

Infinite Limited

Elevation Care Services

Inspection report

Room 15, The Mansion, Bletchley Park
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19 August 2019

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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

About the service

Elevation care services is a domiciliary care agency who are registered to offer support to; Children 0-18 years, younger and older adults, people with learning disabilities or autistic spectrum disorder, mental health and physical disabilities.

It provides personal care to people living in their own homes. Not everyone using Elevation received personal care. At the time of our inspection, 20 people were receiving personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

We made a recommendation for medicine management due to issues relating to the medicine administration record. Staff had been trained in medicine management and had their competencies checked.

Staff had completed training in line with the company policies and procedures, however not all staff had completed refresher training. The registered manager agreed to ensure all staff required were booked on refresher training as soon as possible.

Staff had completed safeguarding training for both adults and children and knew how to report and record and concerns.

People told us they felt safe with staff and that staff knew them well and completed care in line with their wishes and needs. Staff turned up on time and people knew which staff were coming to support them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had been recruited safely and had all the relevant checks in place before they started with the service. New staff completed an induction and training schedule before completing lone working.

Care plans and risk assessments were detailed and kept up to date. Details of people's preferences, choices, likes and dislikes was well documented to ensure staff knew how to support the person well.

Staff supported people to access healthcare services and made referrals as appropriate to the relevant professionals such as, occupational therapy, speech and language therapy, GP's and district nurses.

People and relatives told us that staff were kind and genuinely caring towards the people they supported. People and relatives had a good relationship with staff and communication worked well.

Staff respected people's right to privacy and promoted people to be as independent as possible.

People's communication needs were known by staff and the registered manager provided documentation in different formats to meet people's needs.

Audits and spot checks were regularly completed to improve the quality of care being delivered. People, relatives and staff were asked for feedback on the service via surveys and meeting.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was requires Good (published 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Elevation Care Services

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

Elevation care service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using the service received the regulated activity of personal care; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 20 people were receiving personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 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.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

We visited the office location on 12 August 2019 to see the registered manager, review care records and policies and procedures and to speak to staff and visit people. We made calls to people, their relatives and staff on 14 and 19 August 2019.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care staff.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Improvements were required to medicines management.
- We checked people's medicines administration record sheet (MAR) and found some examples where staff hadn't signed for creams properly, and that information had not been transcribed in line with best practice. However, we found no evidence of people receiving their medicines incorrectly. We brought this to the attention of the registered manager who agreed to make the necessary changes and to ensure staff signed the MARS appropriately.
- We found in one person's medicine cupboard out of date cream. Staff told us they no longer used it, however it had not been disposed of. Staff disposed of the cream straight away.
- Staff told us they had medicines training and that if they were unsure of anything they could discuss this with the registered manager.

We recommended the provider completes more detailed medicine audits to ensure all information is correct and staff are completing MAR in line with best practice.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination.
- Staff had received training in how to safeguard adults and children and demonstrated a good understanding of the signs of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- People and relatives told us they felt safe with the service. One relative told us, "The staff know [family members name] well and are able to support them with all of their complex needs. I feel safe leaving [family members name] in their care as I know they will be safe." A person told us, "I feel safe with staff, they know what to do."
- The potential risks to each person's health, safety, environment, mobility and welfare had been identified and people's files contained detailed risk assessments which identified strategies implemented to reduce each risk area.
- Staff told us they felt there was enough information within people's risk assessment to support them appropriately and safely.
- People had personal emergency evacuation plans [PEEP], however these required more information for

staff to know how to assist them to leave the building safely in the event of an emergency. The registered manager updated these immediately.

Staffing and recruitment

- People and relatives told us they received support from the same team of staff which promoted continuity of care and that they were supported by the number of staff required to meet their assessed needs. They told us staff were reliable and had not experienced any missed or significantly late calls.
- Staff files evidenced the provider had safely recruited staff in line with their recruitment policy.
- Staff records showed the provider had carried out an enhanced Disclosure and Barring Service (DBS) checks, obtained references and confirmed their identity and right to work.

Preventing and controlling infection

- Staff were trained and followed infection control procedures.
- Staff told us they were provided with supplies of personal protective equipment, such as gloves and aprons.
- The provider had monitoring systems in place to ensure people were protected from the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to check for trends and patterns and identify learning to share with staff.
- The registered manager reviewed the findings and used them to reduce risk and improve safety for people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Pre-assessment information was used to develop care plans and guidance for staff. Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs.
- Care plans had detailed information regarding people's choices and routines. For example, preferred gender of staff to support them and preferred times of calls.
- Care plans were regularly reviewed and updated as required.

Staff support: induction, training, skills and experience

- The registered manager monitored staff training on a spreadsheet which gave details of when individual staff had completed training considered essential to their role. However, not all staff had received refresher training. (Refresher training is a training programme designed for existing employees of an organisation, with a purpose to inform them with the new skills, methods, and processes required to improve their performance on their job.) This meant that some staff may not be trained with the most up to date information. The registered manager agreed to ensure all staff required were booked on refresher training as soon as possible.
- Staff told us that their training was "good" and gave them "all the information needed." One staff member told us, "My training was brilliant, I have also asked for additional training which is being sorted now." Another staff member told us, "I can ask for more training anytime and I know it will be sorted."
- People and relatives told us staff were well trained as they demonstrated they knew what they were doing which gave people confidence in their care.
- Staff told us they felt supported by the registered manager who was available for support and guidance when required.

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

- Where people were at risk of poor nutrition, guidance was included in their care plan. For example, one person required a soft diet to reduce the risk of choking. We saw specialist advice had been documented and followed.
- People told us that staff encouraged healthy eating whilst giving people choices. Staff supported people with menu plans when appropriate.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff were active in providing support to enable people and relatives to manage health conditions.
- People's care plans included guidance about their health conditions, such as epilepsy, and mental health. This helped to ensure staff were aware of signs and symptoms associated with these health conditions and advised them on actions to take in the event of changes in people's well-being.
- Care records included guidance from health professionals and staff supported people to access appropriate healthcare, such as GP's.
- When people needed referring to other health care professionals such as occupational therapists, speech and language therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional to make the referral.
- People had detailed health passports completed. This document provides healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission

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

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's mental capacity to make decisions or choices was assessed before they began to use the service and kept under review.
- Where relatives supported people to make choices and decisions about their care, the registered manager ensured appropriate applications had been made in line with legal requirements.
- We observed staff sought consent before providing care and support, enabling people to make choices and decisions.
- Staff told us, and we saw staff respected people's right to decline their care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. One relative told us, "I couldn't ask for nicer staff, they are amazing." Another relative told us, "The staff are like family, they are brilliant."
- Care plans included information on people's likes and dislikes and routines of care and support required. For example, what time they liked to have a bath or if they cleaned their teeth before or after breakfast.
- Staff knew people well and understood how they liked to receive their care. One person told us, "Staff ask what I want doing, then they do it." A relative told us, "Staff know [person's name] so well, they can make her smile and laugh. They know how to communicate and how to read the signs when she is unhappy."
- Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds.
- People's care plans detailed their religious and cultural needs and detailed who would support this need and how. For example, a family member may take them to a religious service, but staff would need to discuss the service after with the person.

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

- People were treated respectfully and were involved when appropriate in every decision possible. Care plans had been signed by the person or their nominated representative and had information regarding their communication needs.
- Care plans included details of people's life history, wishes and preferences. This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.
- Staff communicated with people well and supported them to express their view. A relative told us, "[Person's name] is none verbal but staff communicate with [persons name] and have the skills and understanding to pick up on the none verbal cue's given, for example facial expressions."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided care in a dignified and respectful manner.
- Staff demonstrated a good understanding of protecting people's dignity and right to privacy. For example, closing doors and keeping people covered whilst supporting people with personal care.
- The registered manager ensured people's information was stored securely and only shared with people's consent.
- People were supported to do as much as possible for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people needed, they also had a section on 'strengths and difficulties. This supported staff to deliver person centred care for people.
- Daily communication logs were completed with information such as what choices were made, what activities offered and engaged in, any health appointments attended and what tasks were completed by staff.
- Staff told us the care plans and risk assessments were always updated and any changes in a person's need was communicated to them immediately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw people's care plans and other documentation had been provided in an easy read format.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with people who were important to them.
- People were supported to participate in activities of their choosing. These included swimming, shopping, walking, bike rides and attending day services.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and we saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- People, relatives and staff knew how to make a complaint. A person told us, "If I have any issues I would tell my [relative] and they would contact the manager." A relative told us, "They [staff] have told me how to complain, I have never needed to as the service is good, but if I did I know it would be dealt with. I have faith in them [registered manager]."
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member

said, "I know the process and I feel confident that I would be listened to and supported."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support. However, people had their wishes and needs documented in their care plans.
- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relative comments included, "Staff provide exceptional care, they are all genuinely caring." and "I am really pleased with the service. They are a life saver and brilliant."
- People's care plans documented preferences, cultural needs and care needs. These were reviewed and updated regularly.
- Staff felt they worked well as a team and supported each other. One staff member told us, "Communication is excellent, we always support each other. We are a big family"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood, and would act on, their duty of candour responsibility, we saw evidence that matters were investigated, and apologies provided along with outcome letter where appropriate.

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

- The registered manager undertook quality audits to improve the quality of care for people living at service. Audits included record keeping, medicines and care plans.
- Spot checks were completed with staff. These involved observing staff competencies and compliance with the provider's policies, such as punctuality, infection control and person-centred care.
- Staff were clear about their roles and understood what the provider expected from them. Care plans detailed people's expectation of care being delivered.
- The registered manager demonstrated they were aware of the regulatory requirements, including the requirement for them to notify CQC of significant events and incidents in the service.

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

- Staff told us they were confident to make any suggestions for improving people's care through regular meetings with the registered manager
- Staff told us they felt valued and respected by the registered manager. One staff member told us, "This is a fantastic company to work for as I am valued and listened to."

- The registered manager gained feedback from people, relatives and staff via a feedback questionnaire.

Continuous learning and improving care. Working in partnership with others

- The provider was working in partnership with other agencies, such as care forums and local authorities.
- Records showed staff worked in partnership with relatives and health and social care agencies to ensure people received care that met their needs.
- The registered manager had quality assurance systems in place. Audits in place enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues.