

Infinite Limited

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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?

Requires improvement 

Overall summary

This inspection took place on the 30 July 2015 and was announced.

Elevation Care Services is a supported living service which provides care and support to people who may have a range of care needs. These include learning disabilities and autistic spectrum disorders.

At the time of this inspection the service was supporting three people across two separate houses.

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

Summary of findings

People felt safe and staff had been provided with training to recognise the signs of potential abuse or harm.

There were processes in place to manage identifiable risks and to ensure people's freedom was not restricted unnecessarily.

There were sufficient numbers of staff employed with the right skills and knowledge to meet people's assessed needs and to promote their safety.

Recruitment checks were carried out on new staff to ensure they were suitable to work with people who used the service.

There were systems in place to ensure people received their medicines appropriately and at the prescribed times.

Staff had been provided with the appropriate training to carry out their roles and responsibilities.

The service worked to the key principles of the Mental Capacity Act 2005. When required capacity assessments were undertaken if it was found that people could not make decisions about their care and support.

People chose what they wished to eat and drink; and staff supported them with food shopping and cooking.

People were registered with a GP and if required had access to health care facilities.

Staff treated people with kindness and compassion. They were enabled to express their views and their privacy and dignity were promoted.

People were assessed to ensure that the service could appropriately meet their needs.

There was a complaints procedure which was written in an appropriate format to enable people to raise concerns if they needed to.

We found that notifications had not been submitted to the Care Quality Commission (CQC) in line with requirements.

There were systems in place to monitor the quality of the care provided, which was used to drive continuous improvements.

Summary of findings

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 safe

Arrangements were in place to keep people safe from avoidable harm and abuse.

Risks were managed to ensure people's freedom and choice was not unnecessarily restricted.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

There were systems in place to support people with the management of their medicines.

Good



Is the service effective?

The service was effective

Staff had been appropriately trained to carry out their roles and responsibilities.

The service acted in line with the Mental Capacity Act 2005 legislation and guidance.

People were supported to eat and drink and to maintain a balanced diet.

If required people had access to health care facilities.

Good



Is the service caring?

The service was caring

People had developed positive and caring relationships with staff.

Staff supported people to express their views.

People's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received personalised care that met their needs.

People had access to information on how to raise a complaint.

Good



Is the service well-led?

The service was not always well led

Notifications were not submitted to the Care Quality Commission in line with requirements.

There was an open, empowering and inclusive culture at the service.

Requires improvement



Summary of findings

There was a quality assurance system in place which was used to good effect.

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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.

The inspection was announced and was carried out on the 30 July 2015 by one inspector.

48 hours' notice of the inspection was given. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

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 also spoke with the local authority, who has a quality monitoring and commissioning role with the service.

During the inspection we spoke with one person who used the service, two relatives, three support workers and the registered manager.

We reviewed the care records of three people who used the service, three staff files and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I feel more than safe. The staff are my friends and they look after me.” A relative commented, “I have no concerns the staff look after [name called] very well.” Staff told us they had been provided with safeguarding training, which enabled them to recognise signs of potential abuse and how to promote people’s safety. Staff were aware of the different types of abuse and who to contact if they suspected or witnessed an incident of abuse. One staff member said, “I would report it to the manager in the first instance; if the concern is about the manager, I would contact the local authority and the Care Quality Commission (CQC).”

The registered manager told us that staff were issued with a copy of the service’s safeguarding policy. We found staff had signed to confirm they had been provided with a copy of the policy and had understood the contents. The document contained information with the telephone numbers of various agencies of who to contact in the event of suspected abuse. There was also an easy read safeguarding document, which was given to people who used the service to make them aware of how to raise concerns if they needed to.

There were risk management plans in place to protect and promote people’s safety. Staff were able to explain to us how they were used to promote people’s safety. For example, we saw one person was self-administering their medication and there was a risk management plan in place to guide staff on how they should support the individual with this activity. One staff member said, “We do not restrict people’s freedom or choice. If someone chooses to do something that is not safe, we explain the consequences to them.” We found there were risk management plans for people in relation to road safety awareness, general health and well-being, behaviour management and daily living activities. These were reviewed regularly and also when people’s needs changed.

The registered manager told us there were plans in place for responding to emergencies and they were regularly discussed with staff. We found that the plans contained information on what action staff should take in the event such as, loss of electricity, gas leak, shortages of staff,

extreme weather conditions and fire. Staff told us they were aware of the emergency plans and that the registered manager was always contactable via the telephone for advice and support if required.

Staff told us they were aware of the service’s whistle blowing procedure and would feel supported by senior managers if they had to use it. One staff member said, “I have had to use it in my previous job.” We found that accidents and incidents were monitored monthly to identify trends; and the data was used to inform practice.

People and their relatives told us there were sufficient staff employed to meet their assessed needs safely. We looked at the staffing rota and found that in one of the two houses there were always two staff on duty to care for the two people who were living there. The number was reduced to one waking person at night and a person sleeping on the premises. Staff confirmed that the staffing numbers were adequate; and enabled them to support people to participate with activities of their choice. We found people were supported with day centre placements, shopping, visiting places of interests and going out for coffees and walks.

There were safe recruitment practices at the service to ensure only staff who were suitable were employed to work with people who used the service. The registered manager explained that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. Staff were able to explain the interview process and said that it was robust. We found in the staff files we examined that the required documentation was in place.

People and their relatives told us that the service had systems in place to ensure medicines were managed appropriately. One person said, “I take my own medicines. I need to be reminded to go to the pharmacy to collect them, but I have improved.” A relative commented and said, “I am confident staff give [name called] their medicines at the prescribed times. They always tell me if there are any changes.”

Staff told us two people were involved in the administration of medicines. One staff member said, “You can’t be too careful.” We found there was a risk assessment in place to support the person who was self-administering. We saw evidence to confirm that staff had been trained in

Is the service safe?

the safe handling of medicines. We checked a sample of Medication Administration Record (MAR) sheets and found

they had been completed appropriately. We saw evidence that regular auditing of medicines were carried out and medicines were checked regularly to ensure the balance in stock corresponded with the record.

Is the service effective?

Our findings

People and their relatives told us that staff had the knowledge and skills to carry out their roles and responsibilities. One person said, “Staff are trained.” Staff told us they had received the appropriate training to undertake their responsibilities. One staff member said, “I completed five days induction training, and shadowed an experienced support worker until I felt confident.”

We found staff were knowledgeable about the needs of the people and were confident they knew people well and provided them with the appropriate support, which enabled them to be as independent as possible.

The training records made available to us during the inspection demonstrated staff had been provided with training that was relevant to their roles. This included training on safeguarding, autism awareness, moving and handling, epilepsy, infection control, health and safety, Non-Abusive Psychological and Physical Intervention (NAPPI), Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We found that some staff had achieved a recognised national qualification to support them in their personal and professional development.

Staff told us they were provided with monthly supervision, which enabled them to carry out their roles and responsibilities. One staff member said, “I find supervision really helpful. It’s a two way process and I am able to share and receive information with the manager.” We found that staff meetings were held, which enabled the registered manager to meet with staff to discuss good practice or areas of the service that needed to be developed further.

Staff told us they always sought people’s consent to provide them with care and support. They were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member said, “We always assume people have capacity until proven otherwise.” We found that people’s capacity to make decisions had been assessed. Staff and

the registered manager were aware if people’s freedom was being restricted to promote their safety, a best interest decision assessment would have to be made with a view of making a DoLS application.

People and their relatives told us they had enough to eat and drink. One person said, “I do my own cooking with minimum assistance from staff.” The person commented further and said “I cook prawn curry and stir fry and I love fish.” Staff told us people chose what they wished to eat and they supported people with the preparation and cooking of their meals. We were told that staff sat with the two people who shared a house on a weekly basis to discuss the menu. Picture cards were used to enable people to make their choices. The registered manager told us sometimes people chose to go out to do their food shopping or ordered it on line. Whatever decision people made was supported by staff. For example, one person chose to eat on their own and the staff respected their choice.

People were supported to maintain good health and had access to health care facilities. One person said, “The staff accompany me with medical appointments and to the dentist.” The registered manager told us that people were registered with a GP who they visited as and when required, or at least six-monthly to maintain their health and well-being. We found people had regular dental, chiropody and optical check-ups. Referrals to health care specialists were made via the GP and we found that people were able to access the services of the dietician, occupational therapist, speech and language therapist and psychologist when needed.

We found within the support plans there was an additional record with information relating to people’s health care needs. The record was regularly updated if there were changes to people’s behaviour or the outcome of any health care appointments. This ensured that information relating to people’s health and well-being was current and up to date.

Is the service caring?

Our findings

People and their relatives told us they had developed good relationships with the staff who supported them. One person said, “The staff are kind and understanding, they give me praise.” A relative commented and said, “When I visit the home the staff always give me and my family member our own space to spend time together. They are not intrusive.” The relative commented further and said that the staff approach was kind and compassionate.

We found that people’s needs in respect of their gender and religious beliefs were met and understood by the staff team for example, one person expressed a wish to have personal care provided by a staff member of the same sex and their request had been granted and clearly documented in their support plan. Another person expressed a wish to attend church and participate in prayer meetings weekly and staff were supporting them to do so.

The registered manager told us that each person had the opportunity to spend time with a staff member on a regular basis to discuss things that mattered to them such as, daily activities they wished to participate in, or any additional support they may need to promote their independence and well-being. We saw evidence in the support plans we examined that one to one meetings were being held.

Staff told us they knew people really well. They felt this was because there was consistency in the staff team. Staff were able to spend time getting to know people’s likes, dislikes and personal histories. One staff member said, “It’s a joy to support the people here.” Another staff member commented and said, “We can detect if our service users are not in a good mood by their behaviours. We usually sit with them to explore what is worrying them and provide reassurance.”

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. For example, one person told us they chose not to go on work placements and their decision was respected. One relative said, “The staff enable [my family member] to make decisions on what they want and offer choices. You can’t fault them.” Staff told us that people

were encouraged at their one to one meetings to discuss how they wished to be supported; and whether changes to their support plans were needed to enhance their well-being, social skills and lifestyle. During these sessions we found that staff encouraged people to discuss things that were important to them or activities they would like to do such as, visiting places of interests or participating with activities in the local community. We found one person was a member of an athletic club. Another person had joined a dance group.

The registered manager told us that at the time of our inspection there was no one using the services of an advocate. She said people were provided with information on how to access the services of an advocate and staff would support them in doing so if one was required. We found that some family members advocated on people’s behalf when required.

Staff told us they respected people’s privacy and dignity. One staff member said, “We always knock on their door and wait for a reply.” Another staff member commented and said, “We call people by their preferred name.” Within the support plans we looked at there was information on how people’s privacy and dignity should be promoted. The plans highlighted areas relating to aspects of people’s daily living skills that they needed support with to ensure their dignity and independence was maintained.

The registered manager told us that the service had a confidentiality policy to ensure confidentiality was respected and adhered to by all staff. Information was shared on a need to know basis and permission was sought from people and their relatives to share information with other professionals. We found files in the office were locked away securely and the computer was password protected to ensure confidentiality was not breached.

People and relatives told us there were no restrictions on visiting. One relative said, “I am welcome at any time, but I always make staff aware that I am visiting because they might be out.” Staff confirmed relatives and friends were free to visit at any time. One staff member said, “People are encouraged to see their families.”

Is the service responsive?

Our findings

People and their relatives told us they received care that met their needs. One relative said, “The care my [family member] receives is really good. The staff have their interest at heart.” Another relative said, “I could not find anyone better than Elevations to care for my family member. The care they receive is superb.” Staff told us people and their relatives contributed to the assessment and planning of their care. The registered manager confirmed that people’s needs were assessed prior to them coming to live at the service and family members and other professionals were involved in the assessment process. We found that information obtained during the assessment process was used to inform the support plan.

The support plans seen were personalised and tailored to meet people’s individual needs. They contained information on people’s personal history, individual preferences and goals. This ensured the care provided was specific to their needs. We found there were processes in place to ensure that the support plans were reviewed monthly. Yearly reviews of people’s care needs were also carried out. This involved people, their relatives, staff and other professionals, to ensure the care provided was still reflective of their assessed needs. We found the support plans were signed by people or their relatives to confirm their agreement with the contents.

People told us they were involved with activities of their choice. One person said, “I am involved in activities that I like doing. I have joined a walking group and enjoy going to church and prayer meetings.” Staff told us that other

people attended day centres on a regular basis and were involved in meaningful activities in the community such as horse riding, swimming, visiting parks and places of interests and the local leisure centre to avoid social isolation.

People and their relatives told us they were aware of how to raise concerns or make a complaint. One person said, “I know how to make a complaint but I have never had the need to make one. I have nothing to complain about.” Relatives commented if there was a need to make a complaint they were confident their concerns would be investigated appropriately. The registered manager told us that the service had a complaints policy; and complaints were taken seriously and used to improve on the quality of the care provided. We found the complaints procedure was written in a pictorial format. We looked at the complaints record and found that one complaint had been made and it was responded to in the appropriate timescale and to the complainant’s satisfaction.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One person said, “I receive questionnaires regularly, but I don’t like paperwork so I don’t complete them. I tell them how I feel. I am happy with the service I receive.” Relatives commented that the standard of care provided by the service was very good.” The registered manager confirmed that feedback on the quality of the care provided was analysed and any areas identified as requiring attention were addressed in an action plan and kept under review to ensure improvements were made.

Is the service well-led?

Our findings

The registered manager told us she was aware of her responsibilities to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC), as required. Our records showed that since registration no notifications had been submitted by the service. During the inspection we found evidence that potential safeguarding alerts had been raised with the local safeguarding team by the service. The alerts did not reach the safeguarding threshold and therefore had not been investigated under the safeguarding of vulnerable adults procedure; however, CQC had not been made aware of the incidents. The registered manager acknowledged this may have been an oversight on their part. We saw evidence that where alerts had been raised people's risk assessments and behaviour charts had been reviewed. This was to minimise the risk of further recurrence of incidents.

People and relatives told us that the service promoted a culture which was open, inclusive and empowering. One person said, "The manager and staff are more than approachable. They always listen to me." Relatives confirmed that the culture at the service was open and transparent. One relative said, "The manager is approachable, I trust them and the staff 100%."

Staff told us regular meetings were held and they were able to contribute and make suggestions. They confirmed suggestions made were acted on. For example, one staff said they were listened to, when they made a suggestion in relation to a person's care. Another staff member said, "I feel quite at ease with the management team. They are open and honest and I can go to them with issues. They listen and take action."

Staff told us when mistakes occurred they were dealt with in a transparent manner. One staff member said, "If there is a problem we talk about it and learn from it to ensure it does not occur again." The registered manager confirmed if mistakes occurred the staff were encouraged to review their practice and learn from it. She commented further and said, "If I make an error with the off duty and forget to comply with a staff member's request, I apologise and make sure it does not happen again."

Staff told us they received feedback from the management team in a constructive and motivating way. An example given was staff were regularly thanked and praised if they went above and beyond their role of duty. The registered manager confirmed that input from the staff team was valued. She said, "Staff are regularly praised."

Staff told us the management team demonstrated good management and leadership. One staff member said, "They work with you and are very good role models. They provide advice and support on how to work effectively with the service users." This ensured that staff were inspired to provide a quality service.

The registered manager told us that the service had quality assurance systems in place and these were used to monitor the quality of the care provided and to improve on the service delivery. Audits relating to infection control, health and safety, safe handling of medicines and record keeping were undertaken on a regular basis and action plans were developed to address areas that required attention.