

Explora Haven Training and Support Services Limited

Explora Haven

Inspection report

Millennium Business Centre, 3 Humber Trading Estate
Humber Road
London
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Explora Haven Training and Support Services Limited (Explora Haven) on 30 June 2016. 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, children and older people. Buddy services included accompanying people to activities and outings. The services they provide include personal care, housework and assistance with medication. During the day of our visit the service provided care and support to approximately 75 people, approximately five people received buddy services which did not include personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

The provider changed their legal entity from Broadways Limited to Explora Haven Training and Support Services Limited in June 2015. We undertook a rating inspection in January 2015 of Broadways Limited and the provider had an overall rating of good. This is the first inspection since changing the legal entity to Explora Haven Training and Support Services Limited.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and care workers were aware of potential risks to people and how to protect people from harm. These included details of the triggers and warning signs which indicated when people were upset and how to support people appropriately.

People told us their care workers turned up on time and they received the same care worker on a regular basis and had consistency in the level of care they received.

We checked the arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place.

People were cared for by care workers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service and said that they received support from management and morale amongst staff was positive.

Care workers had a good understanding of and were aware of the importance of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. Feedback from relatives indicated that positive relationships had developed between

people using the service and their care worker and people were treated with dignity and respect.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

The service had a complaints procedure and there was a record of complaints received. Relatives spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, office staff and the registered manager.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through quarterly review meetings and telephone monitoring. Records showed positive feedback had been provided about the service.

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. Risks to people were identified and managed so that people were safe.

Relatives we spoke with told us that they were confident that people were safe around care workers and raised no concerns in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate employment checks were carried out before staff started working at the service.

Medicines were managed safely and care workers had received training in medicines administration.

Is the service effective?

Good ●

This service was effective. Care workers were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

Care workers had completed relevant training to enable them to care for people effectively.

Care workers were supervised and felt well supported by their peers and the registered manager.

People's health care needs and medical history were detailed in their care plans.

Is the service caring?

Good ●

This service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

Care workers were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Care workers told us they gave people privacy whilst they undertook aspects of personal care.

Care workers were able to form positive relationships with people.

Is the service responsive?

Care plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Good ●

Is the service well-led?

The service was well led. Relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers, office staff and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Good ●

Explora Haven

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 30 June 2016. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. An expert by experience contacted people who use the service and their relatives following our visit to the agency's office. 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 spoke with nine people who used the service and their relatives.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed seven people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures.

We also spoke with two care workers and received written feedback from two care workers, spoke with one member of staff working at the agency's office, the registered manager and director. We also received feedback from two care professionals who had contact with the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers. One person said, "I feel very safe. The care staff makes me feel safe and comfortable, I have used the agency for the past three years." Relatives of people who used the service said they were confident that people were safe around care workers and raised no concerns about the safety of people. One relative said, "My [relative] is very well looked after and we as a family have no concerns about his safety." Another relative said, "Yes I am confident that [my relative] is safe." One care professional advised us that they were confident that people were safe when being cared for by staff.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service for example in relation to falls, the environment and medicines. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely. The assessments provided also outlined what people could do on their own and when they required assistance. This helped to ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

Safeguarding policies and procedures were in place to help protect people and helped to minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. Care workers had received training in safeguarding people and training records confirmed this. Care workers were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. The majority of staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The director and registered manager told us that they recruited care workers as the number of clients increased. They told us that they were safely able to meet people's needs with the current number of care support staff they had. People received care from the same care workers on a regular basis and had consistency in the level of care they received. Relatives also told us that care workers turned up on time and there were no issues with timekeeping. One relative said, "Carers are on time. They are consistently on time." Another relative told us, "I have no complaints. We have the same carer most of the time."

We asked the registered manager how the service monitored care worker's timekeeping and whether they turned up on time or were late. They told us the service used an electronic homecare monitoring system which would flag up if care workers had not logged a call to indicate they had arrived at the person's home

or that they were running late. If this was the case, they told us they would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed.

We looked at the recruitment process to see if the required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for six members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for care workers.

People told us that their carers or relatives were responsible for giving them medicines; they told us that care workers reminded them to take their medicines. We saw that care records were always completed with regard to medicines administration and people told us that this gave them 'peace of mind'. One relative told us, "They remind my relative to take their medications, and we've never had a problem with it - it works very well indeed."

People had an individual medicine assessment which considered the level of support required from staff. Information was readily available on the medicines prescribed, dosage, what the medicine was for and where medicines were stored within the home. Further information was also recorded on the risk associated if the person did not receive support with prompting to take their medicines. Staff demonstrated competence in administering medicines and training schedules confirmed all staff had received medicine administration training.

The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and said they had access to gloves, aprons other protective clothing. People who used the service told us that care workers observed hygienic practices when providing care.

Is the service effective?

Our findings

We spoke with people who used the service and they told us staff always asked them for their consent before providing support. People and relatives said they thought staff were competent and well trained to meet their or their family member's individual needs. Comments included, "I am satisfied with my care and the carers ask me always before carrying out any task for me and they give me choice of what needs doing". "The carers are all alright, they help me get dressed and have the right skills for doing this. They listen to what I have to say and ask me before and after tasks" and "They [care staff] are like friends. I mostly have the same carers who have the correct skills for my needs; they listen to me and ask my consent before carrying out tasks. I am very happy with my carers and the help to support my independence."

All of the care workers we spoke with said that the training provided by the agency was 'very good.' Comments included, "The training definitely gave me what I needed to do the job" and "We are supported to complete any training that would be beneficial to us and the care we give, the manager is really good at getting us through training." Training records showed induction training was provided that covered mandatory subjects such as health and safety, and also included subjects such as care in supporting people living with dementia, person centred planning and end of life care. New care workers were given a comprehensive induction, which was based on the care certificate to prepare them for their roles. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The induction was completed over five days and was followed by a period of shadowing experienced workers.

Staff spoken with said they were up to date with all aspects of training. We looked at individual training records and these showed that a range of training was provided that included safeguarding people, infection control, moving and handling and the safe administration of medicines. We found however that currently there was no system in place to identify further training needs and when refresher training was due so that staff skills were maintained. We discussed this with the registered manager who told us that she was currently in the process of developing a training matrix for this purpose. We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff said they regularly received supervision and said the registered manager and other staff in supervisory roles were very supportive. Records showed that staff were provided with supervision on a regular basis. So far none of the care workers had received an appraisal due to not having worked at agency for more than a year.

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

interests and legally authorised under the MCA. None of the people were assessed as lacking capacity and all people who used the service lived with or had a relative near-by in case decisions had to be made. Care workers were clear about how to obtain consent and practice examples given included asking people for their permission to support them to have a shower, a cup of tea or their lunch. One care worker told us "The Mental Capacity Act oversees decisions made on behalf of adults who are unable to make certain decisions. Depriving someone of their liberty where you think it's in their best interest to get treatment or for their own safety."

Some people who used the service received some support with their hydration or nutrition. People told us that "I buy the food and the carer warms it up for my relative. They serve the food and do the washing up, that is the way my relative wants it." One person told us, "I tell the carer what I want to eat and they prepare the meal for me." One relative told us "We purchase the food and leave the carer a note of what to prepare for meals." We saw in care plans that information was provided of people's likes and dislikes. In one of the care plans we saw that the person's dietary needs due to health issues were clearly recorded. One care worker told us "I always make sure that something to drink is easy to reach before I leave."

Part of the person's care plan was a record of the person's medical history and what particular support the person required. All people who used the service had family carers who were dealing with the day to day care and arranged all health care appointments for people who used the service. However one care worker gave us an example of a situation where the person asked the care worker to arrange a doctor's appointment, which the care worker did and recorded in the person's daily records.

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring and their privacy and dignity was respected. Comments about staff included, "The carers are very kind and have the right skills for the job. They listen to me and are very considerate", "I am treated with dignity and respect" and "I have the same carer who visit me. They are friendly and listen to me they also respect my dignity and privacy. They centre the care around me".

Care plans were written in a person centred way, containing details about the person and their lives including the name they liked to be called, their social activities and interests and how and when staff should access their home. People told us that they had regular care workers that knew them well. People told us that when their regular support staff were not working they generally knew who would be visiting. One care worker told us how a person they supported always said how happy she was to see her, because they were the regular member of support staff who visited the person.

Care workers were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

People's personal information was safely stored in a lockable cabinet in the agency's office. Records relating to people's care were kept in the person's home. One person said "The folder they make notes in is in my bedroom, I am not worried that anybody else can see it." The care worker spoken with told us "I will always make sure that the door is closed when I support the person and cover them up with a towel when we go from the bathroom into their bedroom." People who used the service gave similar positive examples of how their privacy and dignity was maintained.

Care workers spoken with said that they had a regular schedule which meant they could get to know the people they supported, their preferences and needs so that these could be supported. We looked at the weekly schedule for three care workers and saw that the care was well planned.

Discussions with care workers showed they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. Care workers were aware of people's likes and dislikes and their life stories. People we talked with and their relatives told us they had been involved in decisions about care planning and had taken part in any discussion in regards to their changing needs. We checked seven people's care plans and saw that they had been updated and the person or their relative had been involved in this review.

Is the service responsive?

Our findings

People said the support provided by Explora Haven was reliable and they had been involved in planning their care so that the support provided matched their needs. People said the registered manager had visited them to assess their needs and write a care plan. Relatives told us they had been involved in writing their relative's care plan with them so that their opinions were considered.

People and their relatives said, "I have a book in the house that is signed when the carers come in and go out. I am not sure what a care plan is," "I have a care plan, I am not going out as much but this is written into my care plan," "I more or less have a core team of carers, new members of the team are usually introduced to me. I do not get a rota of carers who are coming into my home. I have a care plan," "I have a care plan and was involved in it and the carers read the notes" and "We have regular carers and we are informed if new ones are coming, they record their visits."

People's care plans contained a detailed and person-centred assessment of their needs which had been carried out prior to receiving care. People's preferences were documented and there was contact information for other health professionals involved in the person's care such as GP, social workers, and district nurses.

The care plans contained information about people's health so that staff could provide appropriate support. People we spoke with said they had a care plan and a regular set of care workers that they knew and were happy with. They told us care workers provided care and support that was responsive to their needs. Staff were usually punctual and if they were going to be late they would ring or text.

We checked seven people's care plans. Care plans contained clear guidance for staff on what type of support the person needed and how this should be delivered. Care plans we looked at presented a clear picture of the person and contained sections for health and mobility, communication needs, medication and additional information that the person wanted staff to know.

We saw that people's assessments contained information detailing the preferred times of calls and whether people preferred male or female staff to provide support. No one we spoke with told us that these were not adhered to. The registered manager told us that care plans were reviewed at least annually, care plans viewed confirmed this and it was evident that people who used the service or their representative was involved in the assessment process. Care plan review minutes demonstrated that the service had responded to changing needs and updated care plans as and when required.

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement. People knew how to raise concerns and we saw evidence that concerns had been dealt with effectively. We saw information on how to make a complaint was provided to people in the service user handbook which was given to people as part of their initial acceptance of the care package and was kept at the person's home.

We asked for the complaints record and found there were no on-going complaints. We reviewed three historical complaints made during the last year. In each instance the provider's procedure, including timescales for investigation and response was followed. The service had given people written responses sensitive to the nature of their complaints and the outcomes. This showed us that complaints were taken seriously and responded to appropriately.

Is the service well-led?

Our findings

People who used the service told us that they had spoken to office staff including the registered manager regularly. One relative told us "We see or speak with the manager regularly." Care workers told us "The manager is very helpful. I can ring her whenever there is something I want to discuss with her."

Staff said that the registered manager was open and accessible to discuss professional and personal issues. Staff told us that it was made clear to them the standard of work expected and they had received training in how to treat people with dignity and respect. Staff said that meetings were held regularly, we looked at minutes of these meetings which confirmed this. We saw that issues relating to quality of care, staffing, policies and procedures and performance were discussed during staff meetings.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the registered manager it was clear that these values were shared across the service.

A person told us, "Someone from the office visits us to check on the carers and ask me about the care they provide." Another person said "They phone sometimes to ask our opinion and they visited me recently to look at my care plan. We are very happy with the service." The service carried out regular spot-checks, during which care workers had been observed in providing care, and people who used the service were consulted about their care worker and if they had any concerns. Care workers told us "The registered manager visits clients unannounced to check on us." The frequency of these spot checks depended on how long the care worker had been employed by the agency and how long the care worker had worked with the person. Initially spot-checks had been carried out monthly, if there were no issues the frequency changed to quarterly spot-checks. This ensured that the quality of care was monitored and any issues could be dealt with swiftly.

We saw in care plans that they had been reviewed if people's needs had changed people who used the service or their representatives were involved in this process. We saw that complaints, concerns, accidents and incidents were analysed and learning implemented to improve the service. Staff told us that they would record any incidences and would always talk with the registered manager about the incident to see if they could make any improvements. This showed that the service had systems in place to learn from incidents and adverse events. However, staff we spoke with told us that there had been no incidents.

There was a positive culture in the service. The management team provided strong leadership and led by example. Office staff regularly went out and provided hands on care. All staff confirmed they enjoyed working for Explora Haven and felt the organisation was open, honest and transparent. One care worker told us, "We work as a team and always help one another out." Staff demonstrated enthusiasm and spoke with compassion for the people they supported.