Elysium Supported Living Limited

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Inspection report

Riverside Business Centre
River Lawn Road
Tonbridge
Kent
TN9 1EP

Tel: 01732783503

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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

This inspection was carried out on 16 November 2015 by one inspector and an expert by experience. It was an announced inspection. Forty-eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Some of the people we spoke with were able to express themselves verbally. Others used specific communication methods such as signing and Makaton to converse with us.

Elysium Supported Living Limited is registered to provide personal care and supported living to younger adults who have a learning or physical disability, autistic spectrum disorder, mental health needs, or other conditions such as sensory impairment. The ethos of the service is to enable people to gain and maintain skills to achieve independent living. People are supported in the community, in their family home, or in shared houses. The Care Quality Commission inspects the care and support the service provides to people but does not inspect the accommodation they live in.

There was a manager in post. 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.

Staff were trained in how to protect people from abuse and harm. They were aware of the procedures to follow in case of abuse or suspicion of abuse, whistle blowing and bullying.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and ensured continuity of one to one support. Thorough recruitment practice was followed to ensure staff were suitable for their role.

Staff were trained in the safe administration of medicines. Records relevant to the administration of medicines or the supervision of medicines were monitored. This ensured they were accurately kept and medicines were administered to people and taken by people safely according to their individual needs.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before care was provided and were continually reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff had completed the training they needed to support people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions to ensure they were supported while they carried out their role. They

received an annual appraisal of their performance and training needs.

All care staff and management were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation. People's mental capacity was assessed and meetings were held in their best interest when appropriate.

Staff sought and obtained people's consent before they provided support. When people declined or changed their mind, their wishes were respected.

Staff supported people when they planned their individual menus and ensured people made informed choices that promoted their health. Staff knew about people's dietary preferences and restrictions.

The staff used creative ways to make sure that people had inclusive methods of communication. People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered. Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of support, likes and dislikes and preferred activities.

The registered manager and the staff's approach promoted an environment where people could affirm themselves and excel. They promoted people's independence, encouraged them to do as much as possible for themselves and to make their own decisions. Comments from relatives included, "The support workers motivate my son to try out new things and keep on learning".

People's privacy was respected and people were assisted in a way that respected their dignity and individuality. Staff took account of people's psychological wellbeing.

People's individual assessments and support plans were reviewed regularly with their participation or their representatives' involvement. A relative told us, "We are definitely involved." People's support plans were updated when their needs changed to make sure they received the support they needed.

The provider took account of people's complaints, comments and suggestions. People's views were sought and acted upon. The provider sent questionnaires regularly to people, their legal representatives and staff. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued and supported under the manager's leadership. There was honesty and transparency from management when mistakes occurred. The manager notified the Care Quality Commission of any significant events that affected people or the service. Comprehensive quality assurance audits were carried out to identify how the service could improve and action was taken to implement improvements.

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.

Staff were trained in the safeguarding of adults and were knowledgeable about the procedures to follow to keep people safe.

Staff knew about and used policies and guidance to minimise the risks associated with people's support. Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice. Medicines were administered safely and people were able to self-medicate with supervision when they chose to.

Is the service effective?

Good

The service was effective.

All staff had completed essential training to maintain their knowledge and skills. Additional training was provided so staff were knowledgeable about people's individual requirements.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required.

Is the service caring?

Good

The service was caring. Staff promoted people's independence and encouraged them to make their own decisions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, sensitivity and respect.

Clear information was provided to people about the service and how to complain. People were fully involved in the planning of their support and staff provided clear explanations to support

people's decisions.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into the service. People's support was personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted on.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager's response when they had any concerns.

There was a system of quality assurance in place. The management team carried out audits of every aspect of the service to identify where improvements to the service could be made.

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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 inspection was carried out on 16 November 2015 and was announced. We gave short notice of our inspection to ensure people were prepared by staff who explained the purpose of our visit. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had specific knowledge of caring for people with a learning disability, and of signing that included Makaton.

The manager had received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Before our inspection we looked at the PIR and records that were sent to us by the manager or the local authority to inform us of significant changes and events. We also reviewed our previous inspection reports.

We spoke with six people who received support from the service and four of their relatives to gather their feedback. We also spoke with the registered manager, the operations manager and six members of care staff. We consulted two local authority case managers who oversaw people's care in the community. We obtained their feedback about their experience of the service.

We looked at records which included those related to people's care, staff management, staff recruitment and quality of the service. We looked at people's assessments of needs and care plans and observed to check that the support provided was delivered consistently with these records. We looked at the satisfaction

surveys that had been carried out. We sampled ten of the services' policies and procedures.

At our last inspection on 20 December 2013 no concerns were found.

Good

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. They told us, "I am really happy and safe", "I am safe, staff help me and I am happy", and other people signed, "Happy and safe." A relative told us, "Our son is in very good hands, he is definitely in security and supported by staff who know how to keep him safe."

People's individual needs were assessed and this information was used to calculate how many staff were needed on shift at any time. Before support was delivered, the registered manager completed an assessment to ensure the service could provide staffing that was sufficient to meet people's needs. This ensured staff were available to respond promptly to people's needs and ensure their safety.

Our observations indicated that sufficient staff were deployed in the service to meet people's needs. There were sufficient staff on duty to meet people's needs. The service supported 40 people and deployed 51support workers, including senior staff and team leaders, at the time of our inspection. Staff rotas were planned in advance to ensure sufficient staff were deployed. One relative told us, "They have never been short of staff; our support worker is never late and is always covered during her holidays by another support worker who came to introduce herself in advance."

The registered manager reviewed people's care whenever their needs changed to determine the staffing levels needed, and increased or decreased staffing levels accordingly. When a change of circumstances had required additional monitoring, this had been provided. When a person had undergone a period of hospitalisation, 2:1 support had been provided including waking nights. Another person had undergone a medical intervention and had received increased support while in recovery. This ensured there were enough staff to meet people's needs.

People's medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and current. Staff had received appropriate training in the recording, handling, safe keeping, administration and disposal of medicines. People's needs and their wishes relevant to their medicines were assessed and reviewed. People were able to self-medicate when their relevant mental capacity had been assessed and when it was safe for them to do so. Others needed to be reminded about taking their medicines. Clear instructions for staff were included in people's support plans and medicines were pre-prepared and provided by local pharmacies in dedicated containers. Staff competency in regard to medicines had been checked to ensure people were safe. Support workers underwent three stages of competency checks and several additional unannounced spot checks by the operations manager. When shortfalls had been identified as a result, staff had re-trained and demonstrated their competence before they were allowed to resume any tasks relevant to medicines. This system ensured that people received their medicines safely.

The service's safeguarding policy had been reviewed in April 2015. It was comprehensive and guided by 'No Secret' Department of Health 2000, the Human Rights Act 1998, the Mental Health Act 1983, the Mental Capacity Act 2005 and the latest Kent and Medway safeguarding vulnerable adults guidance. It reflected

local authority updates and staff knew where to locate all policies relevant to the service.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, "We would report any concerns about people's safety to the registered manager but we can also access social services directly and would never hesitate to do that". This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible.

We checked six staff files to ensure safe recruitment procedures were followed. Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with adults. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a three months' probation period before they became permanent members of staff. Disciplinary procedures were in place if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. A risk assessment had been carried out for a person who may misuse cutlery. Control measures included checks that cutlery was safely put away after appropriate use. Another risk assessment was in place for a person who was at risk of choking. As a result, staff followed guidelines provided by the speech and language therapist and ensured the person was calm and correctly positioned while they ate. Other risk assessments included risks relating to falls, agitation or anxiety during transport, injuries in the kitchen and seizures. All assessments included clear measures to reduce the risks and appropriate guidance for staff. Staff followed this guidance and recommendations in practice to keep people safe.

Accidents and incidents were recorded and monitored daily by the manager. Action was taken to reduce the risks of recurrence. For example when an incident about a person who had attempted to shave themselves had been reported, their support plan had been reviewed to ensure any hazards that had been identified were reduced. Updated and relevant instructions had been communicated to all staff. There were regular health and safety meetings attended by the provider, the registered manager and senior care worker, to discuss each person's welfare and safety.

The registered manager liaised with landlords who ensured that premises were secure for people to live in and that all fire protection equipment was regularly serviced and maintained. All staff were trained in first aid and fire awareness. Fire drills were practised in shared houses every six months and documented. At a recent fire drill, the need to remind people to take extra care when crossing the road to proceed to the assembly point had been identified. This was scheduled to be monitored at the next fire drill. There were weekly fire checks of alarms and first aid kits were checked regularly and replenished when necessary. A few people had requested to join the fire and first aid training and this had been facilitated. There were fire risk assessments in place for the environment and people had personal evacuation plans. This ensured staff were aware of each person's needs in case of emergencies.

Access to the premises was secured to ensure people remained safe in their home. People had access to an alert system linked to their phone lines, which enabled them to converse with a security call centre if they had any problems. People carried their own front door and bedroom keys when they wished to do so. There

was a system in place that alerted staff to possible flooding in bathrooms and to two people leaving the premises unescorted when it had been appropriately assessed as unsafe for them to do so. The provider had an appropriate business contingency plan specific to the service that addressed possible emergencies such as relocation, extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

Three members of senior staff and management took turn to respond to people's out of hours enquiries and people were aware of their contact details. This system ensured that people were able to access advice or guidance without delay.

Good

Is the service effective?

Our findings

Staff provided support effectively to people and followed specific instructions in their care plans to meet their individual needs. People told us, "The staff have helped me sort my room and everyone has been very kind, I am going shopping tomorrow with them to get my personal food and tomorrow we are going out for a meal in the pub" and, "The staff really do support me to live my life." A relative told us, "The staff really know my daughter's needs well; they are very efficient."

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction that lasted 12 weeks. They had demonstrated their competence to a senior team leader before they had been allowed to work on their own. The registered manager was knowledgeable about the Care Certificate which sets standards for the induction of health care support workers and adult social care workers. Many of the recommendations from this care certificate that pertained to supported living had been incorporated in the service's induction process.

Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific to the needs of the people they supported. This included training about 'non-adversative physical intervention for behaviours that challenge', autism and Asperger's syndrome awareness, positive behaviour support, and epilepsy. The training for epilepsy awareness was delivered by a qualified specialist nurse and included the administration of medicines when required. Training included face to face training and online courses. The registered manager showed us how they had set up a training programme that met the requirements of social care diplomas and the care certificate.

Additional support was provided for staff who may experience difficulties due to dyslexia, autism, or sensory impairment. The training programme had been adapted to staff's particular needs to ensure they assimilated the training at their own pace. Staff told us that due to their training they felt confident to deliver the support people needed. We observed staff putting their training into practice by the way they supported people and communicated with them. The provider had presented the staff with opportunities to attend counselling sessions when they were grieving for the loss of a person. Staff had been enabled to attend the funeral, set up a memorial at the house the person lived in and purchase a bench and a plaque to remember them by.

Staff were fully supported to study and gain qualifications in health and social care while working in the service. They had the opportunity to attend workshops where they could be supported with their studies. Eighty per cent of the care staff were in process of achieving a diploma at level three, and the management team held diplomas in management or leadership at level four and five. The registered manager told us, "We want all staff to train beyond basic knowledge and gain as much qualifications as possible."

All members of care staff received one to one supervision sessions every two months. One member of staff said, "These are brilliant, it is quality time where we can discuss any problems". All staff were scheduled for an annual appraisal to appraise their performance. This ensured that staff were supported to carry out their roles effectively.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. All staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A system was in place to assess people's mental capacity for specific decisions. Such assessments were followed by best interest meetings to make decisions on people's behalf when appropriate. The registered manager told us, "We participate in meetings with the local authority to reach decisions on behalf of people in their best interest." The registered manager had enlisted the participation of an independent mental capacity advocate to represent a person's point of view when they had no family to assist them. A local authority case manager told us, "Elysium are very good at respecting people's independence and right to make their own decisions."

Staff sought and obtained people's consent before they helped them. One relative told us, "The staff do not do anything without checking consent." People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. A member of staff told us, "We always make sure people agree with what is going on otherwise it doesn't happen." The registered manager told us, "People engage with us; they choose how they live, so we fit in with them and not them with us."

People's needs were assessed, recorded and communicated to staff effectively. There were handovers and a communication book at each of the shared houses to ensure information about people's support was communicated effectively between shifts. This was supplemented by an electronic email system. All the staff we spoke with were knowledgeable of the specific needs of people and communicated well with them. They told us, "We get to know each person so well that we know how best to communicate with them."

Specific communication methods were used by staff. People we spoke with knew each member of staff by name. Two people were helped by staff to communicate with signing, Makaton and using pictorial symbols or objects of reference. A person was presented with hand-written 'tick boxes' for them to complete and indicate their choice of options. Another person was provided with a verbal 'countdown' by staff to help them initiate the process of getting out of their bath. These communication methods were clearly written in people's care plans. We observed people and staff when they interacted while explanations about weekly activities were provided. People were given time to express themselves. People were smiling, appeared calm and responded to staff effectively when staff signed or conversed verbally with them. This showed us that people's voice was taken into account and heard effectively. All information that was provided to people included a pictorial format to make it easy to understand.

There was a shared kitchen in each of the shared houses and people prepared and ate their own choice of meals at their preferred times. Staff helped people with their shopping lists or during the planning of their menus when people requested it. In one house, people preferred to plan individual menus and cook separately. In another house, people chose to plan shared menus. Some people had completed cookery courses at college; others enjoyed helping staff with preparing vegetables or stirring while they cooked.

Staff supported people to maintain diets that promoted their health. A person told us how staff had helped them lose weight. They said, "Staff have helped me with healthy living food choices and I have lost weight and eating healthy now I have lost two stones." One person was at risk of choking and staff encouraged them to take their time and finish each mouthful before swallowing. Thickening fluids were provided to facilitate their swallowing. These measures were in line with the guidance provided by a speech and language therapist. Two people had been referred to a dietician after the tube that had been inserted in their stomach had been removed, to ensure they had an appropriate diet. As a result, they had gained weight and their weight was monitored to check this was sustained. A person had a medical condition in which the bones could become brittle and staff ensured enough calcium was included in their diet.

People were involved in the regular monitoring of their health. People were registered with their own GP, dentist and optician. People were assisted by staff when they needed to be reminded about appointments with health care professionals or when they wished to be accompanied. For example, staff accompanied people who needed regular blood checks, regular vitamin injections to their GP surgeries or annual checks in specialised clinics. Another person had been accompanied by staff to their dentist at their request. People's mental capacity and consent were taken in consideration when they needed to be sedated for dentistry. People had the option of a yearly check-up with their GP or at specialised clinics, and of yearly vaccinations against influenza. Staff supported people to attend appointments at 'well-man' and 'well-woman' clinics. When staff had concerns about people's health this was reported to the registered manager, documented and acted upon. This ensured the delivery of people's care and support responded to their health needs and wishes.

Good

Is the service caring?

Our findings

All the people we spoke with told us they were consistently satisfied with the way staff supported them. They told us, "I love my staff and would give them ten out of ten for my support and care", "Everyone is very kind; I am happy here", "I like the staff" and, "Staff always help me with my home." A local authority case manager who oversaw people's care in the service commented, "The staff have the right approach, they are very caring." A relative said, "The support workers are very kind; they motivate my son to try out new things and keep on learning".

Positive caring relationships were developed with people. We observed staff interacting with people with kindness, respect and sensitivity. Appropriate humour was used during interactions and it was apparent that people and staff held each other's in high regard. Staff told us they valued people and enjoyed spending time and talking with them while they provided support. One member of staff told us, "They [people] do become our friends although we maintain professional boundaries and never forget our responsibilities towards them."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People's support plans included their preferences about daily routine, activities, social outings, music, food, security and the goals people wanted to achieve. Support plans and observations showed that staff promoted people's independence and encouraged people to do as much as possible for themselves and reach their chosen goals. A person aimed to go shopping independently, and use public transport by themselves. This was facilitated and this person was being trained by staff to achieve these goals. Several people's goals included going for holidays and take part in activities such as going on a boat or watching a tennis tournament. This was scheduled to take place. The registered manager told us how goals often included spending time alone in the house, and how staff ensured people enjoyed their own company while remaining safe. This support aimed to assist people in developing and maintaining independent living skills.

People were at the heart of the service and their independence was actively promoted. People shopped and cooked their own food if they wished, processed their laundry, purchased what they chose and maintained their environment. One person told us, "My support worker has taught me cooking skills and has helped me become more independent and I really love it here." Rotas system for housekeeping tasks, that included people and staff, were planned with people and respected. A member of staff told us, "This is team work." People held keys to the front doors and to their bedrooms; they chose what they wanted to wear, what they wanted to do, and where they wanted to go. They came and went as they pleased, and followed a wide range of activities programme which they had devised. The registered manager told us, "Our approach is holistic and we consider the whole person; we do not focus on people's disabilities but on who they are and how they wish to live." This approach meant that people's support focused on people's freedom of choice and that they were encouraged to make their own independent decisions.

Clear information was provided to people about the service, in a format that was suitable for people's needs. This information was personalised for each tenant and included the service's statement of purpose,

complaints procedures, fire evacuation guidelines, a 'service user' guide, direct payment agreements, safeguarding procedures, how to remain healthy and an information pack on nutrition. People were provided with a laminated document that showed pictures of faces when they were happy, sad or confused, to help them express their state of mind. The registered manager told us how the service commissioned an external organisation that 'translated' any document in a pictorial format to make them clearer for people.

People were involved in the initial planning of their support before they used the service. They actively participated in bi- annual reviews of their support plan which were also updated whenever they wished. For example, when they chose to start a new activity or had changed their mind about the support they wished to have. Relatives were invited to take part in the reviews when people consented to this. Staff supported people to complete reviews of their support plan, and some people had produced a visual and musical presentation of their achievements that was showed at the reviews. The presentations included what had been positive or what needed to still be achieved or improved. A person had chosen to create a collage of events with themselves pictured at the centre. The registered manager told us, "People are supported to be as creative as they wish to take part in the reviews of their support and are fully involved." This involvement ensured that the support provided remained appropriate to people's needs and requirements.
The service used an advocacy service when appropriate. An independent mental health advocate had been used appropriately during a meeting where risks and a person's best interest had been discussed. An advocate can help people express their views when no family or legal representative is available to assist them.
People's privacy was respected and people were supported in a way that respected their dignity. The staff had received training in respecting people's privacy, dignity and confidentiality. Staff ensured that people's privacy was respected effectively. They told us they respected people's rights and remained out of people's private and shared areas. The registered manager told us that if access to a person's room for any repairs or maintenance, this was arranged and agreed in advance with individuals.

The service held updated policies on confidentiality, privacy and dignity, social media, data protection and photographic images. Staff were reminded of the importance of protecting people's information at team meetings. Confidentiality and diversity had been discussed at staff meetings and staff had signed a confidentiality agreement before they started work. They were provided with an employee handbook that included a summary of the service's policies.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. People were eager to tell us that they liked the support they received, about the options they were given and the activities they had chosen to take part in. They told us, "I am really happy; I chose my bedroom duvet and curtains, my weekly menu, I have my own cupboards in the kitchen and I do my own shopping, I go out all the time and go for meals and horse riding", "I love it here and would tell my support worker if I had a problem or wanted to complain", "I like it here and we get nice food; we go shopping and I pick my food, we have meetings and we tell them what we want for dinner; I like the staff and my home; staff help me and I am happy" and, "Staff support me very well and I am so happy, staff tell me I have choice when I sit in my room and listen to music."

The registered manager met with people and their families and carried out assessments of people's needs and associated risks before any support was provided. This included needs relevant to their health, communication, likes and dislikes and social activities. The staff were made aware of these assessments to ensure they were knowledgeable about people's particular needs before they provided support. These assessments were developed into individualised support plans over the next three months, with people's participation. Staff contributed to the development of these plans as they increased their own knowledge of people's personalities. The registered manager told us, "These support plans evolve on a continual basis to match people's changes in needs." When people came to live in a shared house, they were eased up in their new environment during a transition period whenever possible. A series of visits was set up to include joining other people in activities and overnight stays.

People's support was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Support plans were developed with people's full involvement and included their specific requests about how they wished to have their support provided. Attention was paid to people's needs in regard to their social life, security, spirituality, physical and mental health, culture, hobbies and education. People stated in their support plans the things and persons that were important to them and their likes and dislikes. A person had stated that liked a particular morning routine and this was implemented by staff. A person liked eating biscuits if they awoke at night and staff ensured they had a supply by their bed. Another person had stated that they wished to get into employment and this had been facilitated. People agreed to the amount of support they needed, and this was reviewed when people's various needs increased or decreased.

People's individual assessments and support plans were reviewed regularly and updated appropriately when their needs had changed. People or their legal representatives were involved with these reviews and were informed in advance when the reviews were scheduled. This ensured people were able to think in advance about any changes they may wish to implement.

People's care was reviewed when changes occurred in people's needs. For example, two persons' support plan and risk assessment had been reviewed and updated after they had displayed signs of anxiety during travel, and after a period of hospitalisation. Updates concerning people's welfare were appropriately and promptly communicated to staff. This showed that people's care plans were updated and people's health

needs were met in practice responding to their changing needs.

People's views were sought and acted on. Staff enquired about people's satisfaction about their support at each review of their support plan. Additional annual questionnaires were provided to people, in a pictorial form, that sought their views on the service's delivery of support. Each person received a quality assurance visit from the registered manager or a member of the management team every three months in their house or day centre services, and people's feedback was also sought during any unannounced spot checks. The last satisfaction survey had been carried out in December 2014 and the registered manager, human resource manager and the quality manager had analysed the results. This audit showed that all the people who took part were fully satisfied and positive about all aspects of their support and no shortfalls were identified.

Further annual survey questionnaires about the overall quality of the service were sent annually to people's relatives and staff. At the last survey, some relatives had indicated they were dissatisfied with untidiness in one of the shared houses and with an occasional lack of organisation by staff. As a result, bins had been provided for staff to use and a restructure of staff and their responsibilities had taken place. A staff survey was in progress at the time of our inspection and staff were invited to make suggestions about how to improve the service.

People were offered choice and options. They were able to choose which agency to use and which support worker to provide their support. They had a choice about how and when their support was provided and their wish was respected as much as possible.

The provider had a complaints policy and procedure that had been updated in January 2015. People and their relatives were made aware of the complaint procedures to follow. Three complaints had been appropriately addressed, documented and resolved satisfactorily.

People followed an activities programme that was extensive and tailored to their individual requirements. People's hobbies and interests were accommodated and people went out swimming, gardening and farming, ice skating, dancing and socialising with friends. They were encouraged to try out different activities if they showed any interest. The registered manager told us, "The programme of activities is totally individualised; we ensure people do as much as they wish to and live their lives to the full, socialising with friends and enjoying themselves." Team leaders organised outings across the whole service to bring people together. Two persons had developed a relationship and they were supported to enjoy each other's company as safely as possible. Each person had a weekly activity sheet and accessed the community regularly. One person told us, "I go out all the time for shopping and bowling, to the cinema and I also go to a club and staff help me a lot." Therefore the service promoted people's engagement and social inclusion with their community.

Good

Is the service well-led?

Our findings

Our discussions with people, their relatives, the registered manager and staff showed us that there was an open and positive culture that focussed on people. People knew their support workers by name and knew who to speak to if they had any problems. They told us, "I have X (operations manager) mobile number and I would call him if I was not happy" and, "If I was not happy I would tell staff and they get it sorted." A relative told us, "Elysium is very well managed, the staff seems so organised and we know the manager would put anything right straight away; we have total confidence."

There was an 'open door' policy where people and members of staff were welcome to come into the office to speak with the registered manager at any time and we saw that they did this several times during the day. Members of staff confirmed that they had confidence in the management. Staff were encouraged to make suggestions about how to improve the service and these were acted on. Staff told us, "Our opinions are valued" and, "The registered manager is 'hands on' and leads by example". They told us the registered manager was "Very approachable" and, "A solution-finder."

Staff had easy access to the provider's policies and procedures that had been reviewed and updated by the registered manager and the Quality manager in April 2015. All policies had been updated according to new legislation that could affect the service. For example, procedures had been reviewed and brought in line with the Care Act 2014 and a new policy on self-neglect had been introduced. Staff were made aware of any updates. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people. The service had commissioned a law firm to ensure they kept up to date with changes in employment law.

The registered manager held a weekly team meeting with the operations manager and the quality assurance manager. At this meeting, an overview of the service and events that included accidents and incidents, concerns and people's needs were discussed. Additionally, the registered manager held a monthly meeting with senior team that included the management team and senior team leaders. At this meeting, a full review of each person's support was discussed. Minutes of these meetings indicated individual support was discussed in great detail to include people's scheduled medical appointments, topical medicines, healthy living, oral hygiene, activities, nutritional needs and any progress with the achievement of goals. Every six to eight weeks, the registered manager or the quality assurance manager met support workers at their place of work and people were invited to also attend these meetings. One staff member had suggested staff to meet regularly without management present and this had been implemented. Another staff had suggested a new handover format of all tasks that were monitored, and this had been implemented.

A robust system of quality assurance checks was in place. The quality assurance manager carried out audits of documentation to ensure people's files and support plans were complete, updated appropriately, accurate and fit for purpose. They also audited the unannounced spot checks they carried out, to include all support documentation, the standards of day centres that people attended and of their activities, and people's engagement. Any concerns were reported to the registered manager for immediate action. Further

audits were carried out on staff training, supervision sessions, incidents and accidents and complaints. Results were provided to team leaders if appropriate before they held one to one supervision with staff so matters could be discussed individually. An audit had identified the need for one member of staff to be re-trained in the administration of medicines and this had been implemented. The registered manager audited all the service's policies. The registered manager, the quality assurance manager and the human resource manager audited satisfaction surveys to identify how to improve the service. The registered manager ensured all documentation relevant to the running of the service were updated continually and kept checklists to track and monitor their progress.

The registered manager spoke to us about their philosophy of care for the service. They told us, "Our service is all about the people we support; I never want to run a service that is based on people adapting to our staff; our aim is that people have as much control over their lives and their support as possible; I have set up this organisation to provide an opportunity for people to gain or regain this control; if you do it right and funding is there, anyone could have their own tenancy, support and independence." They told us that "Staff must be flexible, creative in the way they motivate and engage people." From our observations and from what people, their relatives and the staff told us, this philosophy of care was put in practice.

There was honesty and transparency from staff and management when mistakes occurred. For example when a staff member had been employed mainly because they held appropriate qualifications and when their practice had failed to come to the expected standards. Action had been taken by the registered manager who told us, "I have learned to trust my own instincts and tap into staff motivation rather than qualifications."

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept people's families involved in decisions concerning their family members' safety and welfare.

People's records were kept securely. People held copies of their updated support plans in their home. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.