, staff responded immediately; knowing what was upsetting them and how to comfort them. The person told us, "They're [staff] very supportive."
- There was a visible person-centred culture where people felt valued and included. A staff member said, "We give them the most amount of choice possible and help them live their lives."
- People were able to express their preference for which staff members supported them. One person said, "We at [shared house name] ask for experienced staff." This was important to them because staff who knew them well were more efficient in meeting everyone's needs.
- Staff were happy in their roles and worked well as a team. One staff member said about the registered manager, "If something needs to be done he'll pick it up. It makes everybody feel that they want to come into work."

Supporting people to express their views and be involved in making decisions about their care:
- People were consistently involved in reviewing and updating their support and activity plans. People were able to request a review of their care at any point.
- When people needed additional support, the registered manager signposted or referred them to appropriate services. For example, one person was receiving counselling from a charity to help them adjust to recent bereavement.
- People were supported by the same staff on a regular basis. This provided continuity and gave people greater flexibility to plan how their support hours would be used.

Respecting and promoting people's privacy, dignity and independence:
- People told us their privacy and dignity was respected. One person told us how staff maintained their privacy during personal care. They also said, "They [staff] do actually ask to come in [to the person's home]".
- People's independence was respected. One staff member said, "Our ethos is independent living, we encourage them to do as much as they can for themselves and they do. It's pretty humbling really."
- People were supported by staff who understood their religious and cultural needs. For example, a staff member had been recruited with the same ethnicity as the person they supported, to ensure they could prepare the foods they liked to eat.
- The registered manager acted to ensure young adults views were heard. For example, one person had been referred to advocacy services, to ensure their views and wishes were heard by their relative with power of attorney.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● The provider's equality, diversity and human rights policy set out the approach to how people's care would be planned and delivered in line with their diverse needs and preferences. Policies were based upon legal requirements, national guidance and best practice.
● Needs assessments were carried out before people moved to the service. People's wishes and existing assessments were considered. Transitions from people's previous services were carefully planned, to provide continuity and familiarity at this potentially stressful time.
● A holistic and person-centred approach was followed. People's support plans included how people wanted staff to support them. One person had written their own support plans which included their expectation for staff to support them to live as normal a life as possible. Where possible, people were supported by staff with shared interests whom they got on well with. People's comments included, "Expeditions are quite people-centric. We [person and relative] make sure we're in control" and "Life is good. I get to do what I want to do, when I want to do it".
● People's social and emotional needs were met as staff helped reduce barriers to them. For example, one person said, "When I want to go to day trips out, to London, to see my family, the staff will take me to see them." Other people's support hours were arranged flexibly to fit in with their work, sporting interests and other commitments.
● The service worked with other agencies to maximise people's freedom and independence. For example, staff liaised with housing providers and commissioners to meet people's needs.
● People's information and communication needs had been assessed in line with requirements of the Accessible Information Standard and were identified and recorded in support plans. These needs were shared appropriately with others and alternative formats were available.
● People's information was managed confidentially, and care records were stored securely in line with the Data Protection Act.

Improving care quality in response to complaints or concerns:
● People knew how to raise a complaint and were confident the registered manager would resolve it. One person said, "If I'm not happy I just call [registered manager] or the office and they quickly sort it out".
● We observed people and one relative calling into the office, to update staff or ask questions. None of the people we spoke with had any complaints about the service they received from Expeditions Living; all were happy to speak to the registered manager if needed.
● A log of complaints was kept, we saw these were generally unrelated to the support and care provided by the service. Complaints were managed in line with the provider's policy. A staff member told us, "The customers we work with are fully aware of how to raise a complaint. It keeps everyone on their toes".

End of life care and support

● Appropriate polices and best practice guidance was in place for staff to follow. However, staff were not supporting anyone with active end of life care at the time of our visit.
● People's wishes and any specific religious and cultural preferences were explored and documented, with the involvement of people's close relatives when appropriate.
● Access to necessary medicines and additional health care support was available through established relationships with community health professionals.

Requires Improvement

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

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

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

- The registered manager was registered to manage the service by CQC in October 2012. They understood regulatory requirements but had not always notified us when required to do so. For example, we found some allegations of abuse had not been reported to CQC. This had no impact on people as the provider had otherwise acted to protect people from abuse, including involving other external agencies.
- The registered manager had oversight of all aspects of service provision, however the systems in place to monitor compliance with regulatory requirements were not always effective in identifying shortfalls. For example, shortfalls in risk assessments and the management of risk, had not been identified and logs of accidents and incidents had not been maintained to assist managers in identifying any trends or patterns. This placed people potentially at risk of receiving unsafe care

Not establishing and operating effective systems to assess, monitor and improve the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Monthly health and safety audits and spot checks were carried out by the management team. These covered health and safety, infection control, care records and medicines. Where actions had been identified these had been followed up.
- Staff understood their roles and responsibilities and had clear job descriptions they could refer to. Staff understood how to escalate their concerns and felt comfortable to do so.
- The rating of the previous inspection was displayed as required.

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

- The registered manager was the owner of the service, was highly visible and influenced the culture of the service. A staff member said, "[Name] is very hands on. All the customers know him, some email him directly. Ultimately he is the overall manager and has the final say."
- The provider's mission, "Commitment to valuing people and promoting independence; empowering people so they can achieve what they want to in life" was evident in the feedback we received about the service. People spoke positively about their futures. One person said, "They're [staff] considerate and they want to help me live my life, happy and healthy."
- Staff felt supported, respected and valued and worked as a team. A staff member said, "If I need to take

time off it's never a problem. He's [registered manager] a very caring man and what you see is what you get. I really like working here."

● We observed a culture of openness and inclusivity where staff and people were supported to develop as individuals, disability was not a barrier to this and diversity was the norm.

● People's close relatives were routinely informed of any incidents involving their relative, and suitable support was given, in line with duty of candour requirements.

●An external professional said, "They do seem to be well organised and productive."

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

● People (and their close relatives) were in regular contact with the registered manager and the service was organised around people's needs, goals and aspirations. Information about the service was provided in a variety of formats. People's feedback was sought by the provider, for example, through regular surveys.

● Staff, people and their relatives were kept informed of changes planned to the service. People and their relatives were asked for their feedback when this was indicated. For example, the service had a social media page where news of upcoming events was posted. People could contribute to this page by submitting posts to the administrator [registered manager] for approval.

● The service was active within the local care community. For example, people who used the service presented their experience of moving from full-time education to independent living, at a local event for young disabled people, the weekend after our inspection. People worked alongside staff to attend this event and in developing the materials to be used.

Continuous learning and improving care:

● The service was committed to continuous learning and improvement. For example, an annual conference was held by the provider, to which key figures in social care provision were invited to speak, to staff and people who used the service, about their specialist area.

● The service responded well to feedback. A care professional told us, "We did give some feedback in regard to increasing meaningful activities and this seems to have been taken on board and evidenced well. From the targets we have given, they have been proactive and responded well."

● The provider was a member of the Gloucestershire Care Provider's Association (GCPA) and kept up do date with local changes in care provision and social care education.

Working in partnership with others:

● The service worked openly and in partnership with other care providers and community agencies including commissioners and safeguarding teams. Records demonstrated the registered manager regularly met with commissioners when people's needs changed, or any concerns arose.

● The service shared appropriate information with other relevant agencies for the benefit of people who used the service. For example, records were shared with the police to support their investigation following a theft affecting a person who used the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe care because known risks had not always been assessed and mitigated. Regulation 12 (2)(a)(b).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems to assess, monitor and improve the quality and safety of the services provided had not been established and operated. Regulation 17(1)(2)(a)(b).