

Eleanor Nursing and Social Care Limited

# Eleanor Nursing and Social Care Ltd - Croydon Office

## Inspection report

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Website: [www.eleanorhealthcaregroup.co.uk/home-care/croydon/](http://www.eleanorhealthcaregroup.co.uk/home-care/croydon/)

## 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

Eleanor Nursing & Social Care Ltd – Croydon Office is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 101 people were receiving personal care, most of whom were elderly and required support to remain as independent as possible. Not everyone who used the service 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

People received the right support in relation to risks, such as those relating to age and frailty and moving and handling. There were enough staff to support people safely and staff timekeeping was good, with people informed if staff were running late. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE), to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines and the provider had good oversight of this through electronic systems.

Staff received the training and support they needed to meet people's needs. People were supported to maintain their mental and physical health and to maintain contact with professionals involved in their care. People received food and drink of their choice.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People liked the staff who supported them and developed good relationships with them. People received consistency of care from a small number of staff who knew them well. People were supported to improve their independent living skills as far as possible and staff treated people with dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences. People were encouraged to raise any concerns or complaints.

The registered manager and their management and staff team understood their role and responsibilities. The registered manager engaged and consulted well with people using the service and staff. Staff felt well supported by the registered manager. The registered manager understood their responsibility to notify CQC of significant events as required by law.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

This service was the first inspection since the location registered with us on 29 July 2021.

#### Why we inspected

This inspection was prompted because the service required a comprehensive inspection given the length of time since they registered with us.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Eleanor Nursing and Social Care Ltd - Croydon Office

## **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

Our inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. 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 gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 18 January 2023 by visiting the provider's office to meet with the registered manager. We then made phone calls to people using the service and staff, and inspection activity ended on 23 January 2023.

### What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider completed a 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. We used all of this information to plan our inspection

### During the inspection

We spoke with the registered manager and four care workers. We reviewed a range of records including care and staff records and records relating to the management of the service. We spoke with 15 people using the service and 8 relatives about their experiences of the care provided. We continued to seek clarification from the provider to validate evidence found.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were managed safely. Risks were assessed and managed well and staff had reliable guidance to follow. People and relatives were satisfied with the way their medicines were managed.
- Only staff who had received suitable training, with competency checks, administered medicines to people.
- Staff recorded medicines administration electronically so the provider was alerted to errors in real time. The provider audited medicines records and investigated any issues and learnt from any incidents or errors.

### Staffing and recruitment

- There were enough staff to support people safely. The registered manager told us recruitment was ongoing to continue to grow the business.
- People told us staff were usually on time and did not rush them. Staff told us they were not rushed travelling between calls nor with the amount of time allocated to each person. One person told us, "They'll ring me if they're running late but they're generally dead-on time." A second person said, "If they're late, it's never more than 30 minutes and they always let me know."
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. The provider explored any gaps in people's employment records and the registered manager was able to tell us the reasons for any gaps we questioned. However, the reasons were not always clearly recorded and the registered manager told us they would pass this on to HR.

### Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19. People and relatives told us staff followed safe infection control procedures.
- Staff also received training in food hygiene and people and relatives were satisfied with the way staff handled their food and drink.
- The provider carried out regular checks of infection control practices to ensure staff followed current guidance.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff and were encouraged to raise concerns with the service or social services if necessary. A person said, "The staff are very gentle and I do feel safe with them." A relative told us, "Staff are very friendly and [my family member] seems to feel comfortable and safe with them."
- Systems were in place to protect people from the risk of abuse such as annual training for staff on how to

recognise abuse and take the right action.

- Although there had been no allegations of abuse, the registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The provider identified and assessed risks to people, such as those relating to mobility, medical conditions for example dementia or any other mental health condition and the home environment.
- Guidance was in place for staff to follow to reduce the risks and staff were informed of all key details before providing care. The provider was transitioning to a new electronic system and soon staff would have easy access to all assessments securely on their mobile phones, currently staff had access to some key information electronically. A person told us, "I'm quite happy that the care workers know what they're doing when they're using [my equipment]. The care company came out to do their own risk assessment when we started."
- Staff understood how to respond to accidents and incidents, including how to respond in case a person fell, and received training on this. The registered manager told us there had been no accidents or incidents in the past year, but systems were in place to record them and for them to be reviewed by the registered manager and senior management. Learning from other branches and organisations was shared at managers and staff meetings.



# 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 of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received annual training in relation to their role on key topics including dementia, health and safety, moving and handling, infection control and food hygiene. People and relatives told us they found staff well trained.
- Staff were supported to complete the care certificate and diplomas in care, nationally recognised qualifications to ensure they had the required skills and knowledge.
- Staff received regular supervision and annual appraisal with spot checks to check they carried out their responsibilities well. Staff told us they felt supported by the registered manager.

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.

- The provider assessed people's capacity to consent to their care where it was suspected they may lack capacity and made decisions in their best interest, consulting their relatives and others involved in their care. They checked if anyone had legal authorisation to make decisions for people and consulted with them if so. Records relating to this were clear and reliable for staff to refer to.
- Care workers understood their responsibilities in relation to the MCA and received training in this.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People's mental and physical healthcare and emotional support needs were assessed and recorded for staff to refer to. Staff had access to people's care plans on a secure app on their phones and office staff called them to let them know of any changes. A person told us, "They understand very well about my [condition]." A second person said, "If there's a problem, such as a sore on [my relative's] skin, the care

workers will show me."

- Staff supported people to see the healthcare professionals they needed to maintain their health when this was an agreed part of their care. A relative told us, "On two or three occasions the care workers have rung an ambulance when they've spotted signs of something wrong. I always get informed."
- The provider recorded people's food preferences and dietary needs in their care plans and staff prepared basic meals in line with these where agreed.

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

- People's needs were assessed by the provider before their care began, or soon after in some agreed situations. A senior person met with people and their relatives and reviewed any professional reports to draw up a care plan based on their needs and preferences.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care, such as their relatives and any relevant health and social care professionals.

# 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 of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about their care workers, as were relatives. Comments included, "The care workers are kind", "Staff know they have to give me time. They're very patient", "[The care workers] make sure they know how I am; they're not just turning up and getting started without checking with me" and "The care workers are very pleasant, professional and sympathetic."
- People received consistency of care from the same staff who cared for them as far as possible, which meant staff knew people well and good relationships developed. A person told us, "I have the same care worker all the time so there's trust and a feeling of safety." A second person said, "It's the same care worker every week for each of the days I have them. We get to know one another really well."
- People told us staff had time to engage meaningfully with them. A person said, "here's no rushing at all. Any spare time they have, they stay for a chat."
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. These needs were reflected in care planning.

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

- Care workers cared for people according to their personal preferences, such as how they liked to receive personal care, their daily routines and food and drink.
- The provider contacted people or their relatives regularly to check their care met their needs or whether any changes were needed and acted on any suggestions made.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be involved in their care as much as they wanted to and were able to maintain their independence as far as possible. The services cared for many people to re-enable them to live independently after hospital discharges, on a short-term basis. A person told us, "I give myself a shower but keep the door open so I can call [the care workers] if I need them. The care workers knows to stay close by just in case I feel dizzy or something."
- People's privacy and dignity was respected by staff who were able to give us examples of how they achieved this. Staff received training to understand their responsibilities in relation to this. A relative told us, "They will ensure that the bedroom door is closed. They are aware [my family member] needs to be treated with privacy as much as anyone else does."

# 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 of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### 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.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them so staff were aware of these.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 involved in their care plans. The provider reflected people's needs and preferences in their care plans through discussions with them, including from the initial assessment meeting and any further information. Care plans were kept up to date so they remained reliable for staff to follow. A relative told us, "When the care plan was set up, somebody came from the office. [My relative] was there and they addressed her as well, so she was fully involved."
- People's care plans were personalised. They detailed their backgrounds, personalities and how they preferred to receive their care and staff understood people well.
- People were supported to attend activities and do day to day tasks such as shopping if this was an agreed part of their care.

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which people were given a copy of.
- People were encouraged to raise any concerns or complaints and a suitable process was in place to investigate and respond to concerns, although the registered manager told us no complaints had been received in the past year.
- People knew how to raise a concern and they had confidence the provider would investigate and respond appropriately. A person told us, "I would have no hesitation to raise any concerns [with the registered manager] and believe that she would deal with [any complaint]."

### End of life care and support

- At the time of our inspection the provider told us no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the local hospice and

others involved in their care if they needed to provide end of life care. Training was available to staff on how to provide good end of life care.

# 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.

This is the first inspection of 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.

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

- The registered manager had worked for the provider for several years in different roles before being appointed in this role. They had sufficient experience and understood their role and responsibilities, as confirmed by our discussion and inspection findings, as did staff. A person told us, "I'd give them towards 10/10. I've never had any issues, even through the Covid situation." A second person said, "I would recommend them to anyone looking for care for their relative, with no hesitation."
- The registered manager was supported by a regional manager and operations manager who also carried out quality checks, a field care supervisor and care-coordinator, with a team leader role being recruited to.
- The provider had a system of audits to check people received a good standard of care. These included checks of all care records, staff support and supervision, spot checks and training. Most records were electronic and the provider was moving to an improved electronic system to aid their oversight further.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; 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

- People and relatives told us the provider communicated well with them with regular phone calls and visits to check their quality of care. The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them. Staff meetings were held regularly to keep them informed of service developments and to share learning and knowledge.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People, relatives and staff told us the registered manager was open and transparent.
- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse, although none had been required.
- The provider communicated with external health and social care professionals such as social workers, district nurses, GPs and occupational therapists to ensure people received the care they needed.