

Your Elysium Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 20 June 2018 and was announced.

Your Elysium Limited is registered to provide personal care to people in their own homes. At the time of this inspection visit, 28 people received personal care and the service employed 15 care staff.

Your Elysium registered with us in March 2017 and this was the first inspection of this service. Before providers are registered, part of our registration process is to check those providing care, are of suitable character and have effective systems and processes to provide people with a service that meets their needs. At this inspection visit we found improvements were needed to the provider's quality assurance systems and how they retained important information that supported their regulatory responsibilities.

There was a newly registered manager in post, having registered with CQC as a manager in April 2018. 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.

Where staff administered medicines, staff were trained and assessed as competent to do so. The provider had a recruitment process that ensured pre-employment checks were made, prior to staff starting work, to ensure they were suitable to support people who used the service.

People had an assessment of care completed before they used the service to make sure staff could meet people's care and support needs. Care plans contained sufficient information to enable people to receive appropriate care and support with their needs. People's care needs were regularly reviewed. The registered manager and office staff were in contact with people, or their relatives, to check the care provided was what people needed and expected. The registered manager and the managing director completed observed practices on staff and they completed care calls on occasions which gave them opportunity to speak with people about the service they received. People and their relatives told us staff were reliable and stayed for the time needed. People were treated with dignity and respect.

People felt safe using the service and staff understood how to protect people from abuse and harm. There were procedures to keep people safe and manage identified risks to people's care, although action and learning was not always identified from safeguarding incidents. CQC was not always notified of incidents or safeguarding concerns.

The principles of the Mental Capacity Act (MCA) were followed by the registered manager and staff. People's decisions and choices were respected and people felt involved in their care. People were supported to have choice and control of their lives and staff sought permission before assisting them.

People knew how to complain and information about making a complaint was available for people when they started using the service. There was a system in place to log and action any complaints or concerns that people may have.

Staff felt they had good training and their competencies and skills were continuously checked. Staff were supervised and supported in their roles. People were assisted to access health services when needed and staff worked well with other health and social care professionals.

There were governance systems in place that provided the registered manager with an overview of areas such as care records, medicine records and call times. There was an acknowledgement from the registered manager that further improvements were needed in the way that incidents were captured and lessons learnt.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staff understood their responsibilities to protect people from the risk of harm. Staff were not always aware of all the risks to people's individual health and wellbeing. There were checks in place to ensure staff were suitable to support people with their care needs. Medicines were managed safely.

### Is the service effective?

**Good** ●

The service was effective.

Staff had appropriate levels of training that enabled them to meet people's needs effectively. Staff understood the principles of the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved other health professionals in people's care when needed.

### Is the service caring?

**Good** ●

The service was caring.

The staff treated people with dignity and respect. Staff were kind and caring in the way they supported people.

### Is the service responsive?

**Good** ●

The service was responsive.

Support was personalised and tailored to each person's choices and needs. Care records included clear information and guidance for staff. People had information about how to make a complaint or raise a concern.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

The provider had systems to monitor and review the quality of

service people received.

Learning from incidents did not always take place. CQC were not always informed of incidents that we needed to be aware of.

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# Your Elysium Limited

## 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.

We gave the registered manager 48 hours' notice that we would be visiting their premises on 20 June 2018 to carry out our comprehensive inspection. We gave the registered manager notice of our inspection visit so they could arrange to be there and arrange for staff to be available to talk with us about the service, and to provide us with the names of people and relatives we could speak with about their experiences of using Your Elysium Limited. The visit on 20 June 2018 was conducted by one inspector.

Prior to our inspection visit we reviewed the information we held about the service. This includes any information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law.

Prior to the inspection, we asked the provider to send us a provider information return (PIR). The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided had not identified some of the issues we found during our visit.

We spoke with three people by phone who used the service and three relatives. We used this information to help us make a judgement about the service. We also spoke with a social worker who had been working closely with the management team and staff.

During our inspection visit we spoke with the managing director who is also the nominated individual, the registered manager and four staff. We reviewed three people's care records to see how their care and support was planned and delivered. We also reviewed records such as staff training records, care call rotas, medicine records, risk assessments, care plans and records associated with the provider's quality checking

systems.

# Is the service safe?

## Our findings

People told us they felt safe with the care and support from the care staff. One person said, "I feel lovely and safe." A relative told us how they "completely trusted" the care staff to keep their family member safe.

Plans and assessments were completed to provide staff with guidance about how to reduce risks to the care people required. The registered manager showed us how they were improving the quality of information within people's care plans and risk assessments. We saw an example of a risk assessment that was soon to be updated, alongside a risk assessment that had been reviewed and updated. There was more detail in the reviewed plan and it clearly showed the steps needed to reduce risk. For example, the plan we looked at provided detailed information for staff on how to support a person to move safely around their home.

Staff understood their responsibility to protect people from actual or potential harm. Staff were able to tell us about different types of abuse and what to look for and what steps to take to keep people safe. One member of staff said, "Abuse of any kind is unacceptable and needs to be reported straight away." The registered manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe.

However, we found that where we would expect a risk assessment to be updated following an incident, this was not always carried out. For example, we were told by the registered manager about two recent incidents that had resulted in people's safety being compromised. Although the relevant agencies including the police and the local authority had been contacted, no internal review of the incidents or risk assessments had taken place. This meant relevant steps had not been taken to learn lessons from the incidents and implement strategies that could reduce the risk of reoccurrence. When we discussed these incidents with staff what they told us demonstrated there was no clear and consistent approach to manage the potential risk to these people. We told the registered manager about these examples and they assured us this would be addressed with staff and the relevant assessments completed.

We asked people and their relatives about how staff identified and reduced any risks. One person told us how care staff were always there to support them. Following one incident, a member of staff arranged with the registered manager to stay with a person for an additional five hours as they were concerned about the safety of the person while the relevant agencies became involved. The member of staff told us, "I couldn't just leave [person] as I needed to make sure they were safe." Other relatives talked of staff, "Going the extra mile" and, "Giving it their all. 100%." Staff told us how concerns over the deterioration of a person's dementia had resulted in careful monitoring of how the person was coping living on their own and regular communication with the person's social worker measured the risk on a daily basis. The social worker told us they had, "Complete confidence in the service and how they deal with the risk. In fact they go further than a lot of other services." The social worker told us they received information regularly and used it to measure and respond to changes to risks to the persons' health and wellbeing.

People told us staff arrived generally on time, and where they were going to be late people were contacted. One relative said, "They are more reliable than a lot of services we have had before." We were told calls



lasted for the expected time and at times staff would stay longer if it was needed. The registered manager told us they maintained an emphasis with staff on reliability and diligence during the calls they made.

The registered manager and provider told us there was adequate staff to cover the daily calls. They told us they both supported calls to cover for any staff absence. Staff all felt there were enough staff to meet the needs of the people they supported.

The provider's recruitment policy and procedures, minimised risks to people's safety. The provider made efforts to ensure staff of suitable character were employed. The provider told us they took pride in the staff they employed and ensured all relevant checks were made including contacting the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. All staff we spoke with confirmed they had been subject to a robust recruitment procedure and that all checks had to be clear before they commenced working alone.

We looked at how medicines were managed by the service. People who had medicines administered told us they had the medicines at the times they expected. Staff told us they could only administer medicines once they had been trained and assessed as competent to do this safely.

People and relatives told us medicines were administered as prescribed. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. MARs were reviewed regularly as part of the quality assurance systems. Where errors had been identified, for example a missing signature, there was evidence this had been discussed by the registered manager with the staff member responsible. We did not identify any concerns from the records we looked at.

People did not have concerns with staff cleanliness and how they left their property. One person told us, "I have no concerns at all."

## Is the service effective?

### Our findings

We looked at four people's care records. All records we looked at had assessments of people's care and support needs. We were shown an example of a care record and assessment that had been recently updated and we could see clear improvements on the information they contained. Reassessments of people's needs had taken place and involved the person themselves as well as people important to them including family members. All aspects of a person's needs were looked at including their physical, mental and social needs. A relative told us they felt records accurately reflected their family member's needs. People and relatives were confident in the skills and knowledge of the staff.

Staff felt they had a level of training that was adequate to their role. The registered manager showed us the system they used to identify what training staff had completed and what needed updating. They explained the electronic rota system was synchronised with the training matrix so would not allow staff to be booked onto a call unless the required training was up to date. The provider told us they had just changed training provider so it was geographically more local and that they would measure the effectiveness of the training through feedback from staff.

Newly recruited staff undertook induction training when they first started to work for the service and completed the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.

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.

All the staff we spoke with understood the principles of the MCA; this was even though not all staff had received training in this area. Staff told us they always provided people with choices around their care and support and respected people's wishes. Staff demonstrated a good understanding of who to involve when a decision needed to be made in a person's best interests. Staff told us about a person who they were concerned about as they appeared to have fluctuating capacity which meant they could sometimes put themselves at risk. They told us how through the registered manager and the provider they were in regular contact with the local authority and the family to monitor how the person was coping living on their own.

People who required assistance with meals and drinks were supported to have what they wanted to eat and drink. Where people needed support from staff with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals told us that they were happy with the support they received.

People were supported to attend health appointments where required. Staff liaised with a wide range of health and social care professionals when needed, including doctors, nurses and social workers.

# Is the service caring?

## Our findings

People and relatives we spoke with were very complimentary about the level of care taken by staff. One person said, "The girls [staff] are lovely. They couldn't be nicer." A relative told us they felt staff went the extra mile. It was clear that the staff we spoke with cared about the people they supported. They told us how they worried about people on their own and how they made every effort to make the time they spent with people special. One staff member said, "They are almost like family, you care so much for them."

Staff had good knowledge of the needs of the people they supported. They knew about people's needs and preferences and told us they always endeavoured to treat people with dignity and respect. This was confirmed by the people we spoke with.

One relative told us how staff were making an effort to arrange a special birthday for a person, and how they felt staff were putting everything into making the day special. Recent written feedback from a family member said, "Service beyond what was needed to what was wanted...and even then far exceeded what was asked for. This is true caring."

It was clear from talking to people and staff that there was an emphasis on supporting people to maintain their independence. We discussed with staff how they did this with some people when they had concerns about their safety. It became clear that every effort was made to support these people with being as independent as possible. For example, one person could use public transport to get into the town centre, but once there may become confused and disorientated. Staff told us how rather than restrict the person's ability to go out, they would support the person to arrive back at their home safely.

People were involved in planning and reviewing their care and regular contact was maintained with families to ensure identified care needs continued to be relevant.

Staff spoke warmly of their relationships with the people they supported and it was clear that staff took a great amount of pride in what they did.

Although people's records were person centred and contained information about personal history, preferences and need, records that had not yet been updated did not always have the degree of information we would expect. However, the provider was already systematically addressing this through reviews with all the people they supported.

At the time of our inspection we found people's important and personal information was not always kept secured in line with the provider's own policies and procedures. Each person had a care plan that recorded their personal information and what help and support they needed. This information was accessed by staff electronically, on their own personal mobile telephones. The registered manager had not considered the confidentiality and security implications for people when staff used their own mobile telephones to access these records using an internet based application. When we raised this with the provider and the registered manager they immediately took steps to arrange for work mobile phones to be ordered, which would

ensure this information was stored in line with their own policies and procedures.

## Is the service responsive?

### Our findings

Care was provided for people with a range of physical and social support needs. People told us they felt included and involved in decisions about the care service they received. All the care records we looked at were personalised with detailed information and guidance about the level of support people needed.

People and relatives told us they felt involved in the planning and review of the care and support people received. One person said, "They [staff] involve me completely in everything." Staff we spoke with demonstrated how they worked to these principles. One staff member said, "It is not about doing things to a person. It is about involving them and helping them where they feel it is needed."

Staff knew the needs of the people they supported and understood people's preferences. Staff were able to explain the actions they needed to take to safely support people with their personal care needs. It was clear that where required care staff worked alongside other health and social care professionals to ensure people's needs continued to be supported appropriately.

The registered manager and the provider told us all staff had training around equality, diversity and human rights and it was expected that staff would not discriminate against anyone. Through our discussions with staff it was clear they were non-discriminatory in their approaches.

People had been provided with a copy of the complaints procedure and knew how and who to complain to. One person told us they would phone the registered manager and one relative said they had complete confidence that any concerns would be sorted straight away. We saw there was a system to log complaints along with any actions taken.

Staff told us they had an awareness of the need to know people's end of life wishes and that these were captured in people's care records. Some staff had completed end of life training and when we spoke with the service manager we were told there was an aim to eventually get all staff to complete end of life training. We did see a written compliment that had been made recently that praised staff on their approach with a person in their final days.

People and relatives felt the times and length of calls were tailored around people's needs. We were told by a social worker about the extended length of time a staff member stayed with a person following a traumatic experience. The staff member told us that this had been made possible by the 'office' making appropriate arrangements to get their other calls covered to allow this to happen. This resulted in the member of staff receiving praise from the police for the support they had given the person.

## Is the service well-led?

### Our findings

People, relatives and professionals were complimentary about the management of the service and felt the provider was approachable and if actions were needed, they were listened to. The registered manager and the managing director told us they did regular visits and care calls to people. They told us this was not only to gain feedback from people about their care, but to also gain the staff's experience of providing the care and support. They told us they felt this was invaluable in understanding what they expected from staff.

Staff told us they felt valued and supported by the management team. One member of staff said, "It's lovely, I really like working with them." There were regular team meetings and staff received regular one to one supervision. However, we found that areas we would expect to be discussed with staff were not always discussed. For example, there had been two recent significant safeguarding events and these had not been discussed as a staff group. This meant that some staff were completely unaware of what had happened while other staff were aware and approached certain situations with more caution. It also meant that collective learning had not taken place to look at any actions that could be taken to reduce the risk of reoccurrence. We discussed this with the registered manager and the managing director and they acknowledged that more needed to be done to ensure that important information was shared consistently with the staff team.

There were governance systems in place which enabled the management team to have oversight and monitoring of areas such as daily records, care plans, risk assessments and medicine records. We could see where actions had been taken when mistakes or areas for improvement had been identified. However the registered manager acknowledged there was room for improvement as there was no system in place to identify and action areas of learning from safeguarding incidents. We were assured that the provider would take swift action to rectify this as an area of priority. There were also unannounced spot checks carried out by both the registered manager and the managing director who told us there were currently no concerns over staff practice.

There was a system for monitoring call times. This was an electronic system that identified the location of staff and recorded the length of a call. It was however subject to a phone signal so some calls had incorrect times logged as it would only log a call once the phone was in signal range. The registered manager acknowledged the limitations of the system, but said that any times that were missing or highlighted as being very late, would be checked with the person receiving the call and the staff member to make sure the call had taken place at the allotted time or to identify any issues.

During the inspection we became aware of two safeguarding incidents that had occurred involving people who used the service. Whilst the provider had referred these safeguarding concerns to the local authority, they had not notified us. Providers are required to inform CQC of safeguarding concerns, serious injuries or accidents and this had not happened consistently. However the registered manager and managing director submitted the notifications retrospectively and have also reviewed the system for notifying us.