

# Broadways Limited







# Explora Haven

## Inspection report

Millennium Business Centre, 3 Humber Trading  
Estate  
Humber Road  
London  
NW2 6DW  
Tel: 020 8450 8777  
Website: [www.explorahaven.com](http://www.explorahaven.com)

Date of inspection visit: 15 January 2015  
Date of publication: 25/03/2015

### 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	

### Overall summary

We undertook an announced inspection of Explora Haven on 15 January 2015. We told the provider two days before our visit that we would be coming. 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 30 people, approximately five people received buddy services which did not include personal care.

At our last inspection in March 2014 the service was meeting the regulations inspected.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Safeguarding adults from abuse procedures were robust and care workers understood how to safeguard the people they supported. The registered manager and care workers had received training on safeguarding adults and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Safe practices for administering medicines were followed.

We saw that there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. Staff spoken with demonstrated good understanding of the MCA and DoLS and how to obtain consent from people who used the service.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Safe recruitment procedures ensured that only staff that were suitable working with vulnerable people were employed. There was an induction programme for new staff, which prepared them to do their role. Staff were provided with a range of training to help them carry out their duties. Staff received regular supervision and appraisal to support them to meet people's needs. There were enough care workers employed in the service to meet people's needs.

People were supported to eat and drink where required. People were supported effectively with their health needs. People were involved in making decisions about what kind of support they wanted.

Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

# Summary of findings

## 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 safe. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults and children procedures.

Risk assessments for people who used the service and staff were undertaken and written risk management plans were in place.

There were processes for recording accidents and incidents.

Staffing levels to meet the needs of people who used the service were appropriately monitored and care workers were vetted which ensured they were safe to work with vulnerable people.

Appropriate medicines training and medicines administration procedures ensured that people who used the service could be confident to receive their medicines if required safely.

Good



### Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

They were aware of the requirements of the Mental Capacity Act 2005 and how to obtain consent from people who used the service.

People were supported to eat and drink according to their plan of care.

People's health care needs were met and records documented the support required from care staff.

Good



### Is the service caring?

The service was caring. People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff provided respectful care and were aware of people's privacy.

People had opportunities of getting involved in making decisions about their care and the support they received.

Good



### Is the service responsive?

The service was responsive. People and their families were involved in decisions about their care. Staff understood how to respond to people's changing needs.

People knew how to make a complaint. People were confident that their concerns would be addressed.

Good



### Is the service well-led?

The service was well-led. The service had an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was on 15 January 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure someone was available.

The inspection was carried out by one inspector. An expert by experience carried out telephone interviews of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited Explora Haven we checked the information that we held about the service and the service provider. No concerns had been raised since we completed our last inspection.

We spoke with 22 people who used the service and relatives. We also spoke with the registered manager, registered provider, one care co-ordinator and two care workers.

We reviewed a range of care records and support plans for four people who used the service and records about how the service was managed.

# Is the service safe?

## Our findings

We asked people who used the service if they were provided with care that was safe. People who used the service told us “I had to complain to the CQC about a previous agency, so I was weary of putting my trust in someone else, but here, I feel safe, happy and I trust my carers totally”. Another comment made was “My carer can anticipate my needs and knows when I am not feeling myself.”

Care workers spoken with told us that they had received safeguarding adults training and records viewed confirmed this. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us that they would contact the office if they noticed any bruising or if people made allegations of potential abuse. Since our last inspection one safeguarding concern was raised by the local authority. The provider followed the correct procedure and investigated the concern. The concern was substantiated and the provider responded appropriately by following their disciplinary procedure. The provider had also responded to the allegations, by providing additional training for staff to minimise the risk of similar allegations happening in the future. The provider had a detailed safeguarding adult's procedure, which also referred to the Pan-London adult protection procedure. Staff spoken with told us that they were made aware of this procedure during their annual safeguarding adults training.

We saw that there were appropriate systems in place to minimise the risk of financial abuse and care workers were able to confirm this procedure and told us “I would record money given by my client to do some shopping and will always get a receipt to show that I spent the money appropriately.” Records we viewed showed that all financial transactions were signed by the person who used the service and the staff member.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included the assessment of environmental risks and risks to the person's health and welfare. For example, we saw in all the four care plan folders we assessed Moving and Handling assessments, nutritional assessments and behaviour risk assessments. We saw in one of the risk assessments a person may have breathing difficulties if they walked long distances. A detailed risk management

plan provided information of the triggers staff needed to look out for and how to minimise the risk by ensuring the person had regular breaks when out in the community for a walk. We also saw information on how to support a person safely when using a hoist and staff as well as records confirmed that they had received manual handling training.

Staff told us that they were aware of how to report and record accidents and incidents. We saw in the accident and incident folder that no records had been made since our last inspection. We spoke with the registered manager about this and were told that there had been no accidents or incidents. Care workers spoken with confirmed this. We also saw that the provider had a form available to record critical incidents; the registered manager told us that these were incidences which may have an impact on the provision of the service and required immediate resolution.

There were sufficient numbers of staff available to keep people safe. The registered manager told us that staffing numbers were regularly assessed and were dependent on the number and the needs of people who used the service. Care workers told us that rotas provided sufficient travel time between visits, which ensured that staff arrived on time and stayed the agreed time with people who used the service. One of the relatives told us “Usually our carer arrives on time, but if she is late which can happen she had called us and let us know.”

There were suitable recruitment procedures and required checks undertaken before staff began to work for the agency. Care workers told us and records confirmed that before being offered work they had a panel led interview which assessed their suitability to work. In addition to this, they told us that they had to provide suitable references and documents to undertake a criminal record check and check their suitability to work with vulnerable adults. The registered manager told us that usually two references were obtained, however if staff were unable to provide a reference from their previous employer a third reference was requested. We saw in all records viewed that appropriate references were obtained. Staffing records showed us that the majority of staff had previous experience of caring for people and were provided with a five days induction training course to ensure they had the necessary skills.

Care workers confirmed that they had received medicines administration training and records viewed confirmed this.

## Is the service safe?

None of the people spoken with raised any concerns about the administration of medicines. We saw in people's care records that the administration of medicines was

documented and people who required help with their medicines had a separate risk assessment in place to ensure the safe administration and handling of medicines. We saw a robust policy on the administration of medicines.

# Is the service effective?

## Our findings

One relative told us “Compared to my experience I had with other agencies, The care workers provided by Explora Haven are very well trained. They also have refresher training sessions which I think is good.” We asked another relative if staff provided sufficient help for their loved one around eating, the person told us “My relative has a PEG feed. I wouldn’t just trust anyone to do this for my relative, but his regular care worker is very professional and knows exactly what to do.”

People were supported by staff who had the knowledge and skills required to meet their needs. Training was provided by the registered manager, who was also a qualified trainer. The agency provided extensive training which included Mental Capacity Act 2005, Food Hygiene and Infection control, record keeping, safeguarding adults, principles of care, autism, dementia manual handling and person centred care. Training was usually provided twice every month and training records viewed confirmed this. Staff told us that they had received a lot of training, which was easy to access. We saw in the training manual that the majority of training provided a competency test, which required staff to achieve a certain percentage prior to being issued a certificate. People who used the service told us “My carer knows what she is doing, I can see they have training and she told me that they have repeat training too.”

Staff told us that they had ample opportunities to comment and discuss care and their professional development. We saw in staff records that care workers were offered regular supervisions; this included one to one meetings with their supervisor and spot supervisions at their place of work during which their work performance was observed and assessed. These happened four times per calendar year. Staff were also provided with an annual performance appraisal during which their overall performance was assessed and any future development needs highlighted and discussed. Care workers told us that they found this beneficial, one comment made by a care worker “The supervision helped me to improve my work and it made me felt valued as a member of staff. It seems my opinion counts.”

We saw that there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. Care workers told us that they always would ask people for their consent before providing personal care. For example “I will always ask the person what they want to have done, for example do they need help with washing their hair or are they able to do it alone.” The registered manager told us that none of the 30 people currently receiving care and support from the agency were on any deprivation of liberties safeguards. Care records we viewed confirmed this. Care workers had access to MCA 2005 and DoLS training which was attended in December 2014 by eight care workers and another course had been arranged for January 2015 to ensure all staff had an opportunity to attend this training.

The care plans that we looked at showed that consent to care and support was being requested. Where people using the service were unable to provide this consent it was sought and obtained from a relative or advocate on their behalf. However the registered manager and care workers told us that none of the people currently had difficulties with making independent decisions. People’s ability to provide consent to some aspects of their care was assessed during the initial assessment at the start of the care package being arranged.

Meals were prepared by care workers in some cases. We found that people’s specific preferences were adhered to and one person told us their relative was “quite adventurous with food, enjoys going out to eat and cafes and restaurants” and we found that this was confirmed in the person’s care plan. We were informed that staff had received training in food hygiene in December and September 2014, training records viewed confirmed this.

People who used the service and relatives told us they had no concerns about the provider’s ability to meet health care needs quickly and appropriately. A relative told us “They all seem very patient and understanding of (their relative’s) condition.” Care plans we viewed showed the provider had obtained the necessary detail about people’s health care needs and had when necessary provided specific training and guidance to staff about how to support people to manage these conditions.

# Is the service caring?

## Our findings

Four relatives we spoke with were carers for children family members with disabilities. All had care workers who took the people out and helped to become more independent on their family carers. A comment made by one carer “My disabled relative has had the same care worker for a long time. The care worker takes my relative out to meet friends and they go to activities together. I couldn’t just let my relative to go out with anyone, they get on very well and my relative has blossomed since they met.” We asked one person if care workers treated them with dignity and respect, the person said “My house gets very busy, but my care worker always makes sure that the door is shut and the curtains are closed before they help me with my personal care.”

Staff were respectful of people’s privacy and maintained their dignity. Care workers told us that they would always ensure they addressed people by their preferred name and would close doors and curtains when they supported people with their personal care. Training records viewed confirmed that care workers received training in the principles of care and the role of the care worker, which addressed dignity, privacy and respect. Care workers told us that they found this training helpful and aided them in improving caring relationships.

People's independence was promoted. The people we spoke with, and their relatives, raised no concerns about their rights to dignity, privacy, choice and autonomy being respected. We were told “They’re all very professional and hardworking”, “They’re very patient and efficient” and “She (care worker) does everything for (my relative). I trust her. There are no improvements necessary.” Staff we spoke with talked about people in a polite and respectful way and told us about positive relationships they had developed with the people they cared for and their relatives. From these conversations we were left with no concern about the attitude of staff towards those they supported.

People told us that they had been involved in making decisions about their care. One relative told us “My son tells his care worker where he wants to go or what he wants to do and the care worker helps him to get there.” Care plans viewed showed that people who used the service had been consulted about their wishes in regards to the care provided. One person told us “Office staff visits us regularly to talk about my care, I have told them I prefer a particular carer and they have arranged for this carer to visit me more often. I do understand that this is not always possible, but they try to do their best.” Another person told us “They always ring me if there’s any problem at all” and another said “They’ve developed a plan that is very well thought-out and focused.” Care workers told us that they would always ask people what they wanted to have done.



# Is the service responsive?

## Our findings

We asked people who used the service if they had been consulted about their care plan. One relative told us “As a parent I had areas that were important for me to be included in the care plan, the manager ensured that my relative contributed to the care plan despite their communication difficulties.” We asked another person if they felt involved in their care the person told us “I sometimes need an extra visit at short notice and the agency will usually be able to help. They are very good.”

Part of the support the agency provided is to support people to access the community and minimise the risk of them becoming socially isolated. People who used the service and relatives told us that they were very satisfied with this service “The care worker has a good relationship with my relative; they go out regularly to meet friends.”

Care plans we viewed were detailed and the assessments included the person’s history, their likes and dislikes, any medicines and the person’s health needs. All care plans viewed were person centred, which meant the person contributed to the care plan and agreed with the support needed and provided. All care plans were regularly reviewed. For example in one care plan we saw that reviews of the care plan were carried out annually, while in another care plan the review was carried out after the persons’ needs had changed. This meant care plans were needs based and provided up to date information about the person. Care workers told us that they would “Always refer to the person’s care plan” to ensure they met the person’s needs.

We also saw in care plans that there was a strong focus on maintaining people’s independence. For example, care

plans showed that people’s skills had been assessed and documented as to what the person was able to do independently. One care plan viewed stated “The person is able to wash the lower part of his body, but requires help to wash his hair and under his arms.” Care workers told us “I would ask the person what they want me to do during each visit.”

We looked at the complaints process. People who used the service told us “I was given a copy of the complaints process when we first met.” Another person told us “I would contact the office when I have any problems, but I never had to, all is going very well.” The agency had a complaints procedure in place, which had been reviewed and updated in September 2014. We saw that the agency had received seven formal complaints since our last inspection. Complaints were fully investigated and records included action taken as well as the outcome of the complaint.

We saw that the agency had taken actions to minimise the risk of complaints happening again. For example we saw that staff had received additional refresher training following a complaint by the local authority of a concern that one care worker did not provide appropriate support in transferring one person who used the service. We also saw that during care workers meetings and office staff meetings recent complaints were discussed, this ensured that all staff were aware of complaints and actions could be taken to reduce the risk of similar complaints reoccurring. We also saw that the agency recorded compliments received by people who used the service. This included people thanking the agency for providing ‘excellent’ care and thanking for the birthday card and flowers they received for their birthday.

# Is the service well-led?

## Our findings

People who used the service spoke highly of the registered manager, comments included “She always listens to my concerns and addresses them speedily” and “The manager and everybody at the office always believes in what I have to say and I never feel guilty calling them.” Another comment made by a relative “This agency is very well managed, they contact us regularly and ask us about the care provided and listens to any suggestions I make. I really feel I matter.” Care workers told us that office staff and the registered manager were easy to access and were always very supportive when they had any problems or issues to resolve.

Care workers told us that the registered manager was very supportive. Support and advice was provided via text messages, phone calls, staff meetings and face to face one to one supervisions. Care workers told us “There is a good support network available for staff. We can always contact the office and speak to the manager for help and advice.”

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. This was done through regular phone calls, spot checks and annual

quality surveys. People who used the service told us that the registered manager visited unannounced to check on staff and talk to them about the treatment and care provided. One person said “I like the spot checks and it reassures me that they look out for me.” We saw in records that during regular unannounced spot checks the registered manager viewed care plans, daily care records, medicines records, financial records, care workers wearing ID badges and observed care workers care practices. The spot checks were carried out most of the time four times per calendar year.

We spoke with the registered manager and care workers about the key challenges and risks facing people using the service. We were given consistent, detailed information by all care workers on the risks facing individuals. The registered manager gave us more detailed information relating to future improvement planning, particularly in relation to staffing numbers. We were told that the intention was to employ more care staff to allow the organisation to grow in size and provide care to more people. They were also looking into providing end of life training to staff as they plan to provide end of life care to people and wanted to have key members of staff with more specific skills to improve the service delivery.