

Elyon Healthcare Ltd

Elyon Healthcare

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

Elyon Healthcare provides personal care for people living at home in Northamptonshire and Milton Keynes. At the time of our inspection there were 22 adults and three children receiving personal care. This announced inspection took place between 15 and 25 November 2016.

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.

The registered manager had values and a clear vision that was person centred and focussed on enabling people to live at home. The provider had ensured that they had the systems and processes in place to provide for people's individual care needs. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions 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. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the required skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

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.

People were protected by staff that were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

People could be assured that appropriate recruitment practices were in place.

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

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and sought people's consent before providing care.

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

Is the service caring?

Good ●

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 using the service and staff.

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

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.

Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

Elyon Healthcare

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 between 15 and 25 November 2016. The inspection was announced and was undertaken by one inspector. We gave 24 hours' notice of the inspection as the service is small and we needed to be sure that they would be in.

We 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 this inspection we spoke with two people who used the service and two relatives of people who could not speak for themselves. We also looked at care records relating to three people. In total we spoke with nine members of staff, including four care staff, two team leaders, the clinical lead, the registered manager and the provider. We looked at five records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff received training to enable them to identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us "I would record and report any concerns I had to the manager, and if I did not get a response I would report it to safeguarding."

People were assessed for potential risks associated with moving and handling, medicines and their environment. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. One member of staff told us "We tell the office when people's care needs change, the risk assessments are then updated; the risk assessments are all up to date." Records confirmed that people's risk assessments reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate the risks people were exposed to and ensured their continued safety.

There was enough staff to keep people safe and to meet their needs. People told us that staff came to provide their care on time and stayed for the allotted time. One person told us that they were allocated the same staff most of the time and another person told us that staff "In the main come on time." Relatives confirmed that staff did not miss visits and that staff always turned up to provide care. If staff were running late, they informed the office who contacted people to apologise and confirm when they would be there. One member of staff said "I have enough time to get to everyone, sometimes the traffic slows me down, so I phone the office, they let people know I'm running late." Some people had staff that provided care during the day and over-night; these staff worked in teams so that people received continuity of their care.

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Nursing staff were registered through their professional body and there were systems in place to ensure that their registrations were updated.

People's medicines were safely managed. Staff had received training in the safe administration of medicines. Staff recorded when they gave prescribed medicines on medicine administration records. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits where actions had been taken to improve practice.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff spent time with other experienced staff shadowing them to enable them to get to know the people they were to support. Staff completed a set of mandatory training courses which included safeguarding, manual handling and First Aid. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People's needs were met by staff who had received training to meet their specific needs. For example where people had a Percutaneous endoscopic gastrostomy (PEG) tube which staff used to provide medicines, fluids and nutrition; staff received specific training that related for each person and they had their competencies assessed. In some cases staff spent time with people in hospital or other care settings to receive training and pass their competencies. There was an Registered Children's Nurse employed who provided clinical guidance and supervision to all staff providing care to children; they had specific skills in the management of children with complex needs in different care settings such as intensive care, respite and at home. They worked closely with staff to ensure that the training they received would meet each child's needs and kept them updated with current best practice and guidelines.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff told us they received regular supervision and they felt supported, one member of staff said "I have good supervision, [name of senior staff] works closely with me, I feel supported." We saw evidence that regular supervision was taking place, where training, staffing levels and people's support were discussed.

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the code of practice. Staff gained people's consent before they entered their homes and before providing any care.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's specific needs, for example one person had been assessed as having difficulty in swallowing; they required their drinks to be thickened to prevent choking. Staff received training in food hygiene and

prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly.

Staff had information about who to contact in an emergency and the procedures to follow, for example if people's PEG tubes were not functioning properly or had fallen out. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. Some people had specific emergency plans that staff knew how to use when required. Staff supported people to attend their health appointments.

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "The staff are terrific." One relative told us "The staff are good, they understand what [name] needs." Another relative told us "They [staff] are very nice people, they get on well with [name]."

Staff took time to get to know people who were new to the service and care was centred on each individual. One relative told us "We work together with the staff, I am very happy with the team." One member of staff told us "It is important we work with families as we are in their homes supporting them too, and I want to be sure we are respectful."

Care plans provided staff with guidance on how to communicate with people, for example one person had difficulty hearing, the staff were guided to ensure they made eye contact with them when talking with them. Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "[Name] likes the music channels and we read their hobby magazines to them."

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One relative told us "They [staff] are kind, they go at [name's] pace".

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff and the care they had provided.

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. In some cases staff were employed specifically to provide the care for an individual. The provider created a team of staff that had the skills and competencies to provide for their complex care needs in advance of providing any care. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Care was planned and delivered in line with people's individual preferences, choices and needs. People told us the staff understood their needs, one person told us "[Name of staff] knows how to look after me." Staff told us that the care plans were detailed and provided all the information they needed to provide the care people needed. For example there were instructions on the equipment used and how to use these correctly. Relatives confirmed that people received their care as planned; they provided examples such as staff helping people to carry out their daily exercises. People's care plans also provided clear instructions for staff on how to reposition people to help relieve their pressure areas or improve their breathing.

Staff recorded the care they carried out in daily notes. Staff providing care over-night recorded the care they provided via a secure electronic message to an on-call co-ordinator; this provided instant updates and supervision to staff during the night and ensured good communication with staff when changing shifts. One co-ordinator told us "This is really important as we know what is happening with each person during the night and the information we have is current."

Senior staff visited people to assess their on-going needs and informed staff of any updates in care. One relative told us "The co-ordinators sit down with us every week and review all of the care plans." The care plans provided staff with detailed instructions about people's preferences which staff followed. For example where people requested female care staff this had been provided.

People were involved in planning their care and staff demonstrated they were aware of the content of people's care plans. One relative told us "We are involved with [name's] care and we work well together." This family had retained some of the caring role and there was a clear division of what was expected of the care staff who had specific roles allocated to them.

People said they knew how to complain and felt confident that their concerns would be listened to. One relative told us "I raised an issue with the manager and I haven't had the problem since, they dealt with my complaint quickly." There was a complaints policy and procedure in place but there had not been any complaints made.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection who understood their responsibilities which included notifying the commission of incidents or changes to the service.

The registered manager and provider were committed to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The registered manager demonstrated how staff continually developed their roles through training and supervision.

People who used the service and their relatives told us they had confidence in the service. Staff told us they were proud to work for Elyon Healthcare, one member of staff said "I am proud of the people I work with." One senior member of staff told us they were impressed with the level of preparation for each care package, they said "All of the procedures and processes in place, there is a structure for everything we do, staff are prepared."

The provider had implemented the policies and procedures required to manage children's complex needs. They had employed a Registered Children's Nurse who led the clinical care for children; they told us "Each member of staff undergoes a thorough induction and their competencies are assessed, all of the processes are in place to manage the needs of the children." The provider had also implemented procedures for staff to access senior staff at any time day or night.

The provider had been proactive in acquiring the knowledge and skills required to provide care to meet people's need. They had access to and used the clinical guidelines and competency framework used by the NHS such as the management of the people's airways, oxygen and naso-gastric or PEG tubes.

Staff had team meetings every two months; these were used to inform staff of any changes in people's needs, and of new people joining the service. Staff were involved in the development of the service, for example staff developed new documentation for daily records. One member of staff told us "I feel really involved." Team meetings were also used to relay feedback from people who used the service and the results of audits, for example findings from the medicines audit. The registered manager encouraged staff to attend the regular meetings to provide them with a voice, they told us "staff are given the opportunity to comment on working conditions, suggest improvements or recommendations. A happy workforce gives good care." The provider had implemented incentives to staff such as arranging retail discounts and rewarding long service to assist with the retention of staff.

The culture within the service focused upon supporting people's well-being as well as supporting their physical needs. Staff described giving on-going emotional support, reassurance and companionship. All of the staff we spoke with were committed to providing a high standard of personalised care and support.

The provider responded to the feedback they received from people who used the service and staff and used this information to improve the service. The satisfaction survey in September 2016 concluded that staff were

respectful, maintained people's privacy and dignity and people's choices and preferences were acted upon.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out on staff employment files, care records and medicine charts. Where there were any issues identified, the registered manager ensured that these were addressed.