

Eleanor Nursing and Social Care Limited

Eleanor Nursing & Social Care Ltd - Lewisham Office

Inspection report

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28 February 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eleanor Nursing & Social Care Ltd – Lewisham Office is a domiciliary care agency. It provides personal care for people living in their own homes. It provides a service to older adults and younger disabled adults. At the time of the inspection 340 people were using the service.

Not everyone who used the service received personal care. The Care Quality Commission inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we consider any wider social care provided.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using the service

The provider had not carried out checks in relation to care workers ongoing right to reside or work in the UK, or their conduct in previous health and social care employment.

People said they felt safe with the care workers who supported them. One person said, "We feel that the service is safe."

The provider had a range of quality assurance audits and checks to monitor how care was being provided. Staff worked well with other health and social care professionals to ensure people's health needs were being met. Carers received an induction and were introduced to people before they began to deliver care.

Medicines were managed safely; risk assessments were in place to guide carers on how to care for people safely. There were systems in place for reporting of incidents. Preventative measures and lessons learned were suitably documented.

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; the policies and systems in the service supported this practice.

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

Rating at the last inspection

The last rating for the service was Good (inspection report published 15 March 2022)

Why we inspected

The inspection was prompted by a review of the information we held about this service.

Enforcement

We found 1 breach of regulation in relation to fit and proper persons employed. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe. Details are in our safe findings below

Requires Improvement ●

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 not always well-led. Details are in our well-led findings below.

Requires Improvement ●

Eleanor Nursing & Social Care Ltd - Lewisham 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 Health and Social Care Act 2014.

Inspection team

This inspection was carried out by 3 inspectors and 2 experts 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.

Registered Manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 28 February 2023 and ended on 23 March 2023. We visited the location's office on 28 February 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

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 all this information to plan our inspection.

During the inspection

We reviewed a range of records related to 30 people's care and support. This included care plans, risk assessments and medicines records. We reviewed 10 staff files which included recruitment and training. We reviewed records in relation to the management of the service which included safeguarding incidents, quality assurance, minutes of staff meetings and a range of policies and procedures.

We spoke to 12 staff members. This included the registered manager, senior members of staff and four care workers. We spoke with 8 people and 12 relatives.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further quality assurance records and correspondence with a range of professionals related to people's care.

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 this key question was inspected but not rated. At this inspection the rating is requires improvement. This meant that some aspects of the service were not always safe and there were limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not always followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. We reviewed 10 staff files and identified 7 staff members who had significant gaps in their employment history. This meant the provider did not have evidence to support care workers had satisfactory evidence of conduct in previous employment.
- We identified some gaps in relation to 2 care workers ongoing right to reside or work in the UK. We spoke with the registered manager about the concerns who clarified and gathered the missing information.
- We were not assured that the provider was fully aware of the checks and information needed to ensure their recruitment was safe.

We found no evidence that this impacted people's care, but the provider failed to have robust recruitment processes in place to ensure suitable people were employed. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Other pre-employment checks, including Disclosure and Barring Service (DBS) checks, were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider used an Electronic Call Monitoring (ECM) system. This monitored care workers to ensure they attended visits and attended on time. We reviewed the data for calls that took place in February 2023. It showed 42% of calls were later than 45 minutes. We discussed this with the registered manager who explained there were ongoing issues with the ECM system being unable to update in some areas. The provider's technology team was working on rectifying this.
- People gave mixed feedback in relation to the timings of their visits. One person said, "Monday to Saturday, they normally turn up on time, but not on Sundays." One relative said, "Staff do not always arrive on time, they do inform me if they are going to be late."

Using medicines safely

- People's medicines were managed safely, the provider ensured people received their medicines as required.
- Medicines administration records and risk assessments were in place, fully completed and audited to ensure people received their medicines safely. One relative said "[Family member] is capable of taking her own medication but they make sure they watch her take her medication."
- People were supported with their medicines by care workers who had been trained in the safe administration of medicines. Staff had completed medicines training on their induction. Their competency

was routinely checked during spot checks and supervisions.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had access to personal protective equipment (PPE) to help reduce the risk of infection. Staff confirmed they always had sufficient supplies of gloves and aprons to keep people safe.
- People confirmed staff wore appropriate PPE when providing care. One person said, "Staff do wash their hands, wear gloves and wear their uniforms."

Systems and processes to safeguard people from the risk of abuse

- There were established safeguarding policies and processes in place to ensure people were protected from the risk of harm or abuse.
- Care workers were trained in safeguarding. They understood how to protect people from the risk of harm and abuse. One relative said, "I think they are safe, so far nothing major has happened to cause concern."
- Care workers said they would be confident to raise a safeguard concern with the manager if required.

Assessing risk, safety monitoring and management

- There were appropriate risk management plans in place to guide care workers to provide appropriate support to people. Risk assessments were available electronically on mobile devices and in paper format in people's homes.
- Risk assessments were completed to ensure people's home environments were safe for care to be provided, this included information about adequate flooring, lighting and fire risks.
- People's care plans included information of risks to people's physical and mental health including risk of falls and allergies.

Lessons learned when things go wrong.

- The provider had processes in place for the recording, investigating, and monitoring of accidents, incidents or safeguarding allegations. Staff understood their responsibility to report any concerns to the registered manager, managers, or care co-ordinators.
- Care workers had a good understanding of their responsibility in reporting accidents and incidents. One care worker said, "Any concerns, I will call the office to let someone know and I will make a note of it. I will speak to family members if I need to. I am happy to speak to family members."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection in April 2021 this key question was rated Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to the start of their care package. Information from the local authority and healthcare professionals was used to develop care plans and risk assessments.
- People were involved in their assessments and made choices about how they received care and support.
- Care plans documented people's equality and diversity requirements. This included needs and requirements in relation to religion, culture and language. Information about people's life history and daily routine requirements were also included.
- Assessments including information relating to personal care needs such as nutrition needs and preferences, medical history, moving and handling requirements and any other identified risks. One person said, "I do have a care plan and it is revisited."

Staff support: Induction, training, skills and experience

- People were supported by care workers who had the training and information required to care for them.
- Care workers completed an induction when they began their employment. The induction included completing the Care Certificate. The Care Certificate is an agreed set of standards that define knowledge, skills and behaviours expected of specific roles in the health and social care sectors. This included training in autism and learning disabilities, stroke awareness and dementia, safeguarding adults and infection control.
- Care workers received regular supervision, appraisals, and spot checks. Supervisions covered responsibilities and gave staff an opportunity to discuss concerns or additional training and development.
- The provider had a full-time trainer who would deliver inductions and refresher training for care workers. One care worker said, "We have a brilliant trainer." Relatives said, "Staff seem to be skilled to provide care." And "I think staff do have good skills and they do have to attend training."

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

- People's needs around eating and drinking were assessed and documented. One person said, "I do some things myself and staff support me with microwave meals."
- Care workers received training in food hygiene, fluids, and nutrition. They had the necessary training to prepare people's meals and skills to support people with their food.

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

- The provider worked with health and social care professionals to ensure people's needs to support healthy living and access to support were met.

- Records showed close working with health and social care professionals like GP's, pharmacies, and the local authority. One relative said, "Staff support [family member's] appointments."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess and record people's capacity when required.

- Care workers understood and applied the principles of the MCA. They routinely sought consent from people and enabled people to make decisions about their day. One person said, "I can make decisions about my care and I have no specific needs." Another relative said, "They always promote dignity and care."

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.

At our last inspection this key question was not inspected. At this inspection the rating for this key question is good. This meant that 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; respecting and promoting people's privacy, dignity and independence

- There were mixed comments as to whether people thought staff were caring. One relative said, "Staff do provide care, but care and caring are different, few seem caring." Another relative said, "Staff do what they have to do and nothing else." We mentioned these comments to the registered manager who said she would remind care workers of the importance of interaction with people while delivering care support
- One relative said, "Staff are kind and caring, they respect [family member] and [family member] would let us know if they did not."
- Staff understood how to treat people with dignity and respect. One care worker said, "I treat people how I would expect my family member to be treated." One person said, "Staff make sure that I have a shower and they treat me with respect, and they respect my privacy and dignity."

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

- The provider ensured people were treated well and their equality and diversity were respected. One person said, "I am able to make my own decisions. I have a walking frame; staff support me when I need to go out."
- Care plans contained information about people's protected characteristics and preferences in relation to their care.
- At the inspection we saw examples of feedback surveys where people were able to tell the provider what they thought about the support and care they received.
- One relative said, "They do ask [family member] for her permission politely and respectfully to deliver care." Another relative said, "We worked together to come up with a care package that was good for [family member]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection this key question was not inspected. At this inspection the rating for this key question is good. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice, control and to meet their needs and preferences

- Staff had a good understanding of the wishes of people they were supporting according to their preferences. Care plans contained information of people's likes and needs in relation to food, culture and activities.
- One care worker said, "I will sit and speak to people. Some people are encouraged to eat if I eat with them so I do when I can." Another care worker said, "Consent is always asked for before carrying out care, this it to make people feel respected."
- Care workers said that they have time to review care plans before visits. If there were last minute updates for people, the care co-ordinator would contact staff before the care visit was due to take place.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand. It also says that people should get the support they need in relation to communication.

- Accessible Information Standard policies and procedures were in place. At the time of our inspection, the service was not supporting anyone with any specific communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and take part in activities that are social and culturally relevant to them

- At the inspection, we saw evidence of a well-being day where the provider brought together people supported by care workers together for an inclusive social event.
- Care workers supported people to take part in activities in the community where it was part of their agreed plan of care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People told us they knew how to contact the office if they needed to make a complaint.
- People gave mixed views about how effective complaints were handled. One person said, "I complain sometimes, not frequently, sometimes they don't answer the phone or leave you on hold." Another person said, "I would phone the office if I needed to. Other people said that they have not had to complain since receiving support.
- Care workers said, if people had a complaint, they would call the office to get advice. One care worker said,

"If the line is busy, office staff will see your name has come up and will call you back as soon as possible."

End of life care and support

- At the time of the inspection no one required end of life care. The provider had an end-of-life policy in place.
 - Care plans had a section for people to record their preferences in relation to end of life care.
- The registered manager said they would ensure if no people did not want to discuss end of life care, it would be documented appropriately on their care plans.
- End of life training for staff was in place and refresher training events would be arranged if required.

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 fair culture

At our last inspection in April 2021 this key question was rated Good. At this inspection, this key question has changed to Requires Improvement.

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.

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

- We were not assured that the provider was fully aware of the requirement of employing only suitable staff as care workers. Ongoing monitoring to ensure staff remained suitable to meet employment requirements for staff was not in place.
- The registered manager was proactive in improving the quality of the service. Care workers confirmed that there were regular spot checks and supervisions to ensure they were delivering care to people in accordance to care plans.
- The registered manager encouraged reviews about the service. People said they had received calls from the office asking questions about how they found the quality of care and support they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities around reporting to the Care Quality Commission (CQC).
- The registered manager sent the CQC notifications of events that occurred as required.
- The management team were aware of the duty of candour regulation and were aware of their responsibilities of making sure they were open and honest with people and their relatives.

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

- People gave mixed views on the management of the service. One relative said, "I would like the agency to be more pro-active for carers to provide care to those they are supporting." One person said, "I am able to speak to the manager if I need to. I will call and then they will call me back."
- The registered manager and care co-ordinators contacted people and care workers regularly by phone and email to ensure that appropriate care continued to be delivered.
- Regular meetings were held with staff. The minutes of meetings were emailed to all staff to ensure important messages and updates were not missed.
- Staff told us that they enjoyed their work. One care worker said "Everything is good since the new manager came. She is lifting everyone up."

Continuous learning and improving care

- The registered manager had measures in place to ensure continued learning and improvement of care.
- Training packages were available for staff who wanted to develop their careers in the care sector.
- The provider had meetings with staff and other care providers to discuss and address issues and to share good practice.

Working in partnership with others

- The provider worked in partnership with a variety of agencies to ensure people's needs were met.
- The registered manager worked closely with the local authority and social workers to achieve good outcomes for people.
- Meetings were held with the local authority so concerns could be discussed and addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The responsible person did not always ensure staff recruited were of good character. The recruitment procedures in operation were not effective to ensure this. All the information specified in Schedule 3 was not available.</p>