

Elegant Living Care Ltd

# Elegant Living Care Office

## 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

About the service: Elegant Living Care is a domiciliary care and supported living service registered to provide personal care to people living in their own homes or supported living accommodation. At the time of the inspection the service was providing personal care to 2 people within supported living accommodation.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People and their relatives told us they felt cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

The provider ensured people had consistency with staff members, as a result people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager, operations manager and service manager worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below

Rating at last inspection: This was the service first inspection.

Why we inspected: This was a planned comprehensive inspection, the service was given an overall rating of good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Elegant Living Care Office

## Detailed findings

### Background to this 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.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Elegant Living Care is a domiciliary care and supported living service registered to provide personal care to people living in their own homes. The service currently provides care to two people in a supported living environment.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is a supported living service staff members are often out of the office providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service.

What we did: We reviewed the records held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service.

We visited the office location and one supported living accommodation on 16 April 2019. The registered manager was away on annual leave. We spoke to the acting manager, director of the service, five care staff and one person receiving support from the service. We looked at two people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, supervision

files, training records, accidents and incidents, records relating to health and safety, safeguarding, complaints, medicine records, staff scheduling and the provider's audits and checks on the service. On 17 April 2019 we telephoned and spoke with two relatives to ask their experience of the care provided. We also spoke with 3 social care professionals about their experience of the service.

# Is the service safe?

## Our findings

Safe- this means that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

### Safeguarding systems and processes

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "There are many types of abuse such as financial, emotional and physical. If I saw or believed someone was being abused I would not hesitate to safeguard the person and report it".
- People and their relatives explained to us how the staff maintained their safety. One relative said, "Staff are very knowledgeable about [Name], they know how to make sure she is safe".

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments, considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff were knowledgeable about people who required support to reduce the risk of avoidable harm. One staff member said, "[Name] does not like crowds or loud noises, we always ensure this is taken into consideration to promote her wellbeing. It can make [Name] agitated and then display challenging behaviour".
- Personal safety had been considered when supporting people in the community. For example, risk assessments had been completed in relation to car safety and giving staff members clear instructions on how to keep themselves and others safe.
- Systems were in place to safeguard people's finances where they needed this support. We saw records that detailed receipts and balance checks were in place.

### Staffing levels and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team.
- Each person's staffing needs were calculated based on individual needs assessments, which were reviewed and updated regularly as people's individual needs changed.
- We saw staffing rotas were planned and contingency plans in place for staff absences.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

### Using medicines safely

- People needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- People and their relatives told us they were happy with the support they received to take their medicines.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- Audits showed that Medicine Administration Records (MAR) were checked regularly to identify any errors, which we saw were followed up, for example a missing signature being discussed with a staff member.
- Where staff were responsible for the storage of people's medicines, we saw this was secure.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People and their relatives told us staff practiced good infection control measures.
- We viewed one supported housing accommodation and found this was clean and protective clothing available for staff members to use.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, when a staff member had been attacked by a person receiving support, the registered manager and staff looked at potential triggers so as to reduce the risk of reoccurrence.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Staff understood people's methods of communication and supported them to make their needs known. One staff member said, "[Name] will repeat what she wants, for example, if I give her a choice of eggs or cereal she will repeat the one she wants. If she doesn't repeat a word, she does not want anything so I will give her another set of options".
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to shopping, cooking, domestic tasks and accessing the community.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction which included shadowing opportunities.

Supporting people to eat and drink enough with choice in a balanced diet

- People and their relatives were happy with the support they had with meals and accessing drinks. One relative told us, "Previous providers would give [Name] chips all the time however Elegant Care workers make food from scratch and give her healthy options".
- People were actively involved in planning and choosing their meals.
- Staff understood people's dietary needs and associated risks were planned for. For example, allergies or risk of choking.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative said, "They are very good at keeping us updated, we are made aware of any changes".



- Staff told us they were confident that changes to people's health and well-being were communicated effectively.
- Relatives told us people were supported to attend routine health appointments such as GP, optician and dental visits.

#### Adapting service, design, decoration to meet people's needs

- People had care and support provided that was separate from the housing provider. Staff told us they supported people to liaise with the housing provider for repairs to the accommodation.
- The accommodation we visited was in good condition, it had recently been redecorated. Relatives told us people could decorate the property if they wanted to.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received.
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. One relative told us, "When I visit, staff always acknowledge [Name], they never talk over her or just focus on me". Another relative said, "The staff are very caring towards [Name], very attentive, always smiling and reassuring".

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- Staff understood people's forms of communication and behaviour and could interpret people's choices. One staff member said, "[Name] uses certain phrases to express how she is feeling, she will grab my wrist and say mini bus if she wants to go for a drive and access the community".

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- Staff told us they assisted people to promote their independence. One staff member said, "[Name] likes to do gardening and will help prepare food".

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

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

### Personalised care

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- Care was personalised to meet the needs of people. One relative said "They took [Name] on holiday, previous care companies would never have taken her on holiday. They are not afraid to try new things". Another relative said, "The care is based around what [Name] wants, they are good at doing activities, things that she wants to do".
- People were empowered to have as much control and independence as possible, including in developing care, support plans.
- Staff were knowledgeable about people and their needs. A relative said, "They are very good at gathering information. They will ask me questions like what would you do in this situation or how would you have dealt with this in the past to deescalate a situation. They really try to understand everything about a person".
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Care plans were available in different formats such as large print and easy read format.

### Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management.
- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. There were no live complaints at the time of the inspection.

### End of life care and support

- The manager informed us no one was receiving end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

Planning and promoting person-centred, high-quality care and support, and understands and acts on duty of candour responsibility.

- Relatives and staff expressed confidence in the management team. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. One relative told us, "Any issue I raise with staff or the manager is listened to and acted upon"
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One staff member said, "I can talk to any of the management for advice or report any issues".
- The manager was aware of the legal responsibility to notify us of incidents that occurred at the service.
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The director, manager and staff understood their roles and responsibilities.
- People spoke highly of the service and could not identify any areas for improvement.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager, managers and staff.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The registered manager and directors are very approachable and supportive. We have regular team meetings, and everyone has an opportunity to make recommendations or voice concerns".
- The management team carried out audits to monitor the quality of the service.

Engaging and involving people using the service, the public and staff.

- People and their relatives feedback was sought through survey's and regular review meetings. Responses and records showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.
- The director and manager told us although they had not had any concerns they would ensure if they did these would be listened to and acted on to help improve and shape the service and culture.
- The service worked in partnership and collaboration with other key organisations to support care provision,

joined-up care and service development.

Continuous learning and improving care.

- Staff meetings took place regularly. One staff member told us, "We have regular meetings, we given an opportunity to express our opinions, I always feel listened to".

- The management team completed regular in-house audits of all aspects of the service.

A training schedule was in place and improved face to face training for staff had taken place. Staff felt this helped improve care delivery and staff skills.

- Competency checks were completed to ensure staff supported people in the right way.

- Management regularly reflected on the experiences of people to strive continuous improvement. The service had recently taken a person on holiday with four staff members, they had identified improvements that could be made to make future trips even more person centred. The manager said, "We took [Name] on holiday with four care workers. Reflecting back we believe it was confusing for [Name] to see carers that usually only support during the night around during the day. Next time we would have the day staff with her during the day and have different carers supporting her during the night. This will give her a similar routine that she is used to when back home, routine is important to her, so we want to make her as comfortable as possible".