

ELEVATE CARE LTD

Elevate Care - Milton Keynes

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

This inspection took place on 6 and 7 August 2018 and was announced.

This was the first comprehensive inspection of Elevate Care – Milton Keynes. At this announced inspection we rated the service as 'Good'.

Elevate Care – Milton Keynes provides a personal care service to people who live in their own homes that includes, support with taking medicines, personal care, meal preparation, respite care and home from hospital care. At the time of our inspection the service was supporting 11 people.

Not everyone using Elevate Care- Milton Keynes received the regulated activity; personal care. The Care Quality Commission (CQC) only inspects the service received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they did, we also took into account any wider social care provided. Of the 11 people using the service, 10 were receiving personal care.

The service had a registered manager. 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.

People felt safe when receiving care in their own homes. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. The registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected from infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve people's safety.

People's needs and choices were assessed and their care provided in line with best practice. This met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training. This ensured they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to have health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care that was person centred and met their needs. They had developed positive relationships with the staff who understood their likes and dislikes. Staff were kind, caring and treated people with dignity and respect.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

Staff felt supported and valued. There were systems in place to monitor the quality of the care provided and to ensure the values; aims and objectives of the service were met. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

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.

Staff understood how to safeguard people from abuse. Recruitment procedures reduced the risk of employing unsuitable staff. There were enough staff on duty to meet people's needs.

Risks related to people's care had been identified and acted on. The provider learned from incidents and took further steps to reduce risk. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed and met by staff who were skilled and had completed the training they needed to provide good care. People were supported to maintain their health and well-being and staff helped to ensure people's nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005, including gaining people's consent.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised containing information about people's likes, dislikes and personal preferences. The provider's complaints policy and procedure was accessible to people and their representatives.

Is the service well-led?

The service was well-led.

Quality monitoring systems were in place to drive improvement at the service. These had been embedded in to staff practice. Staff members said that management provided good support to them.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

Good 

Elevate Care - Milton Keynes

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.

This inspection took place on 06 and 07 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to help us with our visit.

One inspector carried out this inspection.

Before the inspection, we reviewed information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. This was used to inform our inspection judgements.

We spoke with three people who used the service and three relatives. We spoke with the registered manager and three care and support workers.

We looked at the care records of four people who used the service. We also looked at other information in relation to the management of the service. This included four staff recruitment records, training records and information about the service such as policies, procedures. We also examined the arrangements for managing complaints, care and how the quality of service was monitored.

Is the service safe?

Our findings

People felt safe with staff when they were in their homes providing care. One person said, "They [meaning staff] take such care, I feel totally safe. They make sure everything is safe before they leave." A relative told us, "I know [relative] is safe which gives me great peace of mind when I'm not around. The carers are very good at making sure [relative] is kept safe."

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One member of staff said, "I would go to the manager straight away to report any concerns I had." Staff understood how to identify signs of abuse and preventable harm and their knowledge in relation to safeguarding adults had been supported by training in this area. One member of staff told us, "We have regular safeguarding training so we always know what to do if we suspect something is not right." Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Systems were in place to identify and reduce the risks to people using the service and risk management plans were detailed and informative. Risk assessments were completed in a way that allowed people to remain as independent as possible while keeping them safe. These included environmental risks, trips and falls, pressure sores and medication administration. Records confirmed that risk assessments had been reviewed on a regular basis or when there was a change in a person's individual circumstances.

All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. This ensured people were supported safely. Accidents and incidents were recorded appropriately. These showed staff had taken correct action in response to accidents, such as falls.

People and relatives told us that staff were reliable and always turned up when they should. One person said, "You could set your clock by them. They are very punctual." A relative told us, "There are sufficient staff to meet [relatives] needs and to keep [relative] safe. I especially like that [relative] has the same small team of carers who know [relative] very well. That consistency is very important."

Staff told us they supported the same people regularly. One staff member commented, "I usually visit the same people. I have got to know them and know how they prefer their care." The care records completed by staff and the staff rotas we viewed showed that people received care and support from a regular team of staff, which promoted continuity of care. The registered manager also undertook regular shifts which they said was a good way to check that people were still receiving the care they needed or if any changes were required.

Records demonstrated that the provider carried out safe and robust recruitment procedures. We looked at

staff files that showed staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. One person said, "My carers just remind me to take my tablets. They never forget." A relative told us, "I used to do [relatives] medicines. Now the staff do it and it's a big relief for me. I know [relative] gets their tablets when they should." Staff had received training in the safe administration of medicines and one told us, "We did training about how to give people their medicines safely. I feel competent to do that." Records confirmed that people were receiving their medicines as prescribed by their GP.

Staff had received training in relation to infection control and there were policies and procedures in place that were easily accessible to staff. A staff member said, "We are provided with gloves and aprons that we wear to protect people from infection. We did training about infection control and we have policies about it as well." Records demonstrated that all staff had completed infection control training and we saw that policies and procedures were in place and accessible to staff for guidance. This showed that infection control procedures were followed and assured people that they were protected from avoidable harm.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through supervision meetings. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

People's needs had been assessed before they received support. This included assessment of their physical needs, the gender of staff they would prefer supporting them and when they would like their visits to take place. One relative told us, "I was very impressed with [name of registered manager] in the first instance. I met her at my home. [Relative] was in hospital and [name of registered manager] asked if she could go and visit [relative] to introduce herself in the hospital. That was so nice and so caring." The assessments took into account equality and diversity needs such as those which related to disability and culture. We saw that other areas covered by the assessment process included who else would help with the person's care. This could be a family member or an outside agency such as a mobile meal delivery service. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place.

People said the staff were well-trained and knowledgeable. One person told us, "The staff do care for me very well. It's thanks to the good care I get that I'm still able to stay at home." A relative commented, "I think the staff are well trained and also take their lead from [name of registered manager]. She is an excellent role model. All staff are professional and competent." Another relative said, "New staff follow more experienced staff before they start working alone. It's all very thorough and they don't skip corners."

Comments received from people and their relatives in the latest satisfaction survey were very positive. One read, 'The care that Elevate Care provides has always been and still is excellent. They look after me and my skin is now the best in Milton Keynes.'

Staff told us they were very happy with the training they received. One staff member told us they had completed an induction before they started to work at the service. They said, "I did an induction that included all my mandatory training and shadowing other staff that were experienced. By the time I was ready to start looking after people by myself I felt confident and well skilled." Records demonstrated that all new staff undertook a thorough induction programme, which included practical training. In addition, staff completed 25 hours of 'shadow shifts' before they commenced working alone.

Records showed that staff received on-going training and staff were aware of how to support people with a wide range of needs and preferences. For example, moving and handling training so staff were confident using equipment such as lifting hoists. Records confirmed that all training was kept up to date and staff feedback was that the training was good and equipped them for their roles. One member of staff said, "We do a lot of training. [Name of registered manager] makes sure we get training that matches the people we look after." They went on to explain that they provided care to one person with a particular health condition in which they had received training. They said, "This means I can look after [person] with confidence and I can meet their needs properly." We saw that the training was based on current legislation and best practice guidance.

Staff told us and records confirmed that staff received supervision, observations of their practice and an annual appraisal of their performance. One staff member commented, "We do have regular supervision with [name of registered manager] and we do get lots of support. You only have to call [name of registered

manager] and she will be there for you."

Staff supported people to eat and drink sufficient amounts if they needed support in this area. One person said, "The girls take out a few meals from my freezer and show me so I can choose which one I would like." All staff we spoke with said that most of the people they supported, had family to help them with meals, but they would get involved with this type of support if it was needed. The staff had a good knowledge of the preferences and requirements people had with food and drink, and staff were trained in food hygiene and knew how to prepare food safely.

Within the care plans we saw there was guidance for staff in relation to people's dietary needs and the support they required with meal preparation. Details of people's dietary likes and dislikes were also recorded. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Training records showed that staff had received up to date training in food and hygiene.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us how staff had received specialist training from the local hospital when one person was discharged with a particular condition. We also saw records that showed the registered manager had contacted the occupational therapist for another person on several occasions. The registered manager told us they would often liaise with health professionals such as occupational therapists, doctors and district nurses if a person's needs had changed and they needed extra support. Information regarding people's health requirements was kept by staff, and staff we spoke with were knowledgeable and confident supporting people with their health requirements.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. A relative told us, "The carers and especially [name of registered manager] notice every little thing about [family member]. [Name of registered manager] noticed that my [family member] had a swollen leg. She contacted me and we called the doctor. It resulted in [family member] going into hospital with a potentially serious health condition. Thanks to [registered manager] we were able to get the right treatment quickly." A staff member told us that if they had any concerns about a person's health needs they would call the office and speak with the person's family. Records contained information about people's medical history and current health needs that were frequently monitored and discussed with them and if appropriate their relatives.

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The operations manager understood their responsibility about what they needed to do if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Staff told us that they always sought people's consent before providing any care or support and people we spoke with confirmed this. One person told us, "My carers always ask me if they can help me and don't do anything without my permission."

Is the service caring?

Our findings

People who used the service and their relatives all felt the care they received was very good and people were enabled to have a good quality life. One person told us, "I have a very good relationship with my carer. They say I'm like a second mum and I like that. We are close." A relative commented, "[Name of registered manager] is very special in every way. She always asks us if everything is alright and knows if things are not right." Another relative said, "The carers are first class. I would have no hesitation in recommending the agency to anyone."

People were involved in decisions made about their care and their care plans, which meant the care and support they received met their expectations. One person told us they were supported by a small team of staff, who they had developed positive relationships with. They said, "I know my carers and they know me. We are a team and like family."

Comments received from people and their relatives in the latest satisfaction survey were positive. One read, 'The staff are very professional but most of all very caring.' Another read, "My carer is excellent. I don't know what I would do without them." A third comment read, "They [meaning staff] are very special people." The training and development that staff received had ensured a culture within the staff team that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared for the people they supported. One staff member told us, "I want to do the best job I can." Staff shared this ethos and people using the service agreed. Staff demonstrated their awareness of people's likes, dislikes and the care needs of the people who used the service.

People's choices and preferences were recorded in their care plans and staff were introduced to the people they would support before they commenced working on their own. Care plans contained information about people's life experiences and their preferences to help ensure they received person centred care. Daily communication records demonstrated a very kind and sensitive approach from the staff in the care delivery and support. The registered manager explained how the service prided itself on the quality of care provided and said the care provision was dependent on relationships built on trust, choice and respect.

People were fully involved in making decisions about their own care. Regular formal reviews encouraged people to express views about their care and be fully involved in how their support was delivered. Staff we spoke with were caring and passionate about the people they cared for. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member told us, "We get to build relationships with the people we support. We all care about each other."

Staff told us that they had been able to shadow experienced staff when they first commenced at the service so they could get to know people well and to see if they were a good match to work with them. One staff member told us, "We are a small team and we get to know people very well. Being able to work with the same people means you really get to know them and can support them with their needs."

People were treated with dignity and respect. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person told us, "The staff always listen to me and respect what I have to say. They do listen to me." A relative commented, "They [meaning staff] care very much about [relative] and always treat them with a lot of respect and dignity. You couldn't ask for better."

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

Advocacy service details were included in the information pack people received with their contract of care. An advocate is a trained professional who supports, enables and empowers people to speak up.

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy in relation to the data protection act which was followed by staff. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

Is the service responsive?

Our findings

People's individual needs were understood and supported by staff. One person told us, "My carers know what I need and how to help me." A relative commented, "Staff work hard to make sure [relative] gets the care they need. They respect [relative's] lifestyle and respect their choices."

The provider completed a comprehensive assessment before a care package was agreed. These focused on the person's physical needs, preferred lifestyles, their values, beliefs, hobbies and interests. The initial assessment formed the basis for the development of people's care plans. One relative said, "I know what's in [relatives] care plan. It's all about them and is very personal."

People's care plans were personalised and recorded how staff would provide them with the care and support to meet their needs. Care plans were written in conjunction with people and others involved in their care. This gave staff the information they needed to help ensure people received support that was right for them. One staff member told us, "Care plans are a good guide so we have the information we need to provide people with the right care." The registered manager told us that when there was a change to a person's needs, their care plan could be updated to reflect the change. Staff were made aware of any changes to ensure people received the relevant care and support.

Care plans were reviewed regularly or more often if people's needs changed. People and their relatives, where appropriate, were involved in reviews and had the opportunity to make changes to care packages if they wanted to.

People were provided with the care, support and equipment they needed to stay independent. One relative told us, "They are good at getting the help and the equipment [relative] needs."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they would make information available for people in different formats if it was required.

If people had any concerns or complaints they could use the complaints procedure in the 'welcome pack' they received when they began using the service. This advised them they could complain in person, by phone or by letter/email, or get a friend or relative to complain on their behalf. A relative told us, "I don't have any complaints but I would be happy to raise anything if I wasn't happy."

The service had a policy on comments, compliments and complaints. This provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. We saw that there had been no complaints in the previous twelve months.

Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. There were processes in place to ensure that all complaints would be dealt with appropriately.

At the time of our inspection there was no one receiving end of life care. The registered manager had an end of life policy in place and said they that when they did support someone at the end of their life they wanted to get it right. Therefore, they would ensure staff received end of life training and would work with other healthcare professionals such as doctors and district nurses.

Is the service well-led?

Our findings

There was a registered manager in post. People and relatives we spoke with had huge confidence in the registered manager and the care they received. One person said, "I am more than satisfied with the care I get and I am so grateful to my carers. They are the best carers." A relative told us, "My [relative] does get excellent care. We certainly struck lucky with this agency. [Name of registered manager] is very hands on and we can always go to her with any problems. She does really care about us." Another relative said, "This care is over and above what we expected. It's so much more than that."

All the staff we spoke with said they felt comfortable to approach the registered manager and all agreed she was a very good role model and were knowledgeable in their role. For example, one member of staff explained how the registered manager regularly undertook care and was very knowledgeable about the people they provided support to. A staff member said, "If I have any concerns or worries I can call [name of registered manager] who will always give advice or come out and help me." A relative commented, "It's an excellent service and that is because the manager leads by example."

Services and support was designed and delivered in a way that included people and their families. For example, care and support plans were devised and co-produced with individuals and their families ensuring people's care preferences were understood and honoured by staff. One staff member told us, "We spend a lot of time with people and their relatives to make sure we get as much information as we can and so we can be sure we get their care right." The staff told us there was clear communication that meant all staff understood their roles.

Staff told us they felt valued and respected by the registered manager. One staff member said, "They [meaning the registered manager] treats us with respect and listens to what we have to say." Staff meetings and one to one meetings were held where staff could exchange information and share best practice ideas. We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. This was gained using satisfaction surveys. In addition, the registered manager provided personal care to people on a regular basis so they had a good understanding of people's care needs. The registered manager said this was an opportunity to talk with people and relatives about the care they received and whether they were satisfied or if they wanted any changes. One relative told us, "We are asked for our opinions and if we want something to change [name of registered manager] sees to it straight away."

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious

injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The provider had a legal requirement to inform the public of the home's rating. They had informed the public on their website of the rating of each home; and the rating was also displayed on a wall next to the front door of the home. The provider had also met its legal requirements by sending us notifications about events which happened at the service.