

Elyon Healthcare Ltd

Elyon Healthcare

Inspection report

Gladstone Business Centre
Gladstone Road
Northampton
Northamptonshire
NN5 7QA

Tel: 01604600609

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elyon Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults. At the time of our inspection 15 people were using the service, 3 of which received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We gathered feedback from relatives of people using the service, this was positive. One relative told us, "They [staff] are great, they always listen to us and want to find out as much as they can about [person]" and "We have regular contact, we are involved in all reviews of [my relative's] care."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

The service carried out regular audits to monitor the quality of the service. The provider had identified they did not have evidence of lasting power of attorneys. Although initially they had contacted relatives to obtain the records, the provider had failed to follow this up. This meant that decisions were being made without evidence of the legal authority required to do so.

People were protected from abuse. There were systems and processes in place to protect people from avoidable harm. Staff understood their responsibilities on how to identify and report concerns and felt confident that the management team would action these appropriately.

Medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training.

Staff were recruited safely. The service organised staff allocation so that a small group of familiar staff supported each person.

People's needs were assessed before they started using the service to ensure these could be met. Relatives told us they had been fully involved in the assessment and care plan process.

Staff had completed induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge. Staff received training and support in relation to infection prevention and control

People were supported to maintain or improve their health. They had access to external health care professionals when needed.

The management team gathered feedback about the quality of the service through telephone calls, surveys and visits to people using the service and their relatives.

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. People received person-centred support to achieve positive outcomes. Staff had received training about people's right and choices, and this was promoted in their practice.

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

The last rating for this service was requires improvement (published 22 May 2019) with breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We received concerns in relation to the safety and wellbeing of people using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elyon Healthcare on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement 

Elyon Healthcare

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 May 2021 and ended on 12 May 2021. We visited the office location on 6 May 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three relatives of people using the service about their experience of the care provided. We

spoke with nine members of staff including the service manager, deputy manager, senior support workers and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision, a variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We looked at training and supervision data. We also reviewed quality audit records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection we identified that Recruitment procedures were not established and operated effectively. This was a breach of Regulation 19 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Fit and proper persons employed. At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff to keep people safe and meet their individual needs. The service organised staff allocation so that a small group of familiar staff supported each person.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from the risk of abuse. Staff understood how to report any concerns they had to the relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- People's finances were managed safely, with regular checks in place to monitor for suspected financial abuse.
- Risks for people had been individually assessed. Care plans and risk assessments showed the action staff should take to minimise any risk of avoidable harm.

Using medicines safely

- Medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff received regular checks and direct observation of their practice to ensure medicines were administered safely.
- The service worked in partnership with other professionals to ensure people received their prescribed medicines as required. There was written guidance for staff regarding the safe administration of PRN (as required) medicines. This meant people received their medicines when they needed them.

Preventing and controlling infection

- Staff received training and support in relation to infection prevention and control. This included training specific to COVID -19, such as instruction on the correct donning and doffing of Personal Protective

Equipment (PPE).

- Staff told us they had access to PPE and demonstrated a knowledge of the PPE requirements when supporting people. Staff undertook regular COVID-19 testing.

Learning lessons when things go wrong

- Accident and incident forms were being completed correctly by staff, the records we looked at had been investigated and analysed by the management team.
- The service had a process to review and learn from incidents. Outcomes were shared with staff so appropriate action is taken to ensure people's safety and mitigate further risks.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- Individualised mental capacity assessments were not consistently in place. It was not clear what decisions people could and could not make for themselves. We discussed this with the service manager, who following the inspection arranged for individualised mental capacity assessments to be completed.
- We found that the service did not have records in place to show that the people involved in making decisions had the legal authority to do so.
- Staff had received training in MCA and understood how to support people in line with the act. People's care's records evidenced that staff were supporting people to make their own decisions and choices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had detailed care plans in place which were reviewed regularly and reflected people's changing needs. Families could access their relatives care plan online.
- People's needs were assessed before they started using the service to ensure these could be met. Relatives told us they had been fully involved in the assessment and care plan process.

Staff support: induction, training, skills and experience

- Staff had completed induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge. One staff member told us, "I completed all my

mandatory training and shadowing when I joined, they also put me on the care certificate. They asked me if I felt ready before I worked on my own."

- Staff training was up to date and suitable for the needs of people. For example, staff had received training on how to use a picture exchange communication system (PECS) to meet a person's individual needs.

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

- People's care plans detailed the support they required from staff to eat and drink. Where people had specific dietary preferences, this was highlighted for staff to follow.
- Guidance had been sought from external health care professionals where people required additional support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain or improve their health. They had access to external health care professionals when needed.
- The service ensured that guidance from health care professionals was detailed in people's care plans. Staff followed this to ensure people's health care needs were met.
- People had a health and wellbeing plan in place, this detailed the support each person required to maintain and improve their physical and mental health and wellbeing.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we identified that the provider did not have effective systems and processes in place to assess, monitor and improve the safety and quality of the service. This was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Good governance. At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

The quality audits we reviewed as part of our inspection identified risks and detailed actions that the provider had taken to mitigate these. Medication audits had identified errors and appropriate action had been taken in relation to these. The recruitment files we checked included the appropriate checks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were various systems in place which ensured the management team could check the quality of the care and support people were receiving.
- Following an independent audit in July 2020 the provider had made contact with relatives to obtain relative records, however they had not followed this up. We spoke to the provider about this during our inspection, the provider said they would follow this up.
- The service manager had created an improvement action plan and had identified areas for development.
- Since the last inspection, the registered manager had made several improvements to areas previously identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person centred approach to the care provided which was demonstrated by the outcomes people had achieved since using the service. People were supported access to individual activities of their choice.
- Staff felt supported in their roles. One staff member told us, "It's a good team, everyone is thinking about the people. The managers act quickly on things, everyone cares"
- A relative told us, "The manager is really good she always lets me know how [person] is and if there has been anything I need to know about."
- Relatives told us "They [staff] are great, they always listen to us and want to find out as much as they can about [person]" and "We have regular contact, we are involved in all reviews of [my relative's] care."

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

- When incidents had occurred, the service had been open and transparent about this and had informed relatives and the appropriate authorities.
- The service manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. Staff told us, "There is always someone I can call for advice. There is an on-call system available 24/7."

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

- The management team gathered feedback about the quality of the service through telephone calls, surveys and visits to people using the service and their relatives.
- Staff meetings took place regularly, staff told us "We have them monthly. At the last one I got carer of the month. It was great to feel appreciated and recognised for my work."

Working in partnership with others

- The service worked in partnership with other professionals such as social workers and GP's to support people to access healthcare which had improved people's outcomes.
- The service had shared information with external agencies and relatives of people using the service during the COVID-19 pandemic.