

Elegant Care Services Limited

# Elegant Care Services

## 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

Elegant Care Services provides personal care to people with learning disabilities living in a supported living environment or in their own homes. During our inspection there were six people using the service. However, the service was providing a regulated activity to two people at the time of our visit.

The registered manager has been in post since January 2014. 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 and associated Regulations about how the service is run.

This is the first inspection of the service under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said the staff were caring and kind and treated them with dignity and respect. For instance one person commented, "Friendly, kind and helpful staff." During our visit we observed people were comfortable with the staff member who supported them and was engaged in positive conversation with them.

Staff established good working relationships with people and demonstrated a good understanding of people's care needs. They spoke confidently about people's support needs, their hobbies and interests and communication needs. We found this to be in line with what was written in people's care records.

People supported to be involved in decision making and were able to express their opinions on the care and support received. A review of one to one key working meeting notes confirmed this. Staff respected people's privacy and ensured their dignity was protected. A staff member commented, "Personal care is carried out in a dignified way and I ensure people's bodies are covered."

People strongly felt they were supported by staff who had the skills and the knowledge to give them the support they need. The service sought people's consent and involved them in decisions. We saw people's nutritional needs were met and they were supported to maintain good health.

People said they felt safe in the service and staff who knew how to recognise and report any concerns or potential abuse. Risks of abuse to people were minimised because the service had a robust recruitment procedure. There were sufficient staff to provide care and support to people, a review of staff rosters confirmed this.

People received care that was specific to their individual needs. Care records captured what was important to people this included their preferences; hobbies and interests; spiritual and cultural needs. People were actively engaged in a wide variety of social activities and staff encouraged people to maintain their hobbies and interests. This ensured people's social well-being was promoted.

People said they knew how to raise concerns. We noted the complaints booklet was available in an easy read format to enable people to understand what to do and who to talk to if they had concerns. Relatives felt staff responded well to concerns raised and staff felt supported by management when they raised concerns.

We received positive feedback in regards to how well led the service was. For instance, one person commented, "I am very happy where I live and I would recommend this place to any friend." The service sought people's views about the care they received and took appropriate action in response to the feedback received.

The service had established effective quality assurance systems to assess monitor and improve the quality and safety of the service it provided.

## 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.

People said they felt safe in the service.

Staff who knew how to recognise and report any concerns or potential abuse.

Risks of abuse to people were minimised because the service had a robust recruitment procedure.

There were sufficient staff to provide care and support to people.

### Is the service effective?

Good ●

The service was effective.

People strongly felt they were supported by staff who had the skills and the knowledge to give them the support they need.

The service sought people's consent and involved them in making decisions.

People's nutritional needs were met and they were supported to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People said the staff were caring and kind and treated them with dignity and respect.

Staff established good working relationships with people. Care records confirmed staff had a good understanding of people care needs.

People were able to express their opinions on the care and support received.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was specific to their individual needs.

People were actively engaged in a wide variety of social activities and staff encouraged people to maintain their hobbies and interests.

The complaints booklet was available in an easy read format to enable people to understand what to do and who to talk to if they had concerns.

**Is the service well-led?**

The service was well-led.

We received positive feedback in regards to how well led the service was from people, those who represented them, staff and a community professional.

The service sought people's views about the care they received and took appropriate action in response to the feedback received.

The service had established effective quality assurance systems to assess monitor and improve the quality and safety of the service it provided.

**Good** ●

# Elegant Care Services

## **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 checked 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.

This was an announced inspection which was carried out by an inspector and took place on 19 July 2016. The provider was given 48 hours' that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. 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 looked at all the information we have collected about the service.

As part of the pre-inspection process we sent questionnaires to two people who received care from Elegant Care Services, two relatives and one community professionals. We received 100% response in total and the analysis of these were used to inform this report.

We spoke with two people who used the service; one staff member and the registered manager. We reviewed two care records, three staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

People said they felt safe at the service. Comments included, "Yes, I am" and "I am safe." We noted care staff and the community professional who responded to our questionnaires, stated people were kept safe from abuse from staff who worked at the service.

People were protected from abuse by staff who knew how to recognise and report any concerns or potential abuse. The service's provider information return form (PIR) stated staff received safeguarding adults training and knew how to raise any concerns and take appropriate measures. This was supported by our discussions with a care worker who was able to describe the different type of abuse people could experience. The staff member commented, "I have attended safeguarding adults training and every year we attend refresher courses, the last time I attended this was a couple of months ago." The staff training matrix confirmed what the care worker had said. This meant people received care and support from staff who knew how to protect them from abuse.

A Safeguarding adult's poster for people with learning disabilities was clearly displayed on a noticed board situated in the communal area. This was in easy read pictorial format and outlined what safeguarding adults meant and why it mattered. A safeguarding policy and procedures was in place to ensure staff followed correct procedures when dealing with any safeguarding concerns. We noted these policies were easily accessible for staff members.

Risks of abuse to people were minimised because the service had a robust recruitment procedure. Staff records showed Disclosure and Barring Service (DBS) checks were undertaken. These ensured staff employed were suitable to provide care and support to people who used the service. Written references, completed medical health questionnaires and employment histories were also obtained. This was supported by a care worker who stated, "I had to be DBS checked, give proof of ID and written references from my previous employers before I could start work."

People were kept safe and their needs were met because there were sufficient numbers of staff. During our visit we observed there was sufficient numbers of staff available to support people with their daily activities. This was supported by a review of the staff rosters. A care worker commented, "We have plenty of staff to be honest. We always have staff to cover shifts."

People were protected and their freedom supported and respected because risks to people's health and safety had been carefully assessed. Care records clearly showed identified risks and how they should be managed. These covered people's safety and security in their home and the community; medicines for health conditions; nutritional needs; mental health and emotional well-being and money management.

People's medicines were managed so that they received them safely. Staff training records confirmed they had received the relevant training which was up to date. Care records under the title 'my medication and expected outcomes' detailed prescribed medicines; the dosages; when they had to take and why. Staff were given clear instructions on how to support people with any guidelines from health professional included.

Medicine administration records (MAR) were used to show the medicines that had been administered and by whom. This was supported by a care worker who commented, "I ensure medicines are administered at the right time. Two staff members have to check and sign once this has been completed." This was line with the service's 'medication' policy and procedures.



# Is the service effective?

## Our findings

People were supported effectively by suitably skilled and experienced staff. People strongly felt they were supported by staff who had the skills and the knowledge to give them the support they need.

People received care and support from staff who were appropriately inducted, trained and supervised. A care worker when discussing these areas commented, "I had completed the induction and found it very useful to be honest. I had not worked in the care industry before so this helped me a lot. The training is continual and has helped me to understand why we do the things we do. I feel more confident. Supervision helps you to discuss areas where you need help and appraisals helps you to see how much progress you have made. My appraisal went very well."

A review of staff supervisions, appraisals and training records showed staff were effectively supported.

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

Staff knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. During our visit we observed staff had sought consent from people and involved them in making decisions. Care records written in easy read pictorial format showed whether people had the capacity to give informed consent and how staff were to support them to understand how to give it. Consent agreements signed by people covered areas such as, support with medicines; staff assisting people to read their letters and use of their photographs.

People's nutritional needs were being met. We observed people during the lunch time period enjoying their afternoon lunch together. People chose what food they wanted to eat and staff supported them to prepare it. We noted food prepared were nutritious and well balanced. A staff member told us the service did not have weekly menus this was because people preferred to choose what they wanted to eat on a daily basis. The staff member demonstrated a good knowledge of people's food preferences. A review of care records showed where people required additional support with their nutrition, specialist advice was sought and guidance given. For instance, we saw a healthy eating information pack for carers published by the Berkshire NHS Foundation Trust Learning Disability Dietetic Department. This gave staff instructions on how to prepare nutritious meals, we noted this was being used to ensure people were effectively supported to eat healthily.

People were supported to maintain good health and had access to healthcare services. This was because people had access and were referred to a wide variety of health professionals who promoted and supported their health needs. This included GPs; dieticians; mental health nurses amongst others. People had health action plans (HAP). These were personal plans about what a person with a learning disability can do to be healthy and listed the help people might need in order to do things and the support they required to be

healthy. These also recorded all appointments attended and their outcomes. This meant people could be confident their health needs and preferences would be met when they had to receive care and support from health professionals.

## Is the service caring?

### Our findings

People, their relatives and a community professional said staff were caring. People said the staff were caring and kind and treated them with dignity and respect. For instance one person commented, "Friendly, kind and helpful staff." A relative commented, "I am happy with care workers at (address of service) and whenever I have asked X (family member) about the care they receive, their reply is always satisfactory." A community professional went further and said, "The service goes out of its way to care for clients with complex needs."

During our visit we observed people were comfortable with the staff member who supported them and was engaged in positive conversation with them.

Staff had established good working relationships with the people they supported and demonstrated a good understanding of their care needs. For instance, we spoke to the keyworker for one person. They told us about the person's care and support needs; communication needs; hobbies and interests and how the reason why the person eventually came to live in the service. A review of the person's care records confirmed what the staff member had said.

People said what aspects of care they were happy with. One person commented, "I am able to make my own decisions and staff get my views at keyworker meetings." This was supported by a staff member who told us, "Everyone has files with individual support plans. At the keyworker meetings we ask people if they are happy with the support plans and give them the opportunity to tell us what they want." A review of minutes of keyworker meetings confirmed this.

Care records showed people were advised and supported to learn about getting support from external agencies and experts. We noted people received support from advocates. Advocates are independent from the service and provide people with support to enable them to make informed decisions.

People said they were treated fairly and equally. Care records documented various areas such as, how staff communicated with people; whether people were given enough information and support to access the community and whether people felt they had the same opportunities as other people in the community. We noted people's responses to these areas were positive.

Staff respected people's privacy and ensured their dignity was protected." A staff member commented, "Personal care is carried out in a dignified way and I ensure people's bodies are covered." This was supported by a review of people's personal care records, which were detailed and gave staff clear instructions on how to ensure care delivered respected people's dignity as well as promote their independence.

People's communication needs were met because staff were aware of people's individual communication skills, abilities and preferences. Care records gave detailed information that enabled staff to understand people's preferred communication style. For instance, we noted people preferred the use of pictorial

information to assist them with communicating. We observed pictorial information was used on all care records and information displayed on the communal noticeboard.

## Is the service responsive?

### Our findings

People received care that was specific to their individual needs. They told us the care received met their needs and they were involved in making decisions about their care. This was further supported by their relatives.

Care plans were well laid out, detailed and easy to read. They provided a wide range of information on every aspect of each person's care and support needs. 'Getting to know me, understanding me and my life' captured details about people's social life; spirituality; cultural needs; hobbies and interests; whether they were employed or in education. This ensured people received person centred care that was tailored to their individual needs.

The service was responsive to people's needs. For instance, one care record documented a person liked baking. During our visit we saw the person participated in this activity. Another care record showed how the service had made an appropriate referral to a health specialist for another person whose health needs had changed. A staff member when describing how they delivered person centred care commented, "They (people who use the service) are the 'man in the middle'. They tell us what they want to do and we ensure we support them to do it."

Arrangements were in place to ensure people's individual care needs and risk assessments were regularly reviewed and kept up to date. We noted reviews of care were written in an easy read pictorial format. The registered manager told us this was carried out by people's care managers with people; their keyworkers; their relatives and other health professionals in attendance. This was supported by reviews of care reviewed which showed people's progression and if any further support was required.

People were encouraged to express their opinions on matters important to them. Weekly key working notes written in easy read pictorial form, captured people and their keyworker views on various aspects of care received. For instance, one person stated they did not like cooking but enjoyed going shopping when they liked to. We spoke to the person who confirmed staff supported them to go out shopping.

People were actively engaged in a wide variety of social activities. One staff member commented, "I personally feel satisfied working and helping service users to gain independence in the community by engaging them in different activities. Care records showed people were encouraged to maintain their hobbies and interests. 'My personal schedule' showed meaningful activities that people participated in during the week. These were activities people said they enjoyed, wanted to do and enhanced their social life. We noted although people had a full schedule they also had scheduled time to just relax. This was supported by our observations. This showed people's social needs were being met.

People said they knew how to make a complaint. An easy read pictorial 'how to raise a complaint' poster was displayed on the communal notice board. People said they would talk to their keyworkers if they had concerns. Relatives said they felt staff responded well to any concerns raised and staff said management was accessible and approachable when they raised any concerns. We reviewed the service's complaints

policy which instructed staff how to handle complaints and the process that should be followed when a complaint was received. We reviewed the service's complaints log and noted no complaints had been received in the last 12 months.

## Is the service well-led?

### Our findings

We received positive feedback in regards to how well led the service was. For instance, one person commented, "I am very happy where I live and I would recommend this place to any friend." Staff told us why they liked working for the service. Comments included, "I have seen people's lives being transformed since Elegant Care Services has been looking after them" and "I am happy to work for Elegant Care Services as my manager and other work colleagues are flexible."

People said they knew who to contact in the service if they needed support and the information given to them about the service was clear and easy to understand. We reviewed the 'service user handbook' which gave information about where people lived; managing finance; the support being offered; people's rights and responsibilities and how the service supported people to be safe. The handbook was presented in easy read pictorial format. This confirmed people were given information about the service in a format that met their communication needs.

Staff said they were supported by management and felt they could confidently report any concerns or bad practices to their manager. For instance a care worker commented, "I feel so supported, especially for training. Management listen to what I have to say, I will raise my concerns with my manager, I have no problems in doing this." This was supported by a review of minutes of staff team meetings, where agenda items discussed included staff training and what staff need to do to improve quality assurance systems in place.

The service had effective assurance systems to assess monitor and improve the quality and safety of the service it provided. We noted audits were undertaken that covered areas such as, people giving consent to care; care plans; medicines; reviewing whether people's nutritional needs were being met; infection control and health and safety. We noted where actions had been identified; these were completed by the set timescales and were signed and dated by the registered manager.

Policies and procedures were in place which covered the required areas of the service's operation. For example, safeguarding; MCA and DoLS; medicines management and complaints. These policies were detailed and readily available to staff.

The registered manager had submitted appropriate notifications to the CQC when required, for example as a result of safeguarding concerns.

The service sought the views of people, those who represented them, staff and external agencies who provided support to them. For instance, 'monthly service evaluations were completed with people. These captured people's views on various aspects of support received in areas such as, support in the community; shopping; choices; activities; tenants meetings and whether people had any complaints. A review of these evaluations showed people thought the service was good and had no complaints. We reviewed staff and stakeholder surveys dated January 2016. We noted positive feedback was given and where areas for improvement were identified, we saw appropriate action was taken to address them. This showed the

service actively sought the views of people who used the service and took appropriate action in response to the feedback received.