

Elegance Care and Support Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Elegance Care and Support is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 52 people were receiving personal care.

People's experience of using this service and what we found

People and relatives spoke positively about the service and felt it was safe and staff were caring. Comments from people and relatives included, "[Care staff] are always jolly and chatty which is good for me and my [partner]. We don't see many people, so we appreciate their company" and, "The company is well managed. [Registered manager] is excellent. I can ring at any time to ask anything and they are always so responsive to [family member]'s needs. Nothing is too much trouble. I would definitely recommend this company."

Staff safeguarded people from abuse. There were systems in place to keep people safe. Risks to people's health, safety and well-being were managed. There were enough staff to meet people's needs and safe recruitment processes were followed. Medicines were safely administered and managed. The provider learned from previous accidents and incidents to reduce future risks to people. The provider and staff protected people from the risk or spread of infection and followed government guidance in relation to COVID-19.

People's needs were assessed before they received support. Staff received regular training and were supported through regular supervisions, spot checks and yearly appraisals. Staff supported people with their nutritional needs and to access a range of health care professionals. 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 supported this practice.

Staff were kind and compassionate and supported people in a respectful, dignified manner. Staff encouraged people to maintain their independence where safe and possible to do so and had advocates in place, where required. Staff spoke highly of people and were passionate about their roles. One staff member said, "I love seeing people smile and helping them be comfortable, safe and cared for, it is a very rewarding job."

People received person-centred care. Care plans detailed how people wanted to be supported by staff with different tasks. The provider had a complaints procedure in place. People and relatives knew how to raise any concerns and felt confident in doing so.

People and relatives were very happy with the service and felt it was well-managed. The registered manager promoted an open and honest culture and was approachable. The provider had an effective quality

assurance process in place which included regular audits. People and relatives were regularly consulted about the quality of the service through surveys and reviews. Staff were involved in the ongoing development and improvement of the service through surveys and regular communication.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

Rating at last inspection

This service was registered with us on 15 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to formally rate the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Elegance Care and Support

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to make arrangements to carry out a virtual inspection and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 29 April 2022 and ended on 30 May 2022. We contacted people and relatives on 3 and 5 May 2022.

What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and 10 relatives about their experience of the care provided. We spoke with the regional manager and the registered manager. We also received feedback from six care staff.

We reviewed a range of records including two people's care records and medicines records. We looked at recruitment records for two members of staff. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video/telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed all evidence sent to us electronically by the provider.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from harm. People and relatives felt the service was safe. Comments included, "I am very happy with my carer who comes in four times a day, always on time and totally reliable. This makes me feel really safe in their care" and "[Family member] feels safe and finds the carers really accommodating."
- Staff received regular safeguarding training and could tell us what action they would take if they identified any form of abuse.
- Safeguarding concerns were reported to the local authority in a timely way and were appropriately actioned.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Senior staff assessed and managed risks to people's health, safety and wellbeing.
- Accidents and incidents were appropriately recorded and analysed to identify any trends or themes. Risk mitigating action was also included in care records.
- Lessons learnt were shared with staff via electronic systems which allowed instant messaging.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. One relative said, "My [family member] is very happy with carers. They are a lovely bunch of girls who arrive on time, have never missed a call and stay the full time of the call."
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff administered and managed people's medicines safely. A system was in place to help ensure medicines were managed well. People and relatives told us there had been no issues with medicines management.
- Medicines were administered by trained and competent staff.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- Staff protected people from the risk of infection. Staff followed appropriate infection control measures such as regular hand washing and wearing PPE when supporting people.
- Management carried out regular checks to ensure staff followed the provider's infection prevention and control policies and procedures effectively. One staff member told us, "I have passed recent spot checks regarding infection control. I wear my PPE in each individual home to control and prevent the spread of

infections."

- Staff were regularly tested for COVID-19.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 they received support. This meant the registered manager could make sure staff were able to effectively meet people's care needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff completed regular training to make sure they had the correct skills and knowledge to support people. Comments from people and relatives included, "I have very complex care needs and my carer is well trained and efficient when looking after me" and, "[Care staff] are very effective in what they do, well trained and professional."
- Staff completed a comprehensive induction at the start of their employment.
- Staff were supported in their roles through regular supervisions, observations and annual appraisals. One staff member said, "I feel very supported in my role. Since starting with the company [manager's names] have reassured me throughout and anything I have been stuck with, they have spoken to me about and explained things in a way which help me understand better."

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

- People were supported to maintain a balanced diet. Staff prepared meals and drinks for people when required.
- Care records detailed any specific dietary needs people had and what support they required from staff.
- Risks associated with eating and drinking, such as choking, were fully assessed and safety measures were detailed in care plans.

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

- Staff supported people to maintain their health and access other health care professionals such as GPs, when required.

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 mental capacity to do so for themselves. The MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff supported people in line with MCA and best practice guidance.
- Staff received regular MCA training and sought consent from people prior to providing support. Care plans contained people's signatures as well as their decisions and choices about their care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff were kind and compassionate when supporting people. Comments from relatives included, "The carers are brilliant, very kind, they are all lovely girls" and, "My partner and I are over the moon with the care [family member] receives - 10 out of 10, they are like family. Always on time and really efficient."
- Equality and diversity policies were in place to support staff in making sure people were treated fairly, regardless of their age, sex, race, disability or religious belief.

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

- People and their relatives were involved in making decisions about their care. Care plans detailed how staff should support people whilst respecting their privacy and maintaining their dignity. Relatives told us, "I'm involved with [family member]'s care plan reviews and am kept informed on everything" and, "My relative has a care plan which I have been part of."
- Care plans detailed people's choices and preferences in relation to their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a respectful, dignified manner. One relative said, "Care staff are always kind and caring, showing great respect."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with. In a recent survey one person commented, "I appreciate their discretion when helping me to bathe and dress and enjoy their chat. They are very good listeners, always stay over their time and help keep my independence."
- People's personal information was stored electronically and kept secure on password protected devices that were only accessible to authorised staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their needs. Care plans instructed staff how to support people in line with their needs and wishes.
- Staff regularly reviewed care plans to ensure they reflected people's needs.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed. Alternative ways of communicating with people were detailed in care plans.
- The provider ensured people had information accessible to them in different formats such as different languages and in large print, when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships, and to follow their own interests and social activities.
- Staff supported people with companionship where needed. This included supporting them to access the local community such as shopping or attending day centres.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns. Comments from people and relatives included, "My [relative] did need to ring the office once to report [an issue]. This was dealt with to our satisfaction" and, "I have no complaints but would make a phone call to the office if I did."
- The provider had a complaints procedure in place. No other concerns were raised by people or relatives.

End of life care and support

- People's end of life wishes were respected. Care records contained details of people's wishes, spiritual faith as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation in place.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of the service and staff supported them to improve their well-being and achieve positive outcomes.
- The service was well-managed. People and relatives were happy with the service provided. Comments included, "The company is well organised and the staff very reliable. I would recommend them" and, "The company is well managed, and the manager has previously contacted us to make sure the care is good."
- Staff were complimentary about management and felt they were approachable. One staff member said, "Management is good. I do think they are approachable, and relatively easy to talk too. They are very down to earth and do listen and try to accommodate if you have any personal issues."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service, such as safeguarding concerns.
- The quality assurance systems allowed the registered manager to effectively monitor and improve the quality of care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from key stakeholders was used to improve the service. People and staff were asked to share their views of the service via surveys and regular communication.
- The provider, management team and staff worked in partnership with other health professionals such as GPs, speech and language therapists and occupational therapists to achieve positive outcomes for people.