Elysium Supported Living Limited

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Inspection report

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Date of inspection visit:
29 November 2017
30 November 2017

Date of publication:
17 January 2018

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

Elysium Supported Living provides care and support to 33people in 9 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. Not everyone using Elysium Supported Living receives regulated activity; 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. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service was rated Good.

People were protected from abuse. Risks to people were assessed and minimised. There were sufficient numbers of staff in place to keep people safe and meet their needs. People received their medicines safely. People were protected by the prevention and control of infection where possible. Accidents and incidents were managed effectively.

People's needs and choices had been assessed when they started using the service. Staff were trained and their skills and competence checked by the registered manager. People were supported to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were seen to be kind and compassionate towards people. People and their relatives were involved with making decisions about care and support. People were treated with privacy and dignity.

People received care that was personalised to their needs. People were supported to take part in meaningful activities and to engage with the local community. People were encouraged to raise concerns or complaints.

There was an inclusive, open and transparent nature to the service. The registered manager understood the legal requirements of their role. The service had an effective system of checks in place which were used to assess the quality of care provided by staff. The service worked in partnership with other agencies to ensure care was provided in a joined up way.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

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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 was planned to check 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 was a comprehensive inspection.

The inspection took place on 29 and 30 November and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a supported living service for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection consisted of an inspector, an assistant 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 experience of caring for people with a learning disability.

The registered provider had not been asked to complete a Provider Information Return (PIR) for the service on this occasion. Before the inspection we looked at records that were sent to us by the registered manager and the local authority informing us of significant events. We reviewed the previous inspection report. The inspection was also informed by feedback from questionnaires completed by a number of people using the service, staff who worked at the service and other professionals who came into contact with the service.

We spoke to seven people who received a service to gather feedback. We also spoke with the registered manager, operations manager, quality assurance manager and seven care staff.

We looked at six peoples care plans and records. We looked at documentation that related to staff management and staff recruitment. We also looked at records concerning the monitoring, safety and quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when staff provided support. One person said, "Yes, I do feel safe here. The staff make it safe." Another said, "I feel safe because the staff always help me deal with things and that makes me feel safe."

People were protected from abuse. Staff received regular safeguarding training, and knew how to report concerns. One staff member told us, "I would report concerns to my line manager immediately. If it wasn't appropriate I'd speak to head office. I know I can also contact the police or CQC." The registered manager reported concerns to the local authority when necessary, and worked closely with the safeguarding team to ensure concerns were responded to appropriately.

Risks to people were assessed and minimised. Risks associated with people's care had been identified and risk assessments were in place. Staff told us the risk assessments provided instructions to follow in order to reduce risk, and covered areas such as using the home environment safely, or supporting people when they were out in the community. One risk assessment identified a health condition that might put a person at risk when swimming. The assessment guided staff to inform the lifeguard before entering the pool and to call for help immediately if any symptoms were displayed.

There were sufficient numbers of staff in place to keep people safe and meet their needs. Rotas were planned in advance and based around the needs of the people using the service. People we spoke to said there were enough staff to meet their needs, and staff were punctual. One person said, "If they're going to be late they will always call me to let me know what's happening." Staff were recruited in a safe manner. During our inspection we looked at five staff files and saw the service was following its recruitment policy. This included keeping records of application forms and interviews; copies of passports and documents showing staff had the right to work in the UK; references from previous employers and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people that need care and support.

People received their medicines safely. The service had a medication policy which gave guidance to staff on how to support people with their medicines. Support was only provided when a risk assessment indicated someone was not able to take their own medicines, and these assessments were reviewed regularly. Staff received training regarding the safe administration of medicines. Their competency was assessed before they started supporting people and was reviewed each year.

People were protected by the prevention and control of infection where possible. Staff received infection control training. Staff were aware of the importance of using personal protective equipment (PPE) when supporting people, and the service provided staff with gloves or aprons to be used when needed. As part of our inspection we visited three houses and saw staff were managing clinical waste or hazardous substances in line with the policy.

Accidents, incidents and near misses were reported to management in line with the policy and procedure.

One staff member told us, "It's a really transparent culture here, I'm not worried about reporting anything." The management team kept a record of all accidents or near misses, and reviewed the record for patterns or trends. We saw evidence of action being taken as a result of an incident where a person displayed some behaviour which was challenging when on a bus. The incident led to a review of the person's care plan and risk assessment, and learning from the incident was shared more widely with staff during team meetings.

Good

Is the service effective?

Our findings

People told us that their needs were met and staff were skilled in carrying out their roles. One person told us, ""I get choices about what to do. I choose not to do things sometimes, other times I can go swimming by myself. They help me be independent." Another said, "I want to progress with my keyworker into a place on my own. They're helping me to get us to that level. I feel that I can do that." Another said, "Yes, the staff are really good to work with."

People's needs and choices had been assessed when they started using the service. The assessments took into account the persons views and wishes, and included contributions from others interested in the person's care, such as family members or social workers. People were slowly introduced into the service so the staff could get to know them, and they get to know staff and other people living there. For example, one new person had four 'transition' visits before deciding whether they wanted to move in, including lunch with other people, tea, a four hour stay and an overnight stay. This period was used to assess their needs. The assessment resulted in the development of a person centred care plan which described how the person wanted to be supported, and what their goals and aspirations were.

Staff were trained and their skills and competence checked by the management team. We looked at records and saw that staff received an induction and had their competency assessed before they had been allowed to work on their own. Newly recruited staff we spoke to told us they felt supported during their induction. Staff were required to complete mandatory training on subjects such as safeguarding, the Mental Capacity Act and handling medicines. One staff member told us, "It's a good mix of online and face-to-face training. If I'm not confident in something they'll let me do more training." Staff we spoke to said they received regular supervisions. Staff felt the supervisions were worthwhile and benefitted them. Formal appraisals did not take place but learning and development needs were identified through supervisions and direct observations.

People were supported to maintain a balanced diet. People's care plans and risk assessments gave staff guidance on how to support people with their nutrition and hydration needs. People were encouraged to shop and cook independently where possible. One person told us, "I go food shopping with a member of staff on Wednesday or Thursday. I do a meal planner, this week I've had chicken korma and rice, spaghetti carbonara and garlic bread, gammon, peas and chips. I do this all by myself." Staff sought guidance from a dietician or speech and language therapist where people needed more specialist support. People had access to other health and social care professionals, and their care plans indicated support people needed to stay healthy. Records confirmed people had access to a GP, dentist and an optician and were supported to attend appointments when required.

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.

People's rights had been protected and staff were acting in accordance with the Mental Capacity Act 2005. Staff demonstrated a good understanding of the MCA. The registered manager had carried out MCA assessments appropriately and where people did not have capacity to make decisions themselves staff always acted in the person's best interests. One staff member told us, "It's not just me who makes the decision. We involve all the professionals, speech and language therapist, the doctor, even the police sometimes." Consent was sought before providing care and support.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person told us, ""Yes, I like the staff, they're very nice. They're kind staff, it's good here". Another said, "I talk to staff, and I talk to my mum. I get reassurance from them both of them. They care about me."

Staff were seen to be kind and compassionate towards people. During our inspection we visited seven people at three different properties. We saw staff and the people being supported were relaxed, friendly and respectful towards each other. One staff member told us, "It's a family run business and each house has a family atmosphere about it." Staff told us they generally provided support to the same people so had a good understanding of their needs, preferences and wishes. People told us their preference for male and female care staff had been discussed with them and where there was a preference it was recorded in the person's care plan.

People and their relatives were involved with making decisions about care and support. Formal reviews took place each year, which also included professionals involved in the person's care such as social workers or other health professionals. Each person chose their own key worker, and that staff member led the review because they knew the person the best. People said they looked forward to their reviews. One said, ""I have a review, talk about how things are progressing like 'how are you doing?' or 'how are you coping?'" Another person said, ""Staff do the things that I ask, things that I want to do. They know what I like because they talk to me." Staff respected people's confidentiality. The registered manager described how they took into account people's preferences about when and how to share information and who to invite to review meetings.

People were treated with privacy and dignity. Staff had received training on privacy, dignity and confidentiality and we saw staff respected the people they supported. People told us they had their own keys to their bedrooms in the shared houses, and staff would always ask if they needed to gain access to private areas of the house. Where care was required staff described how they treated people with dignity. For example, one person required support putting on cream for a skin condition. The staff member told us they would always knock on the bathroom door and wait to be invited in before entering. People were supported to be as independent as possible. Each person had a care plan which identified individual goals and how they would be met. These goals focussed on how the person would increase their independence. One person told us they liked to go to the cinema, and when they moved to the service they set a goal of travelling there independently. Staff worked with the person to enable them to gain confidence with using public transport, amending care plans and risk assessments, and the person told us they had recently taken their first independent trip.

Good

Is the service responsive?

Our findings

People told us that the care and support they received was responsive to their needs and preferences. One person told us, "I'm able to choose how I spend my day. Sometimes I want to get up late and play on the computer and nobody tells me I can't. Other days I want to go out and someone will come with me." Another said, "On Thursdays I go to the stables and look after the horses. On Monday and Tuesday I go to a farm, on Wednesdays I go to college and to the garden centre. Every other Friday I do cleaning. I've always got something to do."

People received care that was personalised to their needs. We looked at six care plans during the inspection. The plans were highly personalised and contained detail about what was important to people, what they do or don't like, their cultural needs and how they want to be supported. Much of the information was gathered at the initial assessment, but the care plans were amended at formal reviews or as and when needs or preferences changed. Staff told us they valued the detail in the care plans. One told us, "I can walk into any house and hit the floor running because the assessments are so detailed. I feel I know someone before I've even met them." Another told us, "They're so detailed. We don't get many new staff here, but when we do they have a real gist of what is going on." Some people at the service had communication needs. One person had developed their own version of sign language which staff found difficult to understand. The registered manager was in the process of developing a video explaining to staff what each gesture meant. The aim of this was to better understand the person's wishes. Other people were able to choose how they wanted their information to be presented to them; for example, in easy read format.

People were supported to take part in meaningful activities and to engage with the local community. During our inspection we saw people returning from activities which had been planned by the person in conjunction with their keyworker. The registered manager told us the service had developed close ties with local colleges, employment agencies and local employers, day services and volunteering opportunities such as farms. People were encouraged to talk about what interested them during reviews and staff helped them develop their activity plan.

People were encouraged to raise concerns or complaints. People and their relatives were made aware of the procedure to follow. The registered manager kept a log of complaints and monitored them for trends and patterns, and we saw that all concerns had been addressed and resolved in line with the provider's policy.

Good

Is the service well-led?

Our findings

People told us they thought the service was well led. One person said, "(the registered manager) is really nice. She makes sure staff are doing their job properly, she asks us how we are." A staff member said, "I feel supported. If I need help and my team leader is not to hand I can call the office, or on call, and they will always give me advice." Another said, "I like this company because it's small and everyone knows everyone else. We have proper input into people's lives and the whole company is focussed on people".

Discussions with staff and people showed there was an inclusive, open and transparent nature to the service. The registered manager told us, "We want staff to challenge what we do and how we do things." People using and working in the service were encouraged to make suggestions about how to improve the service. Staff we spoke to said they were encouraged to speak about practice issues in team meetings and supervisions. Each year a staff survey was held where the directors and care staff discuss the visions and future of the organisation. We saw that comments and suggestions were acted upon. For example, it was suggested that the existing arrangement of having classroom based training organised over only one week was too intensive. The registered manager took action and arranged for the training to be extended to two weeks. The service also sought views from people and their relatives through surveys, meetings and at reviews.

The registered manager understood the legal requirements of their role. They had ensured that all notifications required as per the Health and Social Care Act 2008 had been made to the Care Quality Commission. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support when untoward events occurred. The most recent CQC rating was on display at the service and on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The service had an effective system of checks in place which were used to assess the quality of care provided by staff. The service carried out regular unannounced quality assurance visits of the care and support provided at each house. For example, this included reviewing care plan documentation or checking fire alarm tests were being completed. Management fed back to staff and checked that the issues were followed up. Records of incidents, accidents and safeguarding were collated and audited by the Quality Assurance manager. Trends and patterns were shared with staff through team meetings and newsletters.

The service worked in partnership with other agencies to ensure care was provided in a joined up way. Feedback we received from professionals in the community showed the service had developed good and trusting relationships with stakeholders. One professional told us, "The management team are easily contacted and are flexible, working well with other agencies in their services."