

Eleos Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Eleos Care Limited is a domiciliary care agency providing personal care, home help and companionship to people with a variety of needs. At the time of our inspection visit 15 people were in receipt of personal care.

Not everyone using the service received personal care. The 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

Staff often provided extra support and assistance to people even though this was not part of people's contractual care arrangements. The care staff and management team worked together to deliver a high standard of care to people who used the service.

People were safeguarded against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed, however, some of these assessments lacked crucial information. Nonetheless, we found no evidence that people had been harmed. We have made a recommendation about care planning and assessing a risk because some important information was not always available to guide staff.

Staff were recruited safely, and enough staff were employed to ensure people received all their care calls from familiar carers at the times agreed.

People were supported to have maximum choice and control of their lives and staff provided care for them in the least restrictive way possible and acted in people's best interests; the policies and systems in the service promoted this practice.

People's needs had been assessed before they started using the service. People and those closest to them were involved in planning and agreeing to people's care.

People were encouraged to remain independent. People's care and support was provided in a dignified way by respectful staff.

The provider sought feedback from people, relatives and staff, and used this to enhance effectiveness of the service. People and staff were confident they could raise any concerns they might have with the registered manager and felt they would be listened to.

The registered manager and staff were responsive to and worked in partnership with other agencies to meet people's needs. We received positive feedback from people, their relatives and commissioners of the service about the quality of care provided.

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

Rating at last inspection

This service was registered with us on 10/06/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 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 ●

Eleos Care Limited

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

One inspector and an Expert by Experience carried out the inspection. 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.

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 48 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.

What we did before the inspection

We reviewed information we had received about the service. 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. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is

responsible for supervising the management of the service on behalf of the provider. We reviewed care records for three people to ensure they were reflective of their needs. We reviewed records relating to the management of the service such as the training matrix, recruitment files, compliments and complaints. We spoke with four people, seven people's relatives and three members of staff.

After the inspection

We continued to seek clarification from the registered manager to validate evidence we found. We looked at care plans and the provider's quality assurance systems.

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

Assessing risk, safety monitoring and management

- The risks to people's health and wellbeing had been assessed and regularly reviewed. Specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs. However, we found that care plans and risk assessments did not always contain enough detail of the control measures for all staff to follow to keep people safe. Nonetheless, this had no impact on health and well-being of people using the service. The registered provider immediately acted upon the issue and submitted updated care plans and risk assessments with comprehensive information.

We recommend the provider review their systems to ensure care plans, risk assessments and strategies to manage risk are kept up-to-date and accurate for each person using the service.

- The provider had a system to record accidents and incidents, and to take appropriate action where necessary.
- The provider had a business continuity plan in place. The priority levels introduced by the provider allowed to identify the most vulnerable people in order to ensure their quality of care would not be compromised by any circumstances.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they felt safe with the care workers who supported people and did not feel rushed with the support they received. One person told us, "I feel very safe with the carers, they give me confidence. I have a rota and I only have a visit once a day but they are on time, stay their time and have never missed a call."
- Staff had received training in safeguarding adults. This training helped them to recognise the signs of abuse and the appropriate actions to help promote people's safety and wellbeing.
- Staff knew how to keep people safe. A member of staff told us, "If I witnessed or suspected abuse of one of my clients, I would contact my line manager to discuss the issue, then contact social services, a social worker or the care manager if one is in place. I would call for medical help if necessary."

Staffing and recruitment

- There were systems in place to help ensure suitable staff were employed to work with people. The registered manager oversaw the recruitment of new staff. They had systems and checks in place regarding staff's experience, character and performance in previous roles. This helped to determine staff's suitability to work with people.
- There were enough staff deployed to meet the needs of people. One person told us, "The schedule is

mostly kept to plan." Another person's relative told us, "They have never missed a call and have always told us if there would be changes like emergencies or sickness."

Preventing and controlling infection

- There were systems in place to protect people from the risk of infection and cross contamination. Staff received relevant information and training in relation to COVID-19, infection control and personal protective equipment (PPE).
- Staff confirmed they had access to PPE and knew how to use this. They told us they understood how to support people whilst keeping the person and themselves safe. People and relatives we spoke with confirmed the staff followed good infection control practices and wore PPE appropriately.

Learning lessons when things go wrong

- We saw that the service had an incidents book and there were systems in place to ensure that issues were consistently reported, investigated and followed up to ensure there were no ongoing concerns.
- Where appropriate, safeguarding incidents were referred to the local authorities and the CQC, and advice was sought from health care professionals.

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 for 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.

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

- People's needs were assessed before they started using the service. People and those closest to them contributed to the assessment which included lifestyle choices and required call times.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, staff could meet those needs.
- The provider had a computer-based call monitoring system. This system enabled the registered manager to monitor when staff arrived at and completed care calls. If staff did not 'log in' to their planned visits, the registered manager was alerted. This helped to protect people against the risk of missed calls.

Staff support: induction, training, skills and experience

- People and their relatives told us they thought staff were knowledgeable and well-trained. One person told us, "The carers are excellent." One person's relative told us, "As an ex-nurse, I am aware of how care should be delivered, and I can't fault them."
- New staff completed an induction and shadowed experienced staff. They were then assessed and signed off by senior staff to help ensure they were competent before working alone.
- Staff spoke positively about their training which included training to meet people's specific needs, such as catheter care. A member of staff told us, "We do online training which I find adequate, and we do practical which is excellent. We are always being asked by the manager if there are any other areas in care which we would like to do more training in."

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

- The support people needed with eating, drinking and meal preparation was identified in their care plans. Where people had specific dietary requirements, preferences or routines, this was highlighted for staff to follow.
- People said staff knew what food and drinks they liked and disliked. They confirmed staff offered choice and always left some food or drink at hand, as required by the person, before leaving. One person told us, "The carers cook/prepare food for me. I can chat to them and tell the carers what I want. They always ask me what I would like." Another person told us, "They get me my breakfast and they ask me what I want even though I always want the same thing. They also prepare something for me to have later."

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

- Various professionals were involved in assessing, planning and evaluating people's care and treatment.

This included GPs, occupational therapists and NHS trust professionals.

- People and their relatives told us people had access to healthcare professionals where this was required. One person told us, "They noticed a sweat rash and they got in touch with the GP who recommended some cream and they help me put this on. All this goes onto my care plan which is on the daily phone application." Another person's relative told us, "The carers tell me of any scratches or potential bed sores that they notice when they shower her and advise me as to what to get or what to do. When my mum came out of hospital the occupational therapist (OT) came to do risk assessments."
- The registered manager expected all staff to be vigilant during visits and report any concerns they might have about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed before they started using the service and this was regularly reviewed. People's choices in relation to their care were recorded in their care plans.
- Staff received training in relation to MCA and had a good understanding of its principles. A member of staff told us, "MCA protects and supports people who lack the mental capacity to make their own decisions on their care and well-being."
- People and their relatives confirmed staff obtained consent for people's care and support. People were supported wherever possible to make their own decisions.

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 for 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 and their relatives told us staff were caring and treated them well. One person said, "The carers are respectful and I can have a laugh and banter with them."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "[Person] likes to make her decisions so I assist her to make her choices and carry out her personal care letting her take the lead. Passing on to other carers how she likes things done this has enabled me to nurture a good working relationship with [person] who is very private."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender.
- Throughout the inspection and through speaking with people and their relatives we were given a number of examples of how staff went the extra mile for people. This included supporting people outside staff's contracted hours in order to introduce people to new places, to liaise with other professionals and to arrange equipment for them. All of this resulted in an improved quality of care and had a positive impact on people and their lives.

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

- People told us they were in control of their care. One person told us, "The carers are first class. Three come in on a rota and I consider them as friends. They do what I ask and even get my papers at the weekend to save me walking over the road."
- People and their relatives were supported to express their views and to be involved, as far as possible, in making decisions about the care and support people received. One person told us, "I occasionally ask them what they are writing on their phone, and they show me and read it out as it's what they have done with me."
- Staff confirmed that people and their relatives were involved in the care planning process. A member of staff told us, "Clients are actively encouraged in the planning and implementation of their care. Family members are encouraged and the online system means families can see the carers' notes."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity and independence. People gave us positive feedback about the caring approach of staff. One person's relative told us, "My mum, she doesn't like having a shower but the carers have a lovely way with her. They joke with her. The carers are really good, they are very encouraging."
- Staff told us they promoted people's independence and people were asked about what they were able to

do. A member of staff told us, "I encourage clients to make decisions for themselves during my care call no matter how small. Choices to have a shower or wash or what to drink and how they want their personal care or meals, choosing their clothing. I encourage my clients to be as proactive as they can be or want to be."

- Staff told us they respect people's confidentiality. A member of staff told us, "We need to respect each client's confidentiality out of respect and by law, unless you feel there is a safeguarding concern."

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

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

- Care plans were regularly reviewed, and people and their relatives were encouraged to contribute to reviews to help ensure people's needs were accurately reflected.
- Staff told us and records confirmed that after each visit staff completed daily notes to record the support provided and capture any changes in people's needs.
- The service was flexible and acted immediately on any change in people's needs. People and their relatives told us about how well the service responded if people needed additional help or changes to their visits. One person's relative told us, ""Besides my mum, my husband isn't a well man and one time the manager came as a carer and she could see that I was flustered as my husband didn't seem well. She asked if she could see him, went upstairs, saw him, came down and said he wasn't well and called an ambulance for him. She wasn't there for him but it was so caring."

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.

- People's communication needs were met. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint or raise concerns. People we spoke with and staff all told us they would have no hesitation in speaking with the registered manager if they had a concern or complaint. They were confident any issues would be resolved swiftly. One person's relative told us, "I haven't actually complained, there was a misunderstanding once over a visit but that was sorted out. I felt comfortable phoning them and would complain if I needed to."
- The provider had a complaints policy and processes in place to record and investigate complaints.

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone at the end of their life
- We saw evidence that in the past the service liaised with other healthcare professionals to arrange for equipment to provide a person with a dignified and pain free death.

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 for 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.

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

- People, their relatives and staff all told us the registered manager and care manager were approachable and available when they needed them. One person told us, "I think the company is well managed and led. The office is flexible and if I have a hospital appointment, I can ask if they will come early to shower me and they will. [The registered manager] is a very good boss and she often comes in to fill in if they are short staffed, I feel supported by them."
- Staff told us they felt the registered manager was approachable and they spoke positively about the management of the service. A member of staff told us, "I would describe the culture of our company as person-centred. We have a small client base and a small staff team which means clients have a good level of continuity of care which in turn makes our care effective."
- The registered manager had their daily presence at the service felt, and they led by example.

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had systems in place to inform CQC of significant incidents and safeguarding concerns.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- Where we highlighted areas of improvement, the registered manager communicated with us immediately after the inspection to inform us they had addressed these. For example, where we highlighted a catheter care plan should have contained further information, the registered manager immediately reviewed the care plan and made the suggested amendments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked for their views of the service through regular visits from management.
- People told us that the registered manager visited them to provide personal care and to ensure they received service up to their standards.
- Staff told us they felt valued, supported and able to contribute to the running of the service. One member of staff told us, "I think team meetings are a good idea. It is a time for staff members to get together to raise any concerns and discuss anything with other members of the team. It is possible to discuss training needs, introduce new staff and review action plans."
- The registered manager said she had an 'open door' policy and said staff knew she would be available to listen to any concerns expressed by staff and to provide solutions to address these.
- The service worked in partnership with a range of healthcare professionals to ensure people's needs continued to be met and their wellbeing enhanced.