

eLIVEate Care and Support Ltd

eLIVEate Care and Support

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

eLIVEate Care and Support is a supported living service. It provides personal care to people living in a 'supported living' setting, so they can live as independently as possible.

People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

At the time of this inspection the service was providing care and support to four people, who all lived in their own separate supported living setting, in the Plymouth and surrounding areas.

The service also provided an 'enabling' service to people living in their own homes. At the time of this inspection people using this service did not receive a regulated activity; CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

The service had been operating since July 2020. People, relatives and health and social care professionals were all positive about how the service supported people to 'transition' to their new homes.

People had settled into their new homes and each person had a team of regular staff. Staff knew people well and had built trusting and caring relationships with them. Staff involved relatives in people's care and support and valued their input and knowledge of the person. Comments from relatives included, "[Person] gets on well with all members of his team. It is essential that my son has a good, trusting relationship with his team of support, so having a regular team really helps not only my son but also me. I know the team so we can share knowledge and tips around supporting my son" and "eLIVEate have arranged, as far as possible, that [person] has the benefit of a regular team of carers. Furthermore, we have access to an App that allows us to view care arrangements in advance. We have regular contact with senior staff allowing discussion and planning going forward."

Staff's in-depth knowledge of how people communicated ensured people had maximum control over their lives and how they spent their time. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care and behaviour support plans were accurate and kept under regular review, with the involvement of the person and their family. They provided staff with comprehensive guidance to ensure people's needs were met. Risks were identified and staff had clear instructions to help them support people to reduce the risk of avoidable harm.

Staff were recruited safely. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. Staff were appropriately trained, and their competency regularly checked, to ensure people's individual needs were met.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The Right support:

The model of care and setting maximised people's choice, control and independence. Staff supported people to make choices about their daily lives and engage in activities that they enjoyed and promoted their independence. People were supported to maintain and develop relationships.

There were enough staff on duty to meet people's individual needs. People received their medicines in a safe way. People were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for people, to understand the reasons for their behaviour, and provide guidance for staff to ensure consistent approaches were used when supporting people.

Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

Right culture:

People were supported by staff where the ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

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

Rating at last inspection and update

This service was registered with us on 30/07/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

eLIVEate Care and Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in four 'supported living' settings (all of which accommodate one person), so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

This inspection was announced. We announced the inspection a few days in advance to ensure that people would give us permission to visit them in their home. Before we visited one of the supported living settings, we discussed infection control processes for people, staff and inspectors, with reference to COVID-19.

What we did before the inspection

We reviewed information we had received about the service. We had contacted relatives, health and social care professionals and staff before the inspection to seek their views. We received feedback from three relatives, three health and social care professionals and nine staff.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with one person in their supported living setting and two staff who were supporting them. We met with the registered manager and the managing director at the service's office.

We reviewed three people's care records. We looked at a variety of records relating to the management of the service, including policies, procedures and staff training and recruitment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager.

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

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed regularly with staff.
- Relatives told us they felt people were safe using the service. As one relative told us, "We have no concerns for our son's safety under the care of eLIVEate staff."
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.
- There were effective systems in place to support people with their finances. Everyone using the service had a family member appointed as legally in charge of their finances. Staff purchased small items and food shopping for people within the parameters set by people's appointees. All transactions were robustly recorded and regularly audited by senior staff.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors.
- Risk assessments were regularly reviewed and updated to ensure they reflected people's current needs and provided clear instructions for staff to follow.
- People were supported to try new experiences while any related risks were identified and action taken to help reduce the risks.
- Staff had gained a comprehensive knowledge of what could cause people anxiety and the limiting effect this could have on their ability to live a full life. Staff understood what could trigger behaviour that might challenge, how to avoid these triggers and how to support people if their behaviour began to escalate.
- Fire safety and emergency evacuation risk assessments had been completed for each supported living setting. There was clear information for staff to follow, copies of which were kept in the office and in people's homes.

Staffing and recruitment

- People's relatives and staff all told us they felt there were enough staff on duty to meet people's needs. Relatives told us, "[Person] has a core staff team who are his regular staff" and "[Person] has a regular team that rotates around him."
- Where people were assessed as needing specific staffing ratios, to meet their care needs and when going

out in the community, this was always provided.

- Each person using the service had a dedicated staff team and any new staff were always introduced to them, before a new worker became part of their team. This meant people always received care and support from staff they knew and trusted.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were appropriate systems in place for the storage, ordering, administering, and disposal of medicines in each supporting living setting.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff regularly wore personal protective equipment (PPE) when they delivered care to them.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE. Their practice reflected current guidance.
- The service followed best practice for visitors to the service. This supported them to minimise risk of spread of COVID-19 to people who use the service.

Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.

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. 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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People, their families and relevant health and social care professionals were involved in the development of comprehensive 'transition programmes' and were complimentary about how these had been implemented. This enabled people to move to the service in a planned manner to help ensure their needs were understood and could be met.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. This included staff being trained in areas such as behaviours that challenge and knowledge of epilepsy.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. They also shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently. All staff told us they had completed a thorough induction which fully prepared them for their new roles. As one worker said, "My induction was excellent, the best I have ever had."
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Staff feedback about training and management support was positive.

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

- Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Staff had good knowledge of people's dietary requirements and steps were taken to support people's needs. For example, supporting people to eat a healthy diet to assist with weight management.
- Staff supported people to plan their meals and be involved in food shopping and meal preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's health conditions were well managed and staff engaged with other organisations to help provide consistent care. One healthcare professional told us, "Staff are good at liaising with primary care to ensure that reasonable adjustments are made for people".
- People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- Staff supported people to effectively manage their health and wellbeing. They supported them to make and attend medical appointments.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- People were supported in accordance to the requirements of MCA. Staff consistently took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf to ensure any decision would be in a person's best interest.
- For people who lacked mental capacity, appropriate action had been taken, when restrictions or the monitoring of people's movements were in place. The service had advised the local authority of the restrictions in place to enable them to make applications to the Court of Protection.

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

Ensuring people are well treated and supported; equality and diversity

- People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Staff knew people well. Staff told us they had time to develop the relationships required to tailor communication and support people in a way that made them feel like they mattered.
- The way staff spoke about people showed they genuinely cared for them. They spoke about people's wellbeing and were focused on providing the right support to improve people's lives. Staff told us, "As a staff team we all want to offer the best person-centred care that we can, the individuals that we support have as much input as they are able to provide", "Very rewarding job" and "It is great to see how people flourish and grow living in their own homes."
- Relatives were complimentary about how staff supported their family members. Commenting, "The staff are incredibly caring and we have absolutely no concerns in this area. [Person] has accepted staff helping with personal care, which was something he had previously had issues with" and "[Person] has a carefully selected, dedicated team of competent carers who merge seamlessly, as far as possible into the background of his life, yet allowing him to enjoy his life to full potential."
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and what activities they engaged in.
- Staff listened to people's views and ensured these were respected. Staff described people's communication needs and what support individuals required to understand and communicate effectively. Staff understood the importance of empowering people to make even the smallest of decisions.
- Relatives told us staff encouraged people to be involved in making decisions. Commenting, "[Person] can become very overwhelmed with too many choices but the support team promote his independence as much as possible without overloading him. He gets given choices of food, outings, activities even whether he wants us (his family) to visit. His decisions are respected and listened to" and "Daily decisions are made by [person] with the help of the staff and they will offer him choices that are the most suitable and in his best interest. We are very confident that they all have what is best for him and what will make him happy at the forefront when doing this."
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Staff described people's communication needs and what support individuals

required to understand and express their wishes and choices.

- Care plans also contained background information about people's personal history and their routines at home. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.

Respecting and promoting people's privacy, dignity and independence

- Everything about how the service operated, and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection.
- People could be as independent as they wished to be. The systems within the service supported them to maintain life skills they have and promoted their independence.
- People's confidential information was kept securely.

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. 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's care plans were person-centred and reflected their individual needs and preferences. People and their relatives were involved in the development and reviewing of their care plans.
- A new electronic care planning system had recently been implemented. This system further enhanced people and their family's involvement, as the methods used to access care records were adapted to suit people's individual needs and abilities. Each person had an Ipad in their home for staff to use and for people to read and add their own information about their care and achievements.
- Families could access the system to read daily notes about people's care and activities as well as being able to look at staff rotas.
- Staff had a good understanding of people's individual needs and provided personalised care. Staff told us care plans were informative and gave them the guidance they needed to care for people.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers and through daily notes.

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's communication needs were identified, recorded and highlighted in care plans. Some people using the service were either non-verbal or had limited verbal communication and used signing and visual methods. For example, some people used a picture exchange communication system (PECS) to communicate and understand details about their care.
- One person, who was visually impaired, used a voice-controlled system to operate devices in their home. This supported them to make choices independently.
- Staff knew how to communicate effectively with people in accordance with their known preferences and methods. Communication preferences and styles were recorded in care plans and clear direction about what support was required to meet a person's communication needs.
- Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.

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 access activities within and outside of their home. Staff were flexible in their

approach and responded to people's wishes about what they wanted to do each day.

- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. For example, one person's dream was to go to Longleat safari park. This was organised with an overnight stay and on a day and time of the year when the park would be quieter to meet the person's needs.
- Staff supported people to maintain relationships with their family and friends. This was facilitated in the way the person wished, whether that be staff supporting them to visit their family or for families to visit them.
- Support plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People told us they would be confident to speak to the management or a member of staff if they were unhappy.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- The service had policies and procedures in place in the event that people needed end of life care, to help ensure care would be person-centred and support the person to be comfortable.

Is the service well-led?

Our findings

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

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

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people. Staff told us, "The service provides truly person-centred care", "I feel the whole service that is provided by eLIVEate is great and all the clients and their families are very happy with the service provided" and "The company ethos provides innovative, proactive truly refreshing approach to care."
- Relatives told us they thought the service was well managed and communication with the management was good. Comments included, "We have regular contact with senior staff who are refreshingly open and honest regarding any potential problems ahead", "Our experience of eLIVEate can only be described as exceptionally positive. We feel eLIVEate represent what a care provider should be in the UK today" and "We feel as a family that eliveate wrap us up in a warm embrace. From the management down to every member of our sons support team, we have a trusting relationship and feel that we couldn't ask for better for our precious boy. We have been made to feel involved and respected throughout our son's independent life so far and have no concerns whatsoever about his continued support from eliveate."
- Healthcare professionals were also positive about the service. Commenting, "The relationship with professionals in my experience so far has been good, and feedback that we have given has seemed to be accepted well" and "The manager and the team are open and approachable. They seek support from professionals as and when required."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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

- The registered manager/provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any events or incidents that occurred during people's respite stays.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager and provider had comprehensive oversight of the service and understood the needs of people they supported. Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood.
- Staff spoke positively about managers and the way they ran the service. They told us they felt valued and were well supported. Comments from staff included, "Staff are involved in the growth of the company, you feel listened to and valued" and "There is a progression pathway and managers look at the talents of the team and bespoke job descriptions are developed for staff to reflect the talents and skills of individual workers."
- The management team carried out regular audits of care plans, medicines and observations of staff practice. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff shift handover meetings and through the electronic system.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. Questionnaires were regularly given to people's families. The responses from the most recent survey were all positive. Relatives told us, "We receive paper feedback forms on a regular basis", "We are in regular contact with management who actively encourage feedback, both positive and negative" and "eLIVEate actively encourage feedback on a regular basis."
- Relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Management sent out newsletters regularly to staff to keep them informed about the running of the service.
- Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. Comments from staff included, "Managers listen to you and are willing to try new ideas" and "I feel this is a good company to work for, where managers genuinely listen to staff's' views and you feel you can make a difference."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered manager/provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.

- Healthcare professionals confirmed there were good working relationships with the service. One professional told us, "They are very good at ensuring all appropriate care planning is in place to support [person's] needs. They have recently requested more support from the LD team to support with improving the person's level of engagement and quality of life."
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.