

## Eliona Healthcare 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 

### Overall summary

This inspection took place on the 30 September 2015 and was announced. The service is registered to provide personal care to people in their own homes when they are unable to manage their own care. At the time of the inspection there one person using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection

# Summary of findings

there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty

Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who they cared for. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and made monthly visits to people using the service to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

# Summary of findings

## 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 was safe.

People felt safe and comfortable in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



### Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



### Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Good



### Is the service responsive?

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Good



# Summary of findings

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

## Is the service well-led?

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People using the service, their relatives and staff were confident in the manager. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

**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 inspection took place on 30 September 2015 and was announced and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people

living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person in their own home, one family member and three members of staff including care staff and management.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records of one person who used the service and one staff recruitment file. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People felt safe with the staff that supported them. One person said “The staff are fantastic, I feel safe with them; I think I am very fortunate” The service had procedures for ensuring that any concerns about people’s safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. One staff member said “I wouldn’t hesitate to report my concerns if I thought abuse or bad practice was happening.” Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

Peoples’ individual plans of care contained basic risk assessments to reduce and manage the risks to people’s safety; for example people had movement and handling risk assessments which provided staff with instructions about how people were to be supported to change their position. Risk assessments were also in place to manage other risks within the environment including the risk of falls. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. When accidents did occur the manager and staff took appropriate action to

ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People thought there was sufficient staff available to provide their care and support. One person said “The staff are fantastic, always turn up when they should and I can rely on them one hundred per cent.” Each person was individually assessed and a care package was developed to meet their needs. Where people had been assessed for requiring two staff to support them we saw this was in place. We saw that the staff rota’s reflected people’s needs. People said they knew the staff that supported them and they received the required number of visits and staff were always on time. Throughout the inspection we saw there was enough staff to meet people’s needs.

People’s medicines were safely managed. Basic care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated on an annual basis.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care setting. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

# Is the service effective?

## Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on infection control and person centred care planning. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us “The induction was really good, I completed all of the core training and shadowed other staff and clients [people who used the service] until I felt I knew the service and people well.”

Training was delivered by face to face workshop sessions and on-line; the providers’ mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Staff we spoke with were positive about the training received.

People’s needs were met by staff that received regular supervision and received an annual appraisal. The management team also carried out ‘on task supervision’ where the staff were monitored while undertaking tasks. We saw that supervision meetings were available to all staff employed at the service, including permanent and ‘bank’ members of staff. The meetings were used to assess staff

performance and identify on going support and training needs. Staff said “I have supervision but if I have any concerns I don’t wait for supervision I can just call the office.”

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We observed staff seeking people’s consent when undertaking day to day tasks.

People told us they selected their own food choices and in some cases staff supported them in the food preparation. Training records showed that staff had received up to date training in food safety. People were encouraged to have an adequate intake of fluids during and in between visits.

Staff were knowledgeable about people’s food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people’s individual dietary needs and maintaining adequate hydration.

People’s healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Care Records showed that people had access to community nurses; GP’s and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

# Is the service caring?

## Our findings

People were cared for by staff that were passionate about providing good quality care. One person said “They [staff] are absolutely wonderful, they have really helped me; it’s the small things they do that make a big difference.” Staff showed a compassion for the people they cared for and gave examples of how they communicated with people who could not verbally communicate.

During visits to people’s homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. There was a calm and relaxed atmosphere and one person told us “I am so lucky to have these carer’s.” People were listened to and their views were acted upon.

Care plans included people’s preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans were detailed and covered every aspect of a person’s life and the care they required. People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing. People had access to aids and adaptations to support their independence and mobility.

Staff gave us examples about how they sought people’s views in relation to their personal care; they also told us how people were encouraged to maintain their independence and how they involved and supported relatives. One relative said “For the first time in a long time I went on holiday and didn’t have to worry about [my relative] because I know she is so well looked after.” Staff were knowledgeable about peoples’ individual needs and they spoke in a kind and caring way, with insight into peoples’ needs and the challenges they faced.

People’s privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people’s personal care needs. People also demonstrated how they would protect people’s privacy and dignity while being supported in the community and undertaking leisure activities.

There was information on advocacy services which was available for people and their relatives to view. No-one currently using the service used an independent advocate but staff we spoke with knew how to refer people and gave examples of when people may be referred in the future.



# Is the service responsive?

## Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. One person told us “I was asked lots of questions about what I can and what I can’t do for myself and they wrote it all down so now all the carers know.” The assessments formed the basis for an individual plan of care developed specific to the person concerned and these contained information about their life history and lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people’s assessed needs

Care plans were reviewed on a regular basis with the people using the service and their family members to help ensure they were kept up to date and reflected each individual’s current needs. The manager told us when any changes had been identified and senior staff were aware this was recorded in the care plan, This was confirmed in the care plans we saw.

People were supported by a service that was flexible and responsive to people’s needs. One person told us “If I wanted to change my visits or wanted extra time I know they would accommodate me, they are so good with anything like that.” One family member told us that the staff do lots of little tasks that make a difference; like replacing batteries in a clock and filling up the bird feeder.

When people started using the service they and their representatives, were provided with the information they needed about what do if they had a complaint. One family member said “I’ve never had to complain, they are so keen to get it right for [my relative], it’s caring with a capital C.” There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to.

# Is the service well-led?

## Our findings

Everyone we spoke with was complimentary about the management of the service. People told us communication was good and they had positive relationships with the management. Staff said “Very approachable, I can go to the manager anytime.” A family member said “Everything just works so well, I can contact them at any time.”

Communication between people, families and staff was encouraged in an open way. Relative’s feedback told us that the staff worked well with people and there was good open communication with staff and management. The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the manager was very approachable and proactive and gave us examples of changes that have been made from their feedback.

The management team spoke to us about how the service was initially set up; which involved local people in the community requiring some support. The management team were passionate about providing good, reliable person centred care and feedback from people who use or have used the service shows that they do this in practice. One person said “They [managers and staff] should be so proud of themselves, it’s an excellent service.”

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Comments included “The carer who visits me is consistently kind and considerate.” Regular audits and surveys were undertaken and these specifically sought

people’s views on the quality of the service they received. People were generally happy and content and we feedback from relatives that complimented the standard of care that had been provided.

Staff worked well together and as a team were focused on ensuring that each person’s needs were met. Staff knew what support each person needed and they worked well together sharing information. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said “The manager is very approachable; I can always talk to her if I am unsure about something.” Information sharing sessions with the staff took place on a regular basis and the manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend ‘refresher’ training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.