Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Dorchester Office

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Eleanor Nursing and Social Care Ltd - Dorchester Office provides personal care to people living in their own homes. Not everyone supported by 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. At the time of the inspection the service was providing personal care to 28 people.

People's experience of using this service and what we found
People and staff had experienced a major upheaval when a large number of staff, including the registered manager and staff responsible for coordinating people's care, left the organisation. Following this significant event some visits were missed and people had felt uncertain about their care and support. The provider worked with the local authority to manage this crisis situation and reduce the risks to people and staff. The provider ensured that CQC were kept informed about the actions they were taking and the impact these actions were having.

Prior to the registered manager leaving, the provider organisation had not appointed to the role that provided close oversight and support to the service. Whilst audits and oversight, required by the provider, had been carried out, the service had not fully moved to a new electronic system adopted by the provider organisation for care planning and scheduling of care visits. This added complexity to the situation for the new management team as information was not always available to staff electronically.

People had varying confidence about their care and support and the impacts of the staff departures. An additional missed visit was identified during our calls. The senior team made a change to the oversight system that enabled them to identify delays in staff arriving to provide scheduled care and support.

People told us they felt safe with staff who usually provided their care. The impact of recent changes was evident in their comments. Staff had received safeguarding training and there were robust systems in place to manage safeguarding concerns.

Staff understood the risks people faced and supported them in ways that reduced these risks. New risks were identified, and plans put in place to reduce their impact. Care documentation did not always reflect risks appropriately and detail the information staff held. This was addressed during our inspection and a robust plan implemented to ensure risks were described accurately in care documentation.

There were enough safely recruited and trained staff to meet people's needs. The managers were actively recruiting to ensure a stable staff team.

People received their medicines safely and systems were in place to ensure medicines administration was monitored and staff competency was ensured. The senior team checked that all medicines were reflected

on the electronic care records during our inspection. This ensured all medicines administered by staff were checked during audits.

Staff were confident in their understanding of infection control measures. People told us staff wore PPE appropriately.

There were systems in place to ensure any restriction of people's liberty was identified and managed appropriately.

Staff and people reflected that they were aware of improvements in the oversight of the service. Staff were committed to the people they supported. Staff had confidence in the senior team in post when we visited.

The management team had developed a robust action plan to ensure that all necessary actions were taken to continue to stabilise and develop the service. There was a clear emphasis on ensuring people received high quality support.

Audits and checks were being completed to monitor the quality and safety of the service and review improvements made.

Professionals working with the service told us the provider organisation had engaged effectively and that they were reassured by the speed at which new personnel had ensured the service functioned safely again. Professionals told us the new management team was responsive and communicated effectively.

There was a delay in concluding the inspection. Progress continued to be maintained during this time.

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

Rating at last inspection
The last rating for this service was good (published May 2021).

Why we inspected
We received concerns in relation to staffing and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found evidence that people had been at risk of harm during a distinct period of time. However, robust actions had been taken to mitigate these risks and stabilise the service. We found no evidence during this inspection that people were at continued risk of harm.

Please see the Safe and Well-Led sections of the full report.

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?

Good

The service was safe.

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Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team
The inspection team was one inspector and 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 currently provides personal care to people living in their own homes.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and started in the week before our inspection visit.

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

Inspection activity started on 30 November 2022 and ended on 22 December 2022. We visited the location's office on 14 December 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We spoke with 1 person who used the service and 7 relatives. We spoke with the area manager, the manager and 5 members of the staff team. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited the office and looked at records related to 5 people's care, and the oversight and management of the service. This included training records, internal oversight tools and audits.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● This inspection was carried out due to concerns raised about staffing levels in the service. A large proportion of staff, including the registered manager and staff responsible for coordinating people's care, had left the organisation. After the registered manager left some care staff left without working their notice period. During the weeks immediately following this significant event there were not enough staff to meet people's needs and care visits were missed. As the situation was stabilised visit times remained erratic. This meant people had felt uncertain about their care and support. The provider worked with the local authority to manage this crisis situation and reduce the risks to people and staff. The actions taken had included: the senior team undertaking care visits; staff receiving bonus payments; local authority staff providing support with visits; staff from a care agency and other services run by the provider carrying out care visits, frequent meetings between the local authority and the senior team and reducing the number of people supported. The provider ensured that CQC were kept informed about the actions they were taking and the impact these actions were having.

● At the time of our inspection there were sufficient staff to meet people's needs and substantial improvements had been made to ensure people knew when they would have their visits. Work continued following the inspection to improve staffing numbers and ensure a robust workforce. One relative reflected on the recent changes and then said "100% regular carers now, they're a little group of familiar faces." Another relative commented, "A positive thing now is we have a weekly rota with names and times; this has been waited for over a year so I see it as a positive move."

● The provider carried out recruitment checks to ensure staff were suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

● Staff had received safeguarding training. They knew the potential signs of abuse and described confidently what they would do if they were worried about anyone they supported. We saw examples of staff raising concerns and action being taken to address and report concerns to the local authority safeguarding team. This had included alerts made due to the practice of temporary staff and the impact of missed visits.

● People using the service told us they felt safe with the permanent staff who supported them. People and relatives described positive relationships with permanent staff.

Assessing risk, safety monitoring and management

● The impact of the recent staffing crisis was evident in people's view of risk management during calls as part of the inspection. People and relatives felt involved in risk management and were confident in the support provided by permanent staff they received to stay safe.

● Staff understood the risks people faced, however, care documentation was not always detailed. Whilst there was no evidence this had resulted in staff not understanding the risks people faced these omissions

increased the risk of errors being made by staff. The senior team addressed issues identified during the inspection and undertook a comprehensive review of people's needs. This work was continued after the inspection with progress shown in updated improvement plans provided to CQC and the local authority.
● Staff were trained to support people safely. For example, they had received training enabling them to support people to move safely with the specific equipment they used.
● Staff were committed to reducing the risks people faced. They reported emerging risks people faced immediately and office staff followed these up with people, relatives and appropriate professionals.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)
● We found the service was working within the principles of the MCA and systems were in place if needed, to ensure appropriate legal authorisations were in place if it was necessary to deprive a person of their liberty. An issue had arisen that indicated staff needed coaching related to the application of the MCA. This had been provided and the situation had been resolved.

Using medicines safely
● Staff had received medicines administration training and were assessed as competent before administering medicines.
● The new senior team had audited medicines since taking on their roles. During the inspection it was noted that the transfer to the new electronic record had not been clear for a person and this meant their medicines had not been checked. The senior team addressed this omission immediately and ensured that the records were checked for everyone. There was no evidence that this omission had resulted in the person not receiving their medicines as prescribed.

Preventing and controlling infection
● The senior team ensured staff were kept up to date with current guidance.
● Staff described the infection prevention and control procedures that were in place, including those relating to COVID-19 and other communicable diseases.
● Staff understood how to use PPE (personal protective equipment) when they were providing care and support.

Learning lessons when things go wrong
● There were systems in place to record any incidents and accidents and what action had been taken.
● The senior team were embedding a learning culture. Staff felt supported and were able to ask for guidance or share concerns.

Requires Improvement

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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership had been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- The service had experienced an extremely turbulent period following the registered manager, other senior staff and care staff leaving. Some of these staff had left without working their notice period and this had impacted on the safety and quality of care people received. Since this time a temporary manager had been put in post by the provider and then a permanent manager was appointed who did not stay in post. A new manager had been appointed the week before the inspection office visit. People and relatives were unsettled by this change and we heard numerous comments such as "I have no idea who the manager is, I have heard lots of changes."
- Prior to the registered manager leaving the previous operations manager for the service had left. This meant provider oversight had been impacted and support available for the service was reduced. We identified that work to transfer people's care documentation to the provider's new system had not happened effectively during this time. This meant new managers were not always accessing the most up to date information easily and staff did not always have access to information electronically.
- The nominated individual reflected on their learning as a result of these events. They were committed to ensuring any learning opportunities were explored and actions embedded across the provider's services.
- The manager and operations manager were working with staff to ensure all records related to care were sufficient to support safe care and to enable the quality of care to be reviewed and improved. There had been significant improvements in the use of electronic recording by the whole staff team.
- The new manager and new operations manager were clear about their role and responsibilities. They were working effectively and diligently to ensure the service was stabilised and people received a safe and high quality service. There was evidence of this work during our inspection and the delay in concluding the inspection afforded the opportunity to see this work was continuing. We have not been able to review if these changes will be fully embedded at this inspection.
- The operations manager and manager kept CQC and the local authority informed about the issues they identified and the actions they were taking. They had prioritised work to ensure the service was stabilised with sufficient staff who felt supported.
- Monitoring systems were in place which included audits and quality assurance systems to help identify and implement improvements. This included audits of accidents, incident or near misses.
- The senior team praised the commitment and hard work of staff who had stayed with the service during

the turbulent time.
● Staff were appreciative of the work carried out by the senior team. Staff knew who they should contact with queries and told us they got a response whether it was during or outside of office hours.
● Statutory notifications had been made appropriately. These are notifications the provider is required to make to CQC about situations that impact on the quality of care people receive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People did not all feel their voices were heard by the service. One person told us, "I have never been asked for feedback from old or new management." Most people did say that any contact they had with the office was followed up and they were able to speak with someone about their care.
● The new senior team had a plan in place to ensure they met everyone they supported. This was to ensure people had the opportunity to discuss their care and support and to start the work of rebuilding confidence and trust where this was needed. The manager was making progress with the meetings and had a plan to complete this work within the month following the inspection.
● Staff were kept up to date with organisational matters, and good practice developments, through regular newsletters, meetings and messages.

Working in partnership with others
● The senior team and provider liaised effectively with professionals and organisations to ensure people received care which met their needs. We received feedback from local authority staff that described positive working relationships with the new senior team and the provider organisation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The staff and senior team were committed to providing a service that was person centred and focussed on finding the best outcomes for people. We heard mixed views from people and relatives about their experiences. One relative described how a very longstanding issue had been resolved very quickly by the new senior team. They felt the new team were providing a very person-centred service. Other people focussed on the inconsistency and lack of reliability they had recently experienced. They did not feel at the centre of their care.
● Staff were extremely committed to the people they provided care and support to.