

Your Elysium Limited

Your Elysium Limited

Inspection report

Unit 18b, Top Barn Business Centre
Worcester Road, Holt Heath
Worcester
WR6 6NH

Tel: 01905930700

Website: www.avanthealth.co.uk/worcester

Date of inspection visit:
04 July 2019

Date of publication:
13 August 2019

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

About the service:

Your Elysium Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides services to younger and older adults, people with learning disabilities, people with physical disabilities and complex health needs. At the time of inspection 12 people were receiving support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service:

People who used the service and their relatives told us staff were kind and caring. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

People's likes, preferences and dislikes were assessed, and care packages met people's desired expectations.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

There was a complaints procedure in place and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis.

Rating at last inspection:

At the last inspection on 20 June 2018, the service was rated Requires Improvement, the report was published July 2018.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Your Elysium Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 July 2019 and ended on 22 July 2019. We visited the office location on 04 July 2019 to see the registered manager and office staff; and to review care records and policies and procedures .

What we did before the inspection:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the Local Authority and the Clinical Commissioning Group (CCG) to gather any information they held on the service.

We used all of this information to plan our inspection.

During the inspection:

During the inspection, we looked at three people's care records and elements of another two people's records, records relating to the management of the service, including staff training records, audits and meeting minutes. As part of the inspection, we spoke one person who used the service, one relative, two health professionals, two care staff and a representative of Worcestershire Clinical Commissioning Group.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Since our last inspection the registered manager has now implemented policies and procedures to ensure that all documentation, including risk assessments, are updated frequently in line with the changes in people's physical and mental health needs. We saw evidence of updated risk assessments which documented the changes in people's mobility and physical healthcare needs. We found the provider's quality assurance systems and processes had improved since our last inspection to enable them to monitor and improve the quality of the service, and learn from any incidents that might have occurred. The registered manager told us they regularly attend meetings and conferences for providers and will share the information they gather at these meetings with the staff team at team meetings and supervision.

Systems and processes to safeguard people from the risk of abuse:

- People told us the service was safe and they felt safe when staff visited. Comments included, "I have one lovely carer, she is fantastic", "Yes, I feel safe" and "Yes, of course I feel safe."
- Views from relatives were positive. Comments included, "Yes, I feel my relative is safe when staff visit"
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse

Assessing risk, safety monitoring and management:

- Before agreeing to start the service an initial assessment form was undertaken to assess whether the service could meet people's needs
- People's care files included assessments of risk which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment, and manual handling
- The care documentation set out some risks and control measures for staff to follow so to mitigate the risks for people to stay safe.

Staffing and recruitment:

- The service was adequately staffed. People told us, "I get the same staff, I don't trust anyone else, they [office] let me know if [staff member] is sick and can't come", "I get the same staff unless they are on holiday"
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed

Using medicines safely:

- Medicines were managed safely
- Risk assessments were completed for the safe management of people's medicines at the beginning of a care package
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Records showed staff were up to date with medicines training
- Protocols were in place for medicines prescribed for use 'as required'

Preventing and controlling infection:

- Staff completed training in infection prevention and control. Observations of staff practice completed by the management team confirmed staff followed correct procedures
- Staff had access to personal protective equipment such as gloves and aprons. Spot checks confirmed that staff were using the equipment provided

Learning lessons when things go wrong:

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong
- Staff members were aware to call the office to report any issues if there was an accident or incident
- Risk assessments and care plans were reviewed regularly, and discussions took place following incidents to prevent re-occurrence

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Assessments of people's needs were comprehensive, outcomes were identified, and care and support regularly reviewed. The Registered Manager visited people and their relatives at home or contacted them over the phone to complete regular reviews. A relative told us "The manager is brilliant, as my [relative's] needs have changed, she has updated her plan and made sure the staff are aware".
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life

Staff support: induction, training, skills and experience:

- Staff told us they were provided with good training. Comments included, "I learnt a lot on a recent dementia course about how approach people and build rapport, it really helped me evaluate how I can work better with people" and "the induction and ongoing training is very thorough, and we have options to do more."
- Staff were trained to be able to provide effective care. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as the role of the care worker, confidentiality, and moving and handling
- We saw staff had regular supervision and appraisal, which they told us they found useful. They also described management spot checks in people's homes, which focused on issues such as professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

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

- Although no one currently using the service required their food and fluid intake to be formally monitored, the service recorded this in people's daily notes to help monitor and identify early if there were any concerns.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal. A health professional told us "The staff have helped a person increase their nutritional intake by assisting and encouraging them to eat foods that they enjoy".

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

- The service worked with other agencies and professionals to ensure people received effective care
- Where people required assistance from other professionals this was supported, and staff followed guidance provided by such professionals
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.
- We spoke to a healthcare professional who said "the registered manager and her staffing team are very

proactive and will raise any medical issues with the District Nursing Team and GPs.

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

- Relatives told us, "If my [relative's name] was unwell, staff would contact me, and they call the GP" and "If they [the staff] are concerned about things, they will put notes on the system [electronic care planning system] or in the file so the next carer to visit can continue to monitor."
- Records showed people had been seen by a range of healthcare and social care professionals including GPs and Social Workers.
- Staff were aware of what action to take if people were unwell or had an accident. A member of staff told us "I would ring the office to let them know what had happened and would keep the office updated" .
- The registered manager told us that in an emergency, staff are asked to wait with the person until their relative or the ambulance arrives, so they aren't left on their own.
- Records showed the service worked with other agencies to promote people's health such as physiotherapists and occupational therapists and the local Clinical Commissioning Group (CCG).

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. The registered manager was aware of their legal responsibilities under the Act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- A relative told us, "The staff are kind and caring" and "They go above and beyond to make sure my [relative's name] is treated with dignity"
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care.
- Staff we spoke with were positive about their role. They told us, "I really enjoy the relationship I have with my clients, we've built up a really positive trusting relationship and they can tell me anything", "I go in as though it was my own relative, like I was visiting my own mum. I like to chat about things they enjoy, helping them relax and then support them to do their daily living tasks.", "There isn't anything I don't like about my job! I have the hours I want and work with lovely people"

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

- Records showed people who used the service and relatives were involved in care planning and reviews
- A relative told us, "The care plan is on an electronic system, there was a meeting at the start where everything about the care required was discussed as well as likes and dislikes."
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff we spoke with demonstrated a broad knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could describe, and records confirmed, that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence:

- People told us they were treated with dignity and respect, comments included, "They respect my privacy and dignity well. They [staff] do very well, they cover me, curtains closed, and doors shut." A relative told us, "They always knock and wait and treat [relative name] with dignity and respect."
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.
- The service supported people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence

Is the service responsive?

Our findings

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

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

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

- People using Your Elysium had an individualised plan of their care, drawn up with them and other professionals, where appropriate, based on an assessment of their needs. Plans were reviewed regularly. A relative told us "The manager is brilliant, as my [relative's name] needs have changed, the care plan has been updated and made sure the staff are aware".
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People had communication plans in place. The plans presented the person positively as an individual and described people's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it and were complying with the accessible Information Standard.
- The electronic system enabled the provider to monitor and share information. When amendments were made to care plans or medication this was done in real time so the most up to date information was available for the care team delivering the support, keeping them fully informed and providing a highly adaptive and flexible service.
- The registered manager was able to submit real time information to family members, care professionals and any other stakeholder involved in people's care, providing consent has been provided. This ensured people had access to specific care information in real time and they could instantly message the office with any questions they may have. This helped everyone involved to be kept up to date of any changes, it enabled clear communication and provided piece of mind to all concerned that the provider was always providing high quality and flexible care.
- The provider was creative and innovative in supporting people to achieve their wishes. Staff had built trusting relationships with people, including people who lived with complex mental health needs. A health professional told us "The outcome was exceedingly positive for the person. Without the commitment from the registered manager and staff team the person would not have had such a positive outcome".
- The service had a strong commitment to putting the individual person at the centre of the support they provided. This commitment was evident in all staff we spoke with.

Improving care quality in response to complaints or concerns:

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the registered manager. Comments included, "The office always keeps us up to date, if staff might be running late or a different staff member is coming today" and "I've never had to complain but I know [the registered manager] would listen and act immediately if I had to"
- The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and found two complaints had been received.

These had been responded to appropriately and a resolution provided in a timely manner.

- The service had received numerous compliments, especially in relation to the end of life care that had been provided.

End of life care and support:

- The service received lots of compliments about the efficient care delivered by the staff team, for example, "I just wanted to say a big thank you to you all for the care you gave my [relative] during their final few weeks. I cannot tell you how much you were appreciated. Not only were your carers but friends too"
- Staff worked proactively with other health and social care professionals to ensure people had a pain-free, dignified death.

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- We found the provider's quality assurance systems and processes had improved since our last inspection, to enable them to monitor and improve the quality of the service. This included an improved monitoring system for calls to ensure people were receiving the appropriate service. In addition, the provider's processes were more robust in sending notifications to the Care Quality Commission as required by law.

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:

- There was a registered manager in post who provided leadership and support. We found the registered manager to be open, honest and committed to making a difference to the lives of people using the service.
- The quality assurance systems were in place to monitor the service and identify areas for improvement. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- People who used the service and relatives spoke positively about the management of Your Elysium. One person said, "The registered manager lives close to my [relative] and will often pop in to check on her if I'm worried as I live at the other end of the country". A Healthcare Professional told us "The registered manager is very proactive and will do everything she can to make sure the person's voice is heard and their wishes respected"
- People who used the service received good quality person centred care. A relative told us "Since the agency has started supporting my relative, [relative's name] has thrived. They are eating better and taking care of themselves better, they look forward to the visit from the staff".
- The service was caring and focused on ensuring people received person-centred care. It was evident during discussions with staff that knew people well and put these values into practice. A member of staff told us "Some people just see the old person as they are now and forget who they used to be. They might have been a doctor or a police officer and now they need help for daily living tasks. That help should be delivered exactly as the person wants it to be, not how others think it should be done".
- The registered manager was aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 20

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

- People were engaged with the service and staff meetings were well attended.
- Staff met with the registered manager on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- People using the service and relatives had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care:

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary
- The registered manager demonstrated an open and positive approach to learning and development. Improvements have been made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

Working in partnership with others:

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with the local Clinical Commissioning Groups (CCG), social workers and the local authority. This provided the registered manager with a wide network of people they could contact for advice.