

Elegant Care Services Limited

Elegant Care Services

Inspection report

3 St Andrews Crescent
Windsor
Berkshire
SL4 4EW

Tel: 01753358510

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

Elegant Care Services is a domiciliary care agency. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the service lived in two multi-occupation properties which were shared by ten people, five in each property. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. Elegant Care Services provides a service to adults with a learning disability or people with mental health conditions.

Not everyone using Elegant Care Services 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. At the time of our inspection, four people were receiving the regulated activity.

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.

The inspection took place on 24 January 2019 and was announced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in July 2016. At that inspection, the service was rated Good. At this inspection we found examples of outstanding care and support in both the effective and responsive domains which have been rated accordingly.

The provider kept staffing levels under review and took time to match appropriately trained staff who had similar interests with the people they supported. The staff team was well established and stable, they were deployed appropriately to provide safe support for people. Robust recruitment practices helped to ensure only suitable people were employed to work at the service.

People were protected from the risk of abuse by staff who were trained and had the knowledge and skills to identify safeguarding concerns and act on them. Risks to people's health and well-being were assessed and appropriate plans were in place to minimise risks. The management team worked closely with the housing provider, conducting regular checks on the safety of the premises, reporting any issues promptly. People

were supported to manage their medicines safely.

People received extremely effective support from a staff team who were regularly supervised and had their personal performance evaluated at an annual appraisal. Staff were trained in the skills necessary to fulfil their role and had received further training in areas relating to the specific needs of the people they supported.

The service had a strong person-centred approach which focussed on the individuals supported. The consistent approach used by the staff team had enabled people to make changes in their lifestyle and develop independence in order to bring about positive outcomes in their lives. Staff worked with health and social care professionals to meet people's complex health needs and adopted a positive and forward-thinking attitude to supporting them to live life to the full.

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 support this practice.

People were encouraged to eat a well-balanced diet and supported to make healthy-living choices. When necessary their nutrition was monitored and staff sought and acted on advice from appropriate health professionals.

The interactions between people and the staff were very positive. Staff showed a genuine interest in the well-being of those they supported. They demonstrated kindness and understanding toward people and involved them fully in choices around their daily living. There was a strong emphasis on developing people's independence and supporting people to attain personal goals.

People were relaxed and comfortable in the company of staff, they sought support and assistance when required and there were several instances when they shared jokes and light-hearted banter. People were spoken to and about in a respectful manner, their privacy and dignity were maintained and staff knew the importance and processes of maintaining confidentiality.

Staff recognised the importance of maintaining relationships with family and friends. They had worked hard with social care professionals and introduced the use of technology to help re-establish and maintain family connections, achieving positive outcomes for people.

People were involved in all aspects of the service. Staff had been trained and had established ways to help people communicate and understand information that was presented to them. They had developed documents in pictorial format, talking mats and social stories to engage people and present information.

People's support plans were very comprehensive. They reflected the extremely person-centred approach used by staff. Additionally, they provided detailed guidance on how people were supported to achieve goals and positive outcomes to enhance their lives. Support plans also included people's likes, dislikes, cultural and spiritual preferences. Staff were familiar with these and worked to enable people to follow their interests and observe their culture and beliefs. People had opportunities to take part in activities of their choice for both enjoyment and to develop further independence.

The provider made people and their relatives aware of how a complaint may be made. Staff knew how to support people to raise concerns and the provider had a policy in place to respond accordingly. There had been no complaints since the previous inspection. The registered manager had systems in place to monitor the quality of the service provided. People, their relatives and staff had opportunities to feedback their views

on the quality of the service.

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?

Good 

The service continued to be safe.

There were sufficient numbers of staff deployed appropriately to provide safe care. Recruitment processes were robust.

Staff had been trained in protecting people from abuse. They knew the actions to take to escalate concerns.

Risk assessments had been completed and provided guidance to staff to manage and reduce the risks identified.

People were supported to manage their medicines safely.

Is the service effective?

Outstanding 

The service was outstanding.

Staff were committed to maintaining and improving people's health and well-being. They worked closely with other health and social care professionals to ensure people received the support they needed to meet their complex needs.

Staff had received training to support people with specific needs. They were regularly supervised and observed in their practice. Staff reported they felt fully supported in their role.

People were involved and supported with making decisions about their lives.

People were supported with their nutrition and assisted to make healthy choices.

Is the service caring?

Good 

The service continued to be caring

People were treated with kindness and respect. They enjoyed the company of staff who they had developed trusting relationships with.

People were encouraged and supported to maintain and develop their independence.

People's privacy and dignity were respected.

People were involved in their support as much as possible. Staff knew people's individual needs and preferences very well.

Is the service responsive?

The service was Outstanding.

The service was person-centred and focused on putting people at the centre of all they did. The staff worked hard to help people understand information and communicate their wishes. They were skilled in observing people and interpreting their needs.

People's support plans and care records were extremely personalised. They reflected their individual, current needs and provided excellent guidance for staff to meet those needs.

The service was exceptionally responsive to people's choices and preferences. They worked with people, their families and other professionals to ensure people lived the best life they could.

Outstanding 

Is the service well-led?

The service continued to be well-led

People, staff and relatives told us they had confidence in the registered manager's leadership, they found them to be approachable and supportive.

There were clear values adhered to by the registered manager and staff team. The culture of the service was open and honest.

The quality of the service was monitored by the registered manager and provider.

Good 

Elegant Care Services

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 which took place on 24 January 2019. The inspection was announced and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We also looked at previous inspection reports. We reviewed the 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.

During the inspection we spoke with three people who use the service and three relatives. We spoke with four members of staff including the registered manager, the director and two support staff. We requested feedback from three commissioners and a health professional as well as the local safeguarding authority.

We observed support being provided in the communal areas of the service and saw people preparing and having lunch. We also observed a handover meeting and a baking activity. We looked at records relating to the management of the service including four people's support plans and associated records. We reviewed the medicine administration records and inspected four staff files including recruitment records. We checked records of accidents and incidents and looked at handover and communication documentation. We reviewed minutes of service user and staff meetings, service audits and a selection of health and safety records.

Is the service safe?

Our findings

The service continued to be safe.

People felt safe with the staff from Elegant Care Services. When asked if they felt safe with the support workers, one person said, "Yes, they're nice." Another nodded emphatically and gave a thumb up sign with a smile. Relatives were equally confident that their family members were safe. One told us they believed the service took safety very seriously and always kept them informed of what was happening. Another said concerns were always addressed and they felt their family member was protected by the support staff.

Staff were trained in protecting people from abuse. They knew their responsibilities regarding reporting concerns to safeguard the people they supported and when necessary had done so. The registered manager had reported concerns to relevant authorities in the past and informed us there had been no concerning events since the last inspection. The local safeguarding authority confirmed this. Staff were aware of the provider's whistleblowing policy, they felt confident action would be taken if concerns were raised and they knew they could contact outside agencies such as the local authority or police if necessary. The support team also took time with people to advise and assist them to find ways to remain safe and involved other agencies to support people when necessary. For example, people had been supported to attend training sessions in safe use of the internet and social media. Additionally, they took part in regular fire evacuations to ensure they were familiar with the correct procedures.

Risks relating to people and the support they required were assessed. Risks were identified dependent on each individual person and examples included, health, medicines, finance and behaviour. Plans to manage and mitigate risks were in place, forming part of the person's support plan. They were reviewed regularly or whenever there was a change in the person or their circumstances. The service viewed risks positively and people's support plans contained guidance for staff to help minimise risk without restricting people or their independence.

People's home environment was assessed to identify safety risks to both people using the service and the staff supporting them. The director and registered manager worked with the housing provider to help ensure the premises were maintained and kept safe. We noted how health and safety checks were completed regularly such as emergency lighting, fire safety equipment and fridge temperatures so that staff could inform the housing provider of any issues that needed attention. The registered manager told us they followed up any reported defects and in most instances, they were dealt with quickly and efficiently.

Safe and robust recruitment procedures were followed when new staff were employed. The required checks and information had been sought before new staff commenced working for the service. We noted there had been no new staff employed since the last inspection and the staff team remained stable and committed. This meant people benefitted from consistent support and they told us they felt very comfortable with the support staff. The registered manager valued the views of people regarding the staff who worked with them and involved people in the recruitment of staff. The number of staff required was determined by the needs of the people using the service and kept under regular review.

People received their medicines safely and at the time they required them. Whenever possible they were encouraged to administer their own medicines or do so under the guidance of a staff member. Staff had been trained in the safe management of medicines and had also received specific training for certain medicines that required more in-depth knowledge. Their competency was checked by senior staff at least annually. Medicine records were completed and audited for any errors. Some people were prescribed medicines to be taken only when they were required (PRN). Where this was the case each person had a protocol in place to guide staff to know when and why this should be given.

Accidents and incident were recorded, investigated and appropriate actions taken. We saw from the records of meetings, incidents were discussed and learning from them was shared with the staff team. Staff were aware of actions to take in an emergency and the provider had a contingency plan to assist staff in dealing with situations such as loss of utilities or poor weather conditions. Staff supported people to keep their environment clean. People and staff told us gloves and aprons were used when supporting people with personal care to help prevent the spread of infection.

Is the service effective?

Our findings

The service provided excellent, effective care and support to people.

People were supported to maintain their health and wellbeing. Staff provided support to assist people to attend appointments and a record of each appointment was kept providing clear information on what advice was provided by the health professional. Each individual had a health file that provided clear and detailed information so that advice could be followed and future appointments kept. As well as annual health checks with the GP regular visits to other health professionals such as psychiatrists, opticians, chiropodists and dentists were organised and supported.

Some of the people supported by Elegant Care Services had complex health needs requiring support from staff to manage them. We found the registered manager and staff worked hard to find the best ways to support people to improve their health and well-being. They told us they wanted to ensure people enjoyed positive outcomes that enabled them to live life to the full. They described examples of how their support had made a positive impact on people's lives.

In the first example a person lived with a number of health issues which were impacted on by factors such as weight, mental well-being and reluctance to comply with prescribed treatments. They also had significant limitations in how they communicated which increased the difficulties they experienced. We saw how staff had dedicated themselves to working with this person in way they could understand and exchange information. We saw they used a variety of communication methods ranging from sign language to talking mats and writing. Staff told us they had undergone specialist training and through practice they were becoming more skilled in using the different methods. They had spent time building a relationship of trust with the person to support them to attend various appointments and comply with the advice and treatment prescribed. They had also supported the person to understand how their weight may be having a negative impact on their health. The person had agreed to try a healthy eating plan and with staff encouragement also took some exercise which had resulted in some weight loss. We found through the support provided, significant improvements had taken place in a relatively short time. These had had extremely positive benefits for the person, including, healing of painful wounds, reduction in amount of medicines required and stability in their mental well-being. Due to these improvements the person was now able to join in more activities, felt less anxious about their health and was beginning to widen their social network which was important to them.

This showed staff looked for ways to overcome issues that could impede people's lives. The registered manager told us, "This was a big challenge for the team. We were pushed to our boundaries and worked tirelessly with all the external agencies at the same time training our staff and preparing them for this big challenge. We have never worked with so many external agencies for one service user within a short time frame. I can say we are proud of our team and their hard work that [name] has settled down, participating in numerous activities and living his life and enjoying everything."

In another example a person had neglected themselves prior to receiving support from Elegant Care

Services. They had failed to attend hospital appointments and had become dependent on a substance. This had led them to become susceptible to infection and their general health was compromised. Furthermore, they were reluctant to talk about or have contact with their family. Staff told us when they first had support from the service they were reluctant to talk to them. With time, staff slowly developed a therapeutic relationship with them. The registered manager told us the relationships built were based on "trust and a non-judgmental approach". A great deal of time was spent with their keyworker allowing the person to ventilate feelings and emotions, allaying fears and anxieties. We saw how their health had improved, they were no longer dependent on any substances and were positively engaged in day to day living. They took part in a number of activities and were supported to attend health appointments which had led to continued improvement in their health. Staff had also supported them to re-establish contact with their family and a relative told us they had feared their family member would not be able to overcome the health issues they had suffered. They attributed the person's improvement and current well-being to the care and support received from Elegant Care Services.

In another example, a person had sustained an injury due to a fall that had impacted on their confidence. Staff worked with other health professionals to support this person with exercises designed to improve their mobility and confidence as well as assisting them to acquire equipment to facilitate their recovery. As a result, they regained full mobility and no longer required the use of the equipment.

Some of the people supported by Elegant Care Services found it difficult to express their emotions or indicate when they were upset. For some this meant they had become dependent on using food or other substances to find comfort or displaying behaviour that could result in self-harm. Staff emphasised the need to observe people to monitor and understand what they needed. They explained how some behaviours had impacted on people's health. We saw they had provided information clearly to people and explained the negative impact these behaviours had on their health. By doing this, staff had supported people to make adjustments which had led to healthier lifestyles. For example, they had encouraged healthy eating and helped people substitute sugary snacks for fresh fruit and vegetables. People were supported to include exercise in their daily routines and where people had wanted help to become less dependent on substances this was provided. As a result of this support people had achieved positive results and the impact on their lives was evident from the changes they had achieved. For example, people were now able to take part in more physical activities such as swimming and walking. One person told us how they had learnt how to use fresh vegetables and fruit to make healthy meals and to make cakes with yoghurt instead of butter. We saw people were encouraged to grow vegetables and herbs in the garden so they could use these in their meals. People said this made the food "tasty".

People were supported by staff who had been trained in their job role. Staff received an induction during which they spent time shadowing and working alongside experienced staff to gain necessary skills and knowledge. The provider encouraged staff to develop to their full potential, they provided and monitored refresher training in areas considered to be mandatory. Other training in relation to the particular needs of people included epilepsy, managing challenging behaviour, sign language, stroke and autism. Staff praised the training they received and were supported to gain qualifications in health and social care. The registered manager worked alongside staff on a regular basis and completed observations of their practice, advising and directing them as necessary.

Staff told us they felt supported and appreciated by the management team. They said they could approach the registered manager or the director whenever they wished and felt confident they would be listened to. Staff had one to one supervision meetings with their line manager during which they discussed their work with individual people, their training and development and any issues or concerns they had. Staff had an annual appraisal of their work during which they discussed their personal development plan.

We observed a handover meeting between shifts. This provided an opportunity to update the staff coming on duty about events during the previous shift and the planned support required in the forthcoming one. Each person was spoken about individually and with respect.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA. Staff had been trained to understand the requirements of the MCA. People were encouraged to make decisions for themselves as far as they were able. People were asked before any support was provided and we observed people being encouraged to make choices for themselves. When more complex decisions had to be made staff spent time working with people. When appropriate they involved relatives and other professionals to make a decision in their best interests. For example, making decisions about finance. Where people had registered lasting powers of attorney the relevant paperwork had been verified and staff were aware of what decisions the attorneys could assist with. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection and told us this had not been required for the people they currently supported.

Is the service caring?

Our findings

The service continued to be caring.

People received support from a staff team who knew people very well and demonstrated an in-depth understanding of their individual needs. Staff could describe in detail how they supported people in a person-centred way. It was clear from the way staff spoke to and interacted with people that they valued them and respected their wishes. One staff member commented, "It's like they are my family. Sometimes we all get together to celebrate birthdays or other holidays." Staff explained how they involved people in every aspect of their lives and encouraged them to make decisions and choices for themselves. One said, "We explain things so they can make choices and understand what they are choosing."

Relatives praised the staff on their caring attitude. One said, "The staff are excellent, they always look out for [name's] best interests." A second told us, "We are very pleased with [name's] welfare and all the care that he is being given." Another commented, "They are all good and approachable. [Name] had made good progress. [Name] is much better and happier now."

The service strove to find ways support people's communication in order to reduce barriers and share information with them. We saw there were a variety of posters and information leaflets available in pictures as well as words. Social stories relating to several different areas were also available and aimed to improve people's knowledge of such things as what to do when the fire alarm rings or how to make a complaint. In addition to social stories, talking mats, sign language and drawings were also used to ensure people were provided with information, had a voice and were able to increase their independence whenever possible.

Each person had a key worker. A key worker is a member of staff who takes particular interest and responsibility for an individual. Keyworkers were supported by a co-keyworker who could step in while they were on leave or absent for any reason. This meant people had consistency of support staff. People had a meeting with their keyworker each week to discuss their support needs and their progress toward achieving their goals. It also provided opportunities for people to raise any concerns or anxieties they may have. Keyworkers made monthly reports on the people they supported, they gathered feedback from other staff to support their own observations. They communicated their findings to the team so there was a continuous monitoring of a person's well-being.

Staff respected people's diversity and their rights to privacy and dignity. We observed when people wished to be alone this was accepted and where people had a preference to the gender of staff who supported them with personal care this too was respected. Some people observed cultural or religious practices. Staff explained how they supported them in these areas, such as assisting them to find restaurants that served appropriately prepared foods or attending church groups of their choice.

We saw staff were skilled at identifying triggers which may lead to anxious or distressed behaviours. Staff knew how to avoid these and we saw how they de-escalated situations and managed situations sensitively and professionally when necessary. Appropriate records were kept of any incidents, they were reviewed and

referrals were made to other professionals such as a behaviour therapist or psychologist when necessary. As a result of any advice from these professionals, changes were made to support plans and guidelines. Positive behaviour support plans contained detailed information to enable staff to understand what a person's behaviour may communicate and guided staff in how to respect the person's wishes while at the same time ensuring their safety.

People were supported to maintain relationships with their family and friends. Relatives were included in review meetings and they told us they were kept up to date and received good communication from the service.

Is the service responsive?

Our findings

The service was consistently responsive to people's individual needs. We were told of examples where the staff team had worked alongside other health and social care professionals to provide support to reduce self-harming or neglectful behaviours. In these instances, people had caused serious damage to themselves and their health over extended periods of time. The registered manager explained how through the careful building of trusting relationships and a consistent approach to supporting people, progress had been made to help minimise these behaviours and the factors that contributed to them. This meant they were now able to engage in a wider range of activities and lead more fulfilled lives.

We saw there were numerous examples of how this approach had successfully impacted and made a difference to people's lives. One person was unable or unwilling to participate in any activities when first supported by the service and became anxious and distressed easily. Staff had worked with them to find ways of de-escalating the anxieties which hindered them and had encouraged them slowly to do small amounts of activity. We saw they now had a full programme of activities which they enjoyed and fully engaged with. This included attending a day centre, bowling, cinema trips, swimming and routine household tasks. Staff told us being able to do these things has made them happier and more content. This was confirmed by a relative who said, "The change in [name] is remarkable. They continued to explain that since being supported by Elegant Care Services the person was the happiest they had been for years. They attributed this to the staff making the person's health a priority which had led to them being able to take part in an array of meaningful activities making them much happier. They went on to say, "This has taken a lot of time and effort by the staff... [name] is now leading a very full life, has a beautiful home [and] many friends."

Another person had been supported to overcome self-neglect which had resulted in both health and social issues. Staff described how they had supported them in a range of things which not only included their health but also financial and housing issues. They said this had been a "slow process" but we saw through their consistent support and encouragement the person had made excellent progress. This person told us how staff had helped them and emphasised their pleasure by giving many thumbs up signs when they spoke about it. Their relatives also supported this view and commented on how much better the person was since having support. They said, "[Name] has made very good progress over the time he has been looked after at Elegant Care." We also heard how people in the community who had known this person before they received support had commented on how well the person now looked and how much happier they seemed.

In another example of responsive care, we found staff commitment had helped a person to find and get in touch with their family who had not been part of their life for some time. Staff supported the person to build those relationships again and helped the family understand the person's anxieties and why the relationship would benefit the person. Due to this, the family now had regular contact with the person and supported them in activities and to appointments.

Relatives spoke highly of the staff; their understanding of people's needs and the way they responded to them. One told us, "The staff are super and very good with [name]. [Name] does things now that he never

would have done before, I've noticed in the last six months or so how he does things, whereas before he would just sit at the table. It's so much better."

Another person had been supported to manage grief. Again, staff had worked co-operatively with other professionals to respond to this need and provide understanding. The person was now able to visit their family member's grave regularly and found this a comfort.

People were supported to maintain relationships with their families and staff engaged relatives in their family member's care appropriately. They acknowledged the importance of this involvement by encouraging people to have contact with their families in a variety of ways dependent on the individual. For example, one person and their relative had been supported to learn how to use technology to keep in touch. The staff had provided lessons in using a computer to make internet calls which they were now able to do independently. Events were organised at different times of the year to which people who used the service and their relatives were invited. Relatives commented on how important these events were and they appreciated the opportunity to meet other people and the wider staff team. One said, "It's lovely to get to know them all." We saw photographs recorded these events as well as other individual activities which people shared using technology. This meant their relatives could stay involved in their family member's lives.

People supported by Elegant Care Services each had an extremely detailed and individualised support plan which reflected their physical, emotional, cultural and social needs. Support plans had been created with the involvement of the person, their families and other significant people to ensure they were as person centred as they could be. They were reviewed regularly and changes were recorded and communicated to staff. The support plans enabled staff to respond appropriately to people's individual needs in the way they preferred. The registered manager emphasised how people supported by Elegant Care Services were all uniquely individual, they described how by taking time to get to know them they had been able to match them with staff who shared common interests. Examples included sport, baking and sense of humour.

Support was tailored to each person's specific needs and desired outcomes. People had set goals they wished to achieve and records indicated the progress they were making toward achieving them. For example, one person told us they had a life-long wish to visit a particular destination which involved a long-haul flight. They told us how they had discussed this with staff who had suggested they try a short flight as a stepping stone because they had never flown before. They were keen to tell us this had gone very well when they had taken a holiday in Europe last year. They were now looking toward fulfilling their goal fully by visiting the destination of their dreams. Other people had also been supported to plan and take holidays in the UK and abroad which had broadened their life experiences.

Another example demonstrated how staff responded sensitively to a person who found difficulties in accepting their appearance and what they perceived as being different. Through discussion they encouraged the person to make some changes in their lifestyle choices which impacted positively on their self-image. The person now feels more accepting of their appearance and staff reported this had also had a positive effect on their mental well-being and stability.

Where appropriate, the care and support people wished to have at the end of their lives had been discussed with them and their families. One person had wished to have clear plans in place for the end of their life and staff had provided guidance and support to them and their relatives in arranging and recording this.

The service was compliant with the Accessible Information Standard. People's support plans provided staff with clear guidance and information about the specific ways individuals communicated. This ensured staff

had the knowledge to be able to communicate with people in a meaningful way. Staff had undergone specific training when necessary to be able to communicate with and understand people. Staff employed a range of communication tools to ensure people had the best possible opportunities to understand and contribute to their own support. We saw sign language, pictures, drawing, writing and social stories were all used to good effect. The provider also had easy to read policies which were shared with and explained to people during service user meetings. These helped to ensure people had opportunity to learn about the service and their rights.

Staff were kept up to date with information about the people they supported. Various routes of communication were used to enable this, for example, handover meetings and a shared internet group. Handover took place at the beginning of each shift, each person supported was spoken about in detail and staff discussed the support they had provided. This included, activities people had taken part in, appointments they had attended, their mood and mental state and any other significant observations. Detailed handover notes and a communication book were additional methods staff used to ensure information was passed to all members of the support team. Staff spoke about communication being essential to providing a responsive service. One said, "We have good communication and everyone is doing their level best. We sign to say we've read all the information."

People were supported to access a range of activities both in their home and in the wider community. During the inspection we observed staff supporting people with various activities, these included shopping for groceries, preparing meals, baking and other household tasks. Each person had an individual timetable which also included time to relax, rest and visit family or friends. The registered manager explained they had supported people to seek opportunities in the community including day centres, college and work, both voluntary and paid. One person had worked in a charity but due to ill-health had to stop doing this. However, staff continued to support them to meet with former colleagues on a social basis as they had become friends. This had helped the person accept having to give up their voluntary role.

The provider had a complaints policy which was available for people in a format they were able to understand. People and relatives told us they knew how to raise a concern or make a complaint. They said they felt any issues would be taken seriously but had not needed to raise anything. We reviewed the complaints log which showed there had been no complaints since the previous inspection.

Is the service well-led?

Our findings

The service continued to be well-led.

There was a registered manager in post at the time of the inspection. The registered manager had sent notifications to us when required. Notifications provide information about events that the registered person is required to inform us of by law. Records that we reviewed were up to date, fully completed and kept confidential where required.

From discussions with the registered manager it was clear they had an extensive knowledge of the needs of the people supported by Elegant Care Services. They had taken time to get to know about people's backgrounds and social histories. The registered manager and director both worked alongside staff to support people on a regular basis and explained this enabled them to have a deeper understanding of people, their needs and wishes. It also enabled them to guide and advise staff as necessary.

The registered manager was spoken about in a very positive manor by people, relatives and staff. They told us the registered manager was approachable and they felt listened to whenever they spoke to them. Staff commented on feeling supported and valued, "I feel safe working here, we get good training and [name of registered manager] is always there to help." Staff felt there was good team working and comments included, "We're a close-knit team." and "We all work together and want to do the best we can for them (people supported by the service)." They gave an example of staff accessing sign language tutorials on the internet while waiting to attend a specific training course, so they could begin to communicate more effectively with one person.

We found there was a culture of openness and honesty. Staff told us and records of staff meetings showed debriefing of incidents allowed for sharing of experience and learning for the staff team. Relatives commented on how they were kept up-to-date in an open and forthright manner. One told us, "They are very quick to respond and always keep me informed and tell me what's going on, I can't fault them." Staff meetings were also used to discuss practice, issues relating to health and safety and how best to achieve positive outcomes for people. Information was shared at these meetings to ensure staff were kept abreast of any developments or changes in policy and legislation and additionally provided opportunities for staff to air their views and make contributions.

The provider and registered manager had values that put people at the centre of the service and had the same expectation of their staff team. The staff had received training in equality and diversity, they promoted people's rights as part of the values of the service and encouraged people to exercise those rights. For example, they supported people to vote if they wished to so and provided information to enable people to make their own decisions. Relatives spoke positively about the values and the culture of the service, acknowledging the needs of their family members were the key focus. One said, "The staff are genuinely caring people who put the needs of their clients first."

The service had links with a wide range of community agencies and organisations that benefited the people

receiving support. Some people had been supported into jobs while others attended local colleges and were supported in their studies by staff. Some people volunteered for local charities with whom the service had good links. The service also worked with local day services and groups that people accessed.

The quality and safety of the service was regularly monitored. The provider and registered manager carried out a range of quality assurance checks to monitor and improve standards at the service. These included audits of medicine records, support plans and staff training. In addition, they carried out a range of health and safety checks, so they could inform the housing provider of any safety issues. We found the registered manager chased up any incomplete actions promptly. For example, when a leak had occurred there was regular contact with the housing provider until a new floor was fitted.

Feedback from people and other stakeholders was sought using an annual quality assurance survey. We saw the most recent survey had been completed and reported on in January 2019. 40 questionnaires had been sent and 21 responses were received. The results showed a positive response illustrating satisfaction with the service. Where a negative comment had been identified action to rectify the issue was taken.