

Infinite Limited

Elevation Care Services

Inspection report

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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

Elevation Care Services provides personal care and support to people with learning disabilities and autism who live in their own homes to enable them to maintain their independence. At the time of our inspection the service was providing care and support to 26 people.

At the last inspection, the service was rated Good.

At this inspection we found the service remained good.

People were kept safe from avoidable harm and abuse. Staff had been provided with training to enable them to recognise signs and symptoms of abuse; and felt confident in how to report them. Risk assessments were in place to promote people's safety and they were regularly reviewed. The service's recruitment process ensured that sufficient and suitable staff were employed to care for people safely. Systems were in place to ensure people's medicines were managed safely.

Suitable support and training was provided to staff to care for people appropriately. People's consent was gained before assisting them with care and support. Staff supported people to maintain a balanced diet and to access healthcare facilities when required.

Positive and caring relationships had been developed between people and staff. This ensured that people felt that they mattered; and the staff approach was consistently positive. People were able to express their views and make decisions about their care and support needs. Staff ensured that people's privacy, dignity and independence was respected and promoted.

People's needs were assessed prior to them receiving care and support. This ensured that the care provided met their needs. Complaints were managed appropriately in line with the provider's complaints procedure.

The registered manager and senior staff at the service demonstrated that the culture was transparent, positive and inclusive. A variety of audits were undertaken and used to drive improvement.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Elevation Care Services

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 checked 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.

This comprehensive inspection took place on 14, 15 and 17 February 2017 and was announced.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority for any information they held on the service. The service met the regulations we inspected against at the last inspection which took place in July 2015.

We made contact with eight people who used the service, but they were not all able to answer questions for us. We therefore had telephone conversations with five relatives who were able to answer some question on behalf of their family members receiving a service.

We also spoke with four support workers, one senior care co-ordinator, and one senior support worker, a team leader, the branch manager and the registered manager.

We reviewed support plans for five people, three medication records, four staff files, and records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe when being supported by staff. One relative said, "The staff look after [Name of person]. I can tell by his facial expressions that he feels safe with them." Staff told us and records showed, they had received appropriate training in safeguarding and how to protect people from harm and abuse. One staff member said, "If I suspect or witness abuse I won't hesitate to report it to the manager or care co-ordinator. I am also aware that I can report it to the Council or the Care Quality Commission (CQC)." When we visited people in their homes we observed that people looked at ease in the company of staff. We also observed staff reminding people to lock their front doors as we were leaving to promote their safety.

Individualised risk management plans were in place to promote people's safety and to maintain their independence. One staff member said, "Some children we support need to be hoisted. We always ensure that there are two of us to assist with this activity and the parents also observe our practice to make sure we are using the hoist safely. We also check to make sure the hoist is working properly and if it is not we would report it and not use it." We saw risk management plans covered areas of needs such as, moving and handling, self-neglect, medication, environmental, social and financial. Staff told us and records seen demonstrated that they were reviewed regularly and updated when a person's needs changed.

There were plans in place for responding to any emergencies. People and their relatives told us they were able to contact staff in an emergency. One staff member said, "The clients have our phone numbers and know how to contact us in an emergency. I often receive telephone calls and texts from them if they are worried and need reassurance." We saw evidence that people using the service were made aware of the service's emergency number and there was always a senior member of staff available 24/7 to provide support and advice if needed.

There were sufficient numbers of suitable staff employed to meet people's needs. One person said, "I have the same staff member weekly to support me and if she is going on leave I am made aware in advance of it and who would be replacing her, which is usually the manager." One relative said, "The staff who support [name of person] are consistent." The registered manager and staff confirmed that the staffing numbers were adequate. The staff schedule seen showed that the staffing numbers were adequate.

Safe recruitment practices were followed. Staff confirmed they had undergone full pre-employment checks, and references had been obtained. We saw evidence within the staff files viewed that the necessary staff recruitment documentation had been obtained.

People's medicines were managed safely and administered at the prescribed times. Staff told us that they had been provided with medicine training. Records seen confirmed this. We saw that people's medicine administration records (MARS) had been fully completed.

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their roles and responsibilities. One relative said, "The staff are competent and know how to deal with [name of person] complex needs." When we visited people in their homes we observed that staff were confident working with people and understood their needs.

Staff told us they were provided with the appropriate support and training to enable them to carry out their roles. One staff member said, "My induction was thorough, I worked alongside an experienced staff member until I felt confident to work alone." Within the staff files we examined we saw that staff had been provided with induction training. Some staff were working towards achieving the care certificate. We also saw that ongoing training for staff had been arranged and some senior staff had undertaken further training to enable them to acquire the knowledge and skills to facilitate in-house updated training in certain subjects.

Staff told us that they were provided with regular supervision. One staff member said, "I find supervision useful as I am able to set my own objectives and review them with my supervisor. It helps me to think ahead." We saw records which showed staff received regular supervision.

"People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedure for this in domiciliary care is called Court of Protection. The registered manager told us that at the time of the inspection that there was no one being supported whose liberty was being deprived. She said, "If a client did not have capacity to make decisions, we would involve their family and social worker to ensure any decisions made would be in their best interests in line with the MCA.

Staff gained consent from people before providing care and support. One staff member said, "I always explain to the clients what I am going to do and check that they are comfortable with it." When we visited people in their homes we observed staff interacting with people and explaining to them the support that would be provided. We saw evidence within the support plans that people had signed written agreements to be supported.

People were supported to maintain a healthy and balanced diet. One relative said, "[Name of person] is not able to prepare their meals and depend on the staff to do it for them. They always make sure she has a choice." Staff told us that where possible they encouraged people to be involved with the preparation of their meals. Within the support plans we looked at we saw that there was documentation in relation to people's dietary needs and the support they required with shopping and purchasing food items.

People told us that staff supported them to maintain good health and to access healthcare facilities. One person said, "The staff always accompany me to hospital appointments. I like them to be with me as they are able to explain to me in simple language what the doctor has said about my treatment." Staff confirmed that if required people were supported with their health care needs. Within the support plans we examined we saw there was information recorded about people's health and well-being including the telephone numbers of their GP, dentist and other health care professionals who were involved in their care and

treatment.

Is the service caring?

Our findings

The relationship between people and staff was positive. One relative said "The staff are patient, kind and compassionate you can't fault them." One staff member said, "We regularly support the same clients and therefore get to know them and build up a good relationship with them." Staff were observed interacting with people in a positive manner and enabling them to express their wishes and feelings.

People were made to feel that they mattered. One staff member said, "We make the clients feel special and provide them with person centred care to meet their individual needs. We never rush them and give them time to explain themselves." We found that staff were knowledgeable of people's likes, dislikes and background. They were confident that the support plans in place were reflective of people's care needs.

People and their family were involved in making decisions about their care and support needs. One relative said, "The staff involve me in [name of person's] care and listen to any suggestions that I make in relation to her health and well-being. They regularly update me if there are changes to her care needs." Staff told us that they were led by the people they were supporting and always involved them in their care. This was done through regular discussions with them and reviewing and updating their support plans. We saw where there were changes to a person's needs the support plan was updated.

The registered manager told us that people would be supported to access advocacy services should they require them. We saw evidence that in most instances people's relatives were advocating on their behalf.

People's privacy and dignity was respected by staff. One staff member said, "We have had dignity training so when assisting the clients with personal care we ensure that their dignity is preserved. We address them by their preferred name and if required support them to choose the right clothes to suit the weather. We speak to them how we would like to be spoken to." During our inspections we observed staff addressing people by their preferred names and explaining things to them in a way that they could understand. Staff provided people with gently prompting and encouragement to enable them to maintain their independence.

Is the service responsive?

Our findings

The registered manager told us that people's needs were assessed before receiving care from the service. Relatives spoken with confirmed this. Within the files we looked at we saw that people's needs had been assessed prior to them being supported.

The care that people received met their specific needs. One person said, "I have a regular carer who understands my needs and knows exactly the things I need support with." A staff member said, "All the clients we look after are unique therefore, we adapt the care to meet their specific needs." We saw that each person's likes, dislikes preferences and daily routines were recorded in their support plans, which were updated regularly or as and when their needs changed. Staff spoken with had a good understanding of people's needs and how they wished to be supported.

People were supported and encouraged to maintain relationships with people that mattered to them. One person said, "The staff support us to attend social clubs and discos and meet up with our friends." One relative said, "[Name of person] enjoys socialising. At Christmas the staff took him to a pantomime, which he enjoyed. They also support him with one to one activities such as shopping and visiting places of interests." Staff confirmed that people were encouraged and supported to follow their interests and take part in social activities and maintain relationships. Within the support plans we examined we saw that people's social and daily activities had been recorded; and some people had jobs that they attended daily.

People and their relatives were aware of how to make a complaint. One relative said, "I know how to make a complaint but I have never had the need to make one. I guess if I had to make one my first response would be to discuss it with the manager. If I did not get a satisfactory response I would speak to the social worker." We saw the service had a complaints policy to ensure that complaints were dealt with effectively. We saw that the policy was available in an easy read format for people to access and was circulated to people and their families. No formal complaints had been made.

Is the service well-led?

Our findings

The service had a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People using the service, relatives and staff told us that there was a positive, open and inclusive culture at the service. One relative said, "[Name of manager] is very supportive and approachable. A staff member said, "I enjoy working here, it's so rewarding working with the clients and the rest of the team." Another staff member told us, "We have regular team meetings and are able to contribute and have a say." We saw minutes from staff meetings held, which included items such as, working practices and staff recruitment.

There was good management and leadership demonstrated at the service. One staff member said, "The manager provides hands on care and leads by example." Staff told us that they were aware of what was expected of them and that they would be held to account if they did not carry out their duties in a responsible manner. They told us they felt valued in their roles and information was regularly communicated to them via emails, text messages and phone calls. We saw that the registered manager and the senior care co-ordinator communicated effectively with staff members. People were pleased to see them upon arrival to their flats.

Incidents and accidents were reported accurately by staff. We saw that information was recorded in detail and showed a manager's response and action to each incident. The registered manager told us that they were aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC) and there were systems in place to do so should they arise.

The service had quality assurance systems in place. For example, monthly audits in relation to the management of medicines, health and safety, infection control and care plans were undertaken. People using the service were given the opportunity to comment on the service delivery by completing questionnaires. We saw questionnaires had been sent to people, relatives and staff; overall people were satisfied with the care provided.