

Elysian Stanmore Care Company Limited

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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

About the service

Elysian Stanmore Care Company Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection, the service provided care to three people whom received personal care. The Care Quality Commission (CQC) only inspect the service 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.

People's experience of using this service:

Feedback indicated that people were satisfied with the care and services provided. People told us they were treated with respect and felt safe in the presence of care workers. They were complimentary about how the service was managed and told us that care workers were kind and caring.

Policies and systems were in place to help ensure people were protected from the risk of abuse. People were protected by staff who understood how to identify and report any abuse concerns.

Appropriate medicines management systems were in place. We found that medicines were managed safely.

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.

The provider had taken measures to prevent and control the spread of COVID -19 and other infections.

Staff had received appropriate training and had the knowledge and skills to support people. Staff spoke positively about their experiences working for the service and said that they received support from the registered manager. They told us morale amongst staff was positive.

People's care needs had been carefully assessed. Care plans were comprehensive and had been reviewed with people and their representatives. People received person centred care.

Staff provided care and support that met people's diverse and individual preferences. The service had a policy on ensuring equality and valuing diversity.

There was a complaints procedure and people knew how to complain. Management monitored the quality of the services provided through regular comprehensive audits and checks.

The results of surveys indicated that people and relatives were satisfied with the care and services provided.

Management promoted a positive and inclusive culture within the service based on open communication with people, relatives and staff.

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

Rating at last inspection and update

The service was registered with us on 21 April 2020 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service. The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Elysian Stanmore Care Company Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

The service had a manager registered with the CQC. 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 two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 15 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the site visit we spoke with four members of staff which included the nominated individual, registered manager and two care workers. We also met and spoke with one person who received care and one relative.

We reviewed a range of records. This included two people's care records and their medication administration 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 audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedures. We spoke with one person who received care from the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving care and support from care workers. When asked if they felt safe in the presence of care workers, one person told us, "I feel very safe. Absolutely." Another person said, "I feel completely safe with the care staff."
- Appropriate policies and procedures were in place to safeguard people from abuse.
- Staff demonstrated a good understanding of what to do to make sure people were protected from harm. Staff received appropriate training in safeguarding people.
- The registered manager demonstrated a good understanding of the requirement to notify the relevant safeguarding authorities if safeguarding concerns were raised.

Using medicines safely

- At the time of this inspection, the service provided medicines support to two people.
- People's care plans included a personalised medication assessment summary. This provided detailed information about the support they needed with their medicines.
- Medication Administration Records (MARs) clearly detailed medicines people were prescribed. We looked at a sample of these and found they were completely correct with no gaps. We also noted that each completed MAR was checked by a senior member of staff to ensure they were completed correctly.
- Staff were not allowed to administer people's medicines until they had been trained to do this and their competency checked. We saw documented evidence of the training staff completed.
- The registered manager undertook checks to assure themselves people were receiving their medicines as prescribed. Comprehensive medicines audit systems were in place. These were designed to identify various aspects of medicines management including discrepancies and subsequent action taken by the service.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed so that people were safe and their freedom supported and protected. Comprehensive individual risk assessments were completed for people which included moving and handling, medication, COVID-19 and personal care. These included details of who was at risk, details of considerations and action to mitigate against the risk or reduce the risk.
- Staff we spoke with knew people's needs well and could describe the actions they would take to keep people safe and to mitigate risk.
- The registered manager explained that they monitored care worker's timekeeping and attendance with both an electronic monitoring system and also a log book that was completed by care workers on each visit. This ensured that there was a back-up system should the electronic system fail to work.
- Feedback we received indicated that care workers were punctual. One relative said, "No issues with

lateness. They are punctual." Another person told us, "The staff are punctual. I have experienced no issues with this."

Staffing and recruitment

- Comprehensive recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- The registered manager told us they were safely able to meet people's needs with the current number of care workers they had, and this was confirmed by care workers we spoke with. The registered manager explained that they were currently recruiting care workers and had access to bank staff should they require cover.

Preventing and controlling infection

- The provider had a comprehensive infection prevention and control and COVID-19 policy in place. The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff.
- Staff completed regular infection control training and had up to date guidance to follow. Induction, training and spot checks on staff helped to ensure staff were following procedures correctly.
- People told us that care workers wore PPE and no issues were raised in respect of this.
- Staff we spoke with told us that information was always shared with them so that they were kept informed of COVID-19 changes and that they had not experienced any PPE shortages during the pandemic.

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely. We noted that the level of detail recorded in these incident/accident forms was comprehensive. However, there was a lack of information about lessons to be learnt following an incident/accident. We discussed this with the registered manager who confirmed that the documentation would be updated to include such information.

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

This is the first inspection for this newly registered service. This key question has been rated as good. 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

- Comprehensive assessments were used as a tool to assess and review people's needs. These were then used to devise support plans and appropriate risk assessments.
- Care plans and risk assessments helped ensure continuity of care and these were person-centred and took into account people's individual needs and preferences. Details of people's needs, including their cultural, religious, dietary, and preferences were documented. Staff were able to use care plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- People's care was based on current guidance and standards. The provider had a comprehensive set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies.

Staff support: induction, training, skills and experience

- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. There was regular follow up training to make sure staff kept their knowledge and skills current.
- People were supported by staff who were suitably trained. The service had a comprehensive programme of training in place to ensure staff had the necessary skills to support people. There was a variety of training methods in use, including face-to-face and online learning. Training records showed staff had completed necessary training. Staff spoke positively about the training they received. One member of staff told us, "Training has been very helpful. It helps us to keep up to date with any changes."
- Staff were supported by management and there were arrangements for regular supervision and an appraisal of their performance. Staff told us that management were supportive and always available to help.

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

- At the time of this inspection, the provider did not support people with their meals. People's support plans contained information about their dietary needs and preferences.

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

- People's care plans included information about their specific health conditions. Information included the impact of the health condition for the person and guidance on the actions staff should take in an emergency

or decline in the person's wellbeing.

- Daily care records demonstrated that staff were vigilant about changes in people's health and wellbeing and ensured concerns were referred to health professionals in a timely manner.
- The service worked effectively with other agencies and health professionals to ensure people received effective care.

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. 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.

- The service was working within the principles of the MCA. People told us care workers obtained consent before they could proceed with any task at hand.
- Staff had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.
- Care plans included information about people's capacity to make decisions and provide consent to their care.
- Staff we spoke with understood they should seek consent before giving care and encouraged people to make choices for themselves.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service respected people's diversity. Care workers had completed equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
- People told us they were treated with kindness and respect. They received care and support from a consistent staff team, who knew them well. One person told us, "They [Care workers] are absolutely wonderful. All of them." Another person said, "The care is first class. The carers are brilliant."
- Feedback from people using the service and their relatives indicated positive caring relationships had developed between people and care workers. Wherever possible, people were provided with consistent staff who got to know them, and those important to them well. This resulted in positive communication between people, relatives and staff and helped to ensure people received care that was personalised. One relative told us, "The care is excellent."
- Staff told us they had the time they needed to meet people's needs without rushing.
- There was information about people's individual equality and diversity needs in people's support plans. Information about people's needs in relation to any protected characteristics, such as disability and beliefs was included in people's support plans.

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

- People's preferences were documented in care records. Care records included a section titled 'About me.' This included comprehensive information about people's interests, wishes, things that worried them and what made them feel better. Information documented was specific to each person.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys.

Respecting and promoting people's privacy, dignity and independence

- Staff respected their dignity and privacy. Staff we spoke with were aware of the importance of dignity and privacy and knew ways to support people with this.
- Staff took account of the need to preserve people's independence as much as possible. People and their families appreciated that people had as much control over their care and support as possible.
- People's support plans included guidance to promote and support their independence.
- Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.

- People's care records were stored securely in the office so only staff could access them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- People we spoke with told us they were happy with the care they received and the care workers met their needs.

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.

- Care support plans contained information which showed people communicated and how staff should communicate with them.
- There was an AIS policy in place. The provider was able to tailor information in accordance with people's individual needs and in different formats if needed. She explained that documents could be offered in bigger print or braille and could be translated.

Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments. The provider had a system to log and investigate complaints.
- People and one relative we spoke with told us that the registered manager was approachable. They were confident that any concerns would be addressed immediately. One person told us, "If I had any issues, I could raise these with [the registered manager] without hesitation."
- Staff we spoke with told us that management were responsive. One care worker told us, "Support from [the registered manager] is fine. She tries her best. If we have any concerns, I feel able to raise things."

End of life care and support

- At the time of this inspection, the service was not providing end of life care to people. The registered manager explained that they had previously provided end of life care. Staff had received appropriate training and the service was able to provide such care and support if required.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Systems were in place to monitor the quality of the service. Quality assurance systems and processes included audits looking at key aspects of the service. Checks were carried out with people who received care from the service which included satisfaction calls, home visits and spot checks of staff. The service also carried out various checks of records which covered staff recruitment, care records, MARs, staff punctuality, accidents/incidents, safeguarding and complaints. These showed actions were documented, followed up and actioned.
- Important information and updates were shared with staff. Staff meetings were held to discuss work practices, development needs and staff wellbeing. These were held quarterly or more frequently if required. The registered manager said that there were also daily handovers to ensure care workers were kept informed of important changes.
- The service had nominated staff who were Champions in various areas such as moving and handling, medication, safeguarding, dementia and end of life. The registered manager explained that this improved awareness of areas of care and enabled staff to share information and develop their understanding of these areas.

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

- The registered manager promoted a person-centred culture within the service. They led by example and supported staff to understand the services' visions and values. Person-centred care was discussed regularly with care workers during supervisions and team meetings.
- When asked about management of the service, feedback was positive about how the service was operating. One person told us, "It is a well-run agency." One relative said, "Everybody in the building knows how good they are."
- Staff we spoke with told us they felt well supported by the registered manager. They told us the registered manager was always approachable and provided guidance and direction whenever they needed it. One care member of staff told us, "It is a good place to work. Everyone gets on. It is smooth sailing. There is good support here." Another member of staff said, "[The registered manager] is very helpful and competent as well."

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

- Management understood and acted on their duty of candour responsibilities. The registered manager

promoted and encouraged candour through openness.

- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service.

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

- The registered manager had submitted relevant statutory notifications to the CQC promptly and were aware of their responsibility to report to other partner agencies.
- Staff performance was monitored through regular one to one supervision, spot checks and competency checks. Staff understood their roles and responsibilities, were motivated and had confidence in the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and relatives about the service through review meetings, telephone calls and satisfaction surveys to improve the service where needed.
- Where required, the service communicated and worked in partnership with external parties which included healthcare professionals such as GPs and we saw documented evidence of this.
- People and relatives were given the opportunity to feedback on the quality of the care and support provided through a survey. The last survey was carried out in December 2021 and the feedback was overall positive. These surveys enabled people to express their thoughts on the level of care provided and make suggestions. We saw documented evidence that the results of the survey were reviewed by management and appropriate follow up action was taken where necessary.