

Elyon Healthcare Ltd

Elyon Healthcare

Inspection report

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Date of inspection visit:
20 February 2019
21 February 2019
22 February 2019

Date of publication:
22 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Elyon Healthcare is a domiciliary care agency providing personal care to people living in their own homes in Northamptonshire. At the time of the inspection three people were receiving personal care.

People's experience of using this service:

- Safe recruitment procedures had not been consistently followed; at the time of the inspection this was being investigated by the police. Action had been taken by the provider following the concerns being raised to ensure that people's support was provided in a safe appropriate way. However, the provider's own quality assurance systems had failed to identify the concerns.
- Governance systems and audits were not always effective in identifying where improvements were needed.
- Risk assessments required reviewing to ensure they were reflective of people's current needs.
- The induction process for staff who had not worked in health and social care previously required strengthening.
- The staff were friendly, passionate about their work and caring; they treated people with respect, kindness, dignity and compassion.
- Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.
- People were supported to maintain good health and nutrition.
- Information was provided to people in an accessible format to enable them to make decisions about their care and support.
- People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

Rating at last inspection: Requires Improvement (Report Published April 2018). The overall rating has remained the same. The service has been rated requires improvement at the last two inspections.

Why we inspected: This inspection was brought forward due to concerns raised by the police about recruitment practices at the service.

Enforcement: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed.

Follow up: We will continue to monitor this service. We will check improvements have been made by completing a further inspection in line with our re-inspection schedule for those services rated requires improvement.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Elyon Healthcare

Detailed findings

Background to this inspection

The inspection:

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

The inspection was prompted in part by notification of an incident following which staff had not consistently been safely recruited. This incident is subject to a police investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with the Care Quality Commission (CQC) about the incident indicated potential concerns about the management of risk of safe recruitment of staff. This inspection examined those risks.

Inspection team:

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type:

Elyon Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service receives regulated activity; the 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 consider any wider social care provided.

The service had a manager registered with the CQC who was also the provider. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

Inspection site visit activity started on 20 February 2019 and ended on 21 February 2019. We visited the office location on 20 February to see the provider and office staff; to review care records and policies and procedures. On 21 February we spoke with relatives of people using the service and care staff.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We contacted social care commissioners who monitor the care and support the people receive.

During the inspection, we spoke with three relatives of people who used the service. We also had discussions with nine members of staff; six care staff, a paediatric nurse, the deputy manager and the provider.

We looked at three records relating to people's care needs. We looked at other information related to the running of and the quality of the service. This included quality assurance, training information for staff, arrangements in place for managing complaints, safeguarding information and accidents and incident information.

After the inspection, the provider sent us information to evidence what changes they had made in response to our feedback.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment:

- Prior to the inspection we were aware of concerns that staff had not been consistently safely recruited. This information was being investigated by the police and therefore we cannot report on the specific details.
- It was clear that safe recruitment procedures had not always been followed. The provider had taken immediate action to address some of these concerns including using a reputable external company to verify identification documents.
- Systems in place to audit staff recruitment files were not effective. Individual staff files had been audited on a regular basis; however, the audits failed to identify the concerns that had been raised.

Recruitment procedures were not established and operated effectively. This is a breach of Regulation 19 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Fit and proper persons employed.

- At our last inspection, there was not enough staff deployed to safely meet the needs of people. Since the last inspection the provider no longer delivers short (1 hour or less) domiciliary care visits to people; this change in care delivery has ensured that people receive all of their care and support for the planned length of time.
- The provider ensured there were enough staff with the skills and experience to meet people's needs.
- The provider with the management staff provided an out of hours on-call service for staff to contact them in case of emergencies. One care staff told us, "I always get a response if I call out of office hours, it is reassuring to know I have always got support."

Assessing risk, safety monitoring and management:

- People's risk assessments did not always accurately reflect the care people received. For example, one person's risk assessment stated that they were at risk of repositioning and staff were required to be fully trained in the use of head splints. However, the person no longer used head splints.
- One person's care file directed staff to follow the guidance on moving and handling procedures that had been put together by the previous agency that supported the person. We found the risk assessment and guidelines and not been reviewed or updated and contained out of date information. Following the inspection, the provider evidenced that the risk assessment and associated care documents had been updated to reflect the person's current needs.
- Risks were assessed to monitor people's skin integrity where required and daily monitoring was in place to ensure any changes in skin integrity was identified and treated quickly.
- Records showed staff risk assessed the environment in which people lived. This helped to ensure it was safe for the people themselves and the care workers supporting them.

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to recognise and report any concerns about poor care or ill treatment.
- The provider reported all safeguarding concerns to the relevant authorities including the local safeguarding team.
- Staff received training in safeguarding of vulnerable adults.
- The provider's safeguarding policy and guidelines reflected the provider's responsibilities to report safeguarding concerns to the CQC.

Using medicines safely:

- At our last inspection, there was concern that medicines were not safely administered and managed. At this inspection we found that there had been improvements.
- Medication administration records (MAR) were not clear and this led to confusion and errors. Each MAR ended with the first three days of the following month's cycle. These three days were also added on to the new month MAR chart, this meant there were gaps or staff signed for medicine twice when it had been administered once. This had not been identified on medicine audits. After the inspection, the provider confirmed there had been no medication errors and the format of the MAR sheets had been changed to reduce the risk of error or confusion in the future.
- Medicines were administered by staff trained to do so and had their competency regularly checked.
- Medication profiles were in place which identified the medication people were prescribed, any side effects to the medication and how the medication was administered.

Preventing and controlling infection:

- Staff had access to and used facilities to prevent the spread of infection such as personal protective equipment and hand washing facilities.

Learning lessons when things go wrong:

- The provider and the board of directors met on a regular basis to identify any trends, accidents or incidents and discuss any lessons learnt. The meetings had proved to be effective in learning from the last inspection findings. For example; the provider concentrated on the more complex packages of care to ensure that people received a good service that was reliable. The smaller packages of care which were identified as the main concern were transferred to another provider.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience:

- New staff received an induction to the service which included completing the provider's basic training programme and shadowing more experienced members of staff. However, new staff who had not previously worked in health and social care had not completed the Care Certificate or the providers equivalent. The Care Certificate is based on best practice for new care staff which sets out the minimum standards of practice and knowledge which care staff require to undertake the role. Some staff who had no previous experience in health and social care had been employed by Elyon Healthcare for over 12 months and had not commenced the Care Certificate or providers equivalent.
- The provider had recently completed an audit on training needs and had identified which staff were required to complete the Care Certificate and had booked the induction for this training for the following month.
- People's relatives mostly felt staff were well trained. One relative told us, "They [Staff] have all the skills and training they need." However, another relative told us there was a previous incident where a staff member said they were not trained to undertake a specific task. We spoke with the provider offered assurances that the staff member had been trained.
- The provider had put in place a 'medication competency room' at the office location to be able to assess staff medication competencies in a safe environment.
- Staff told us they felt supported by the provider, manager and senior team; they received regular supervision and feedback about their performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before the service began to provide support. However, information from previous placements had not always been taken in to consideration. We saw in one person's file, information from a previous placement care plan in relation to personal care and dignity which set out clearly what the care staff were required to do to minimise the impact on the person. This information had not been incorporated into Elyon Healthcare's care plan and the staff who we spoke with were unaware of the information and did not know if it was still relevant.
- Protected characteristics under the Equality Act had been considered. For example, people's cultural and religious needs and lifestyle choices had been discussed and included in people's care plans. This helped to ensure people were protected from discrimination.

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

- At the previous inspection we were concerned that there was not enough staff to meet people's nutritional and hydration needs. At this inspection we saw that improvements had been made and sustained.

- There were clear guidelines in place for staff to follow to support people with food and fluid. Some people required their food via a percutaneous endoscopic gastrostomy (PEG) tube. Staff had received training in providing their nutrition and water safely.
- Records showed that people received their PEG feeds as prescribed. Staff monitored the site of the PEG tube and ensured this was kept clean, following the provider's procedures and protocols.
- Care plans were clear and detailed the positioning of the person for optimum PEG feeds and staff confirmed they knew the care plans in detail.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. No applications had been made to the Court of Protection because people were not being deprived of their liberty.
- Staff had received training in MCA and understood the importance of seeking consent before supporting people. Relatives told us that staff always sought people's consent before providing care to them.
- Care records guided staff on the support people needed to make decisions and choices about their care which helped to ensure people had maximum control of their care and support.

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

- The service worked well with other organisations. The provider and management team were currently working with the local authority and health commissioners to make the improvements that were required in the service.
- Staff contacted doctors and other healthcare professionals as and when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People's relatives provided consistent positive feedback about the service. One relative told us, "As a family, we feel really involved in [person's] care." Another relative said, "The carers [staff] are really good and we feel cared for as a family."
- Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable of these and used this information to provide personalised care.
- Staff told us that they had time to build relationships and get to know people. A member of staff told us, "It's important that we get to know people well, know their routines and how they like things doing. It helps to build those positive relationships and trust."

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

- People were involved in making decisions about how they wanted their care and support needs to be met through their initial assessment and reviews. Where people were unable to express their views, family members advocated on their behalf.
- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on the most effective way of communication to help people express their views.
- The provider and staff team spoke respectfully about the people they supported and written records were completed in a professional and caring manner.
- Staff understood the need to respect people's confidentiality and to develop trusting relationships.
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices.
- No one currently required the support of an advocate. However, the provider was able to support people to access advocacy services should they need to. The new service user guide which had been updated by the provider contained information about advocacy. An advocate is an independent person who can help support people to express their views and understand their rights.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. One relative told us, "They [staff] treat [person] with great care and respect; we wouldn't have them caring for [person] if they didn't."
- Care staff were able to describe how they protected and promoted dignity and respect. One care staff told us, "I make sure that [person] is covered on the bottom half while I wash the top half." Another staff member told us, "I try to offer the same care that I would want for my family member; I always explain what I am doing or going to do next because I think this puts people at ease."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns:

- At the last inspection the provider did not have sufficient systems in place to record or respond to complaints. At this inspection we saw that improvements had been made, sustained and embedded in to the service.
- Complaints that had been received had a written response, detailed investigation process and an outcome including any actions taken or lessons learnt.
- We found responses to complaints were transparent and offered a full written apology when the service people and their relatives received was below the expectations of the provider and people using the service.
- An easy read complaints guide was in place.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. After our inspection, the provider updated the care plans we raised concerns about and ensured that all information contained in them were relevant and up to date.
- People's communication needs and religious backgrounds were known, which ensured that people received the care and support from staff who could best meet those needs. For example, pictorial aids were in place to help people communicate and staff used these effectively.
- The provider understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider ensured this information was available to people when necessary.

End of life care and support:

- There was no end of life care being delivered at the time of the inspection. The provider explained that there were appropriate care planning documents available if the needs arises in the future. Unique plans of care would be developed with people to reflect their individuality and cultural background needs. The service would liaise with other health professionals as necessary and specific end of life training would be available for staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Safe recruitment procedures had not always been followed and the systems and processes in place to support the procedure had not been effective. There was the potential that people could have been supported by unsafe staff. The provider has put in place new processes; however, these will need to be embedded in to the service.
- Systems in place to monitor the quality and standard of the service required improving. The quality audits that were in place did not identify that newly recruited staff had not completed the Care Certificate or the provider's equivalent qualification. There was a risk that staff were providing care and support to people without the knowledge they required. Although an audit of training needs had been completed, it needed to be embedded in to the service.
- Risk assessments were not always reflective of people's needs and this had not been identified by care staff or the management team.
- Audits in place to monitor administration of medicines were not always effective. Although an audit had taken place, it failed to identify that there was a potential of an overdose of medication where medication had been signed for three consecutive days when it was prescribed to be administered every seventy-two hours. The provider investigated our concerns and concluded it was incorrect recording, however the audits did not identify there was a potential risk.

The provider did not have effective systems and processes in place to assess, monitor and improve the safety and quality of the service. This is a continuing breach of Regulation 17 (2a and f) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Good governance.

Continuous learning and improving care:

- The provider had improved some aspects of the care delivery since the previous inspection. For example; the packages of care had reduced to enable to provider to concentrate on delivery of more complex care packages and an improved quality of care.
- Systems in place to monitor the quality and safety of the service still required improving to ensure people were provided with safe care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People and their relatives were involved in their care and support. Relatives told us that the care delivered

was person centred and was delivered with dignity and respect. One relative told us, "They treat [person] very well and I know I could talk to [management staff] if I had any concerns."

- The provider was aware of, and they had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider contacted people and their relatives regularly to gain their feedback about the service. Feedback included, "The carers are very polite, calm, friendly and caring" and "Very happy with the carers, thank you."
- Feedback from other health care professional included, "Elyon Healthcare work well as part of a multi-agency network."
- Staff were supported to access specific training to meet individual needs. For example, catheter care and supporting people with complex behaviours.

Working in partnership with others

- The provider and management team worked closely with the local authority and health care commissioners and safeguarding authority to ensure the service developed and timely action was taken where improvements were required.
- The provider, management team and staff had developed good relationships with local health professionals such as District Nurses, Occupational Therapists and Physiotherapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes in place to assess, monitor and improve the safety and quality of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively.