

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Bexley Office

Inspection report

10 Falconwood Parade
Welling
Kent
DA16 2PL

Tel: 02083030898
Website: www.eleanorcare.co.uk

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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

Eleanor Nursing and Social Care Ltd - Bexley Office is a domiciliary care agency. It provides personal care to adult and young people living in their own homes. At the time of our inspection 42 people were using the service.

This announced inspection took place on 25 October 2018. At our last inspection in July 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medicines as required and medicine administration records were completed correctly. Risk assessments were in place and detailed plans were available to manage identified risks and to keep people safe. There were sufficient staff available to care for people as required. Recruitment procedures were robust and safe. Staff knew signs to recognise abuse and how to report any concerns appropriately. Staff knew how to report incidents and accidents to the registered manager. Staff followed infection control procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People consented to their care and support before this was delivered.

Staff were supported through effective induction, supervision, appraisal and training to provide an effective service to people. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. Staff liaised appropriately with social care and health care professionals to ensure people received the support they required. People were supported to arrange healthcare appointments where required. People's care and support needs were thoroughly assessed. Relevant professionals were involved to ensure people received appropriate support and care that met their needs.

People told us staff treated them with kindness, compassion and respect. Staff gave people control over their care and support. Staff maintained people's dignity, privacy and independence.

People had care plans in place which gave staff information about how to support people appropriately and these were reviewed and updated regularly to reflect people's changing needs. People and their relatives

were involved in planning their care. People were supported to socialise and maintain interactions with others. The provider made information accessible to people. Staff understood and promoted equality and diversity. People's end of life wishes were noted in their care plans.

People and their relatives were given opportunities to feedback about the service provided. People and their relatives knew how to complain about the service and the registered manager understood their role in investigating and responding to complaints in line with the provider's procedure.

The registered manager complied with the requirements of their registration. People, relatives and staff told us that the service was well managed. Staff told us they had the support and leadership they needed to carry out their roles. The registered manager checked the quality of service delivered. Regular spot checks and audits were carried out to identify any shortfalls in the service. The service worked in partnership with other organisations.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection site visit was carried out by one inspector on 25 October 2018. We gave the service 48 hours' notice of the inspection visit because the location provides domiciliary care service and we needed to ensure the registered manager or member of the management team would be available to give us access to the records. An expert-by-experience (ExE) made calls to people who used the service to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service including complaints and notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also examined the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with three people using the service, seven relatives and six care staff, the training manager, quality assurance manager and registered manager. We looked at six people's care records to see how people's care was planned, five staff files including their recruitment and supervision records. We also checked others records relating to the management of the service including complaints and quality assurance systems.

Is the service safe?

Our findings

People and their relatives continued to feel safe using the service. One person told us, "Yes, I feel safe because they are careful." A relative said, "Yes, we are very safe and happy."

The service continued to ensure people were safeguarded from abuse. All the staff had completed training in safeguarding adults from abuse. Staff knew how to identify alleged abuse and how to respond in line with the provider's safeguarding procedures. One staff member said, "If I found marks or signs of abuse, I will alert my manager immediately even if the person tells me not to report it. I will still have to raise an alert because I have a duty to keep people safe." Another staff member commented, "I have done safeguarding training. If I suspect any abuse, whether I'm sure or not, I will let the registered manager know. I will whistle blow if no action is taken." The registered manager remained aware of the actions to take to address any safeguarding concerns. They had followed their procedure and cooperated with the local authority safeguarding team to investigate a recent allegation of abuse. They notified CQC of this as required.

People continued to be protected from harm as risks they may be exposed to were managed appropriately. Risks were assessed in relation to people's physical and mental health, the environment, nutrition, and moving and positioning. There were moving and positioning plans to manage the risks associated with transferring people from one place to another. We saw mobility plans were in place to address risks of falls. Community nurses were involved to manage risks to people's skin integrity and staff knew to use barrier creams to protect people's skin. Staff knew how to follow the management plans in place and to report any concerns or changes to people's situations appropriately.

Staff continued to support people with their medicines in a safe way. Staff had been trained in the safe administration and management of medicines; and their competency assessed before they supported people with their medicines. People's care plans detailed the level of support they required from staff. People and their relatives confirmed that staff supported them as required. One person said, "Yes, they prompt me to take my medicines." A relative mentioned, "Yes. The carers help by administering the medicines from the blister packs from the pharmacy. The carer and I, if I am there, sign the medicine administration record (MAR) chart." MARs we checked were legibly signed. MARs were checked by team leaders and the registered manager to ensure they were accurate and identify any issues promptly.

The provider maintained safe recruitment practices. Records contained applicant's employment history including gaps in employment, references, right to work in the UK, proof of identity, and criminal record checks from the Disclosure and Barring Service (DBS). Recruitment checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

The service continued to maintain sufficient staffing levels to meet people's needs. People and their relatives told us that staff visited them to support them with their care needs. One relative said, "They [staff] come approximately the time we agreed and there are always two carers." Another relative told us, "Most of the time the carers are here on time. They visit four times a day and usually the same carer." Staff told us they had enough time to attend to support people. Staff also confirmed where two staff were required to

carry out a care visit that there were always two staff available to do it. One staff member said, "Double handed calls are always done by two care staff. If one staff cancels the office staff comes to assist. They always remind us that double handed visit is for the staff and person's safety." Another staff member told us, "Most times we have enough time but occasionally we run over our time because the time is not enough. If this is an ongoing issue with a person we feedback to the office and they request to increase the time. They always amend the time to meet the person's needs." The registered manager told us they planned the rota in advance and staff were aware what they were doing beforehand. They told us staff worked flexibly to cover any shortfalls, due to sickness or emergencies. The registered manager and team leaders were hands-on and were available to cover emergency short falls if required. There were no missed visits recorded and late visits were within the 30 minutes leeway agreed with people and the commissioning authorities.

People were supported by staff who knew how to respond appropriately to any emergency. The service had procedures in place for staff to follow if unplanned events occurred. Care records provided details of who to contact and what actions to take in the event of emergency. Staff told us they would contact people's GP if a person was unwell. The ambulance service would be contacted immediately where necessary.

People were protected from the risk of infection. Staff were trained in infection control. Staff told us they the service provided them with personal protective equipment (PPE) and reminded them of the importance of using PPE. They told us effective hand washing and disposing of waste appropriately was key to reducing the risks of infections.

There were systems in place to report and monitor incidents and accidents. Staff knew how to report incidents and accidents appropriately. They registered manager was aware of their responsibility to review, analyse and share learning from incidents and accidents to reduce recurrence.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

At our last inspection we found that the provider did not have systems in place to assess people's capacity under the MCA. At the inspection, we found that there were systems in place. People's capacity to consent to their care and support was documented. Where people had Power of Attorney in place it was noted in their care plans. People and their relatives, where relevant were involved in making decisions about their care.

People and their relatives told us that staff obtained consent from them before delivering care. One relative said, "Yes they [staff] ask and communicate with my loved one definitely." Staff had received the MCA training and understood people's rights under this legislation. One member of staff told us, "I always involve people in what you are doing. If someone is refusing care and support, I would explain to them why they need care and support. I will be gentle, encouraging and persuade them but will never force them. If all strategies fail, then I will involve family." Another staff member said, "We obtain consent either verbally or by observing people's non-verbal cues. We have to let people decide what they want." The registered manager understood their responsibilities under the MCA.

People continued to be supported by staff who had the experience, skills and knowledge to deliver care effectively. One person commented, "They know what they are doing and get on with it. They seem bright and confident." One relative told us, "They [staff] are very good at the job." Another relative commented, "Yes, staff have been brilliant. They do their jobs very well."

Staff told us and records confirmed that staff continued to be supported through effective induction, regular supervision and training; and appraisal. One staff member told us, "I had the Care Certificate induction, it covered mandatory training in care. I also had two days of shadowing an experienced staff member. It opened my eyes to the job and gave me the hands-on experience I needed to do the job." Another staff member said, "We get lots of training. The manager is always looking for training to help us improve and for our continuous professional development. The registered manager always gives us feedback on our performance. We have one-to-one meetings, spot checks and observations." Records showed that all staff had completed training in safeguarding, medicine administration, infection control, moving and handling and other areas relevant to their roles. The training manager told us they tailored training to the needs of people they supported. For example, if a person required support with catheter, the provider would train staff to meet that specific need. The training manager told us and staff confirmed that staff had their competency assessed in various areas as part of training programme. Where it was found that a staff member lacked confidence, they provided extra training for the staff member.

People's needs were assessed by the registered manager or senior member of staff before they started providing a service to them. The assessment enabled them to establish people's needs and plan how to provide care and support that met these needs. Assessments covered people's medical conditions, physical and mental health, personal care, and nutrition. Records showed that relevant professionals such as occupational therapists had been involved in establishing people's needs. Where people needed equipment put in place to enable staff to meet their needs safely, the registered manager arranged this.

People received the support they required to meet their nutritional needs. Where people needed staff support to eat and drink, their care plans documented this. People confirmed staff supported them accordingly. Staff told us they encouraged people to maintain good level of hydration by prompting them to drink. Staff told us if they had concerns with a person's nutrition or eating and drinking, they would report their concerns to people's relatives or their GP.

People continued to be supported to maintain their health. One relative told us, "They [staff] have on occasions called the district nurse, GP and an ambulance. They really worked hard to chase up the district nurse, when [my loved one] needed the service." Records showed that the registered manager had liaised with occupational therapy service for people to be assessed and to be provided the right equipment.

The registered manager and staff told us they ensured people had a copy of their personal profile sheet when they went to hospital or other services. The personal profile sheet contained information about their health conditions, medicines, their GP and next of kin details; and care required. This enabled people to receive a well-coordinated care and support when they used other services.

Is the service caring?

Our findings

People continued to be cared for by staff who were kind and caring. One person told us, "Staff are very good at giving me sympathy if I need it. They are caring. I am really happy with my carers." Another person said, "The carers are kind and supportive." A relative commented, "Yes, the staff have been very good and respectful. They work well with [my loved one]."

People and their relatives remained involved in planning their loved one's care. One relative said, "Yes, we were involved from the start of the care package. We had a lot of support in the first few weeks and the carers were amazing at providing us information." Another relative mentioned, "I know the care plan my loved one has. The registered manager regularly gives us updates." Care plans showed input from people and their relatives. The registered manager told us that when people started to use the service there was an agreed plan of care drawn up with people which included the times of each visit.

Staff built positive relationships with people. One relative told us, "[My loved one] has a main carer and they have a good relationship with them. My loved one can be funny and difficult at times but their carer understands them. They are good friends." Another relative commented, "They [staff] and my loved one get on well, my loved one is comfortable with them. I hear them laughing and talking like friends, it lights up the house when I hear that, as well as me. I wouldn't want anything changed, they are superb." The registered manager explained that as much as possible they strived to maintain consistency and continuity in care by assigning regular staff to work with the same people. The registered manager explained that this helped build relationships and trust.

Staff showed that they were interested in the people that supported. Staff told us of measures they had taken to make people comfortable and valued. One staff member said, "I find time to chat with people because sometimes we [staff] are the only ones they see all day so I make sure they have a laugh when I'm with them. I find out how they have been doing, if they have any concerns and what their plans are. It really brightens their day knowing someone cares." Another staff member told us, "I cook something different from the usual occasionally. For example, on weekends I could do English breakfast or fried breakfast, or some special delicacy. It makes people feel special."

People's privacy, dignity and independence remained respected. One relative said, "Staff respect my loved one's dignity and privacy. Staff always help my loved one with their toileting needs behind closed doors. They speak to my loved one respectfully too." Staff gave us examples of how they promoted people's dignity and independence when carrying out tasks. One staff member said, "Personal care tasks should be done with sensitivity and respect. Don't discuss people's personal business with others, not even with their family, except if they want you to. Sometimes people don't want you to tell their family everything about their care." Another staff member, "We [staff] always need to realise that these people using care services are human beings too and it is paramount we treat them [people] the way you expect to be treated. Give people the opportunity to do the little things they can for themselves. They want to feel valued. Respect their needs and make them comfortable." A third member of staff talked about how they supported people to maintain their independence. They said, "Encourage people to do small things they could do – even little things like

brushing their teeth, combing their hair. They feel part of it. We as staff need to be patient." Staff had been trained in dignity in care as part of their induction and discussed these subjects in team meetings and newsletters.

Is the service responsive?

Our findings

People continued to receive care and support tailored to address their individual needs. People and their relatives told us that staff provided them with support that met their needs. One relative said, "When my loved one returned from hospital they couldn't walk and had many bed sores. The main carer helped so much on this and to get my loved one moving again." Another relative commented, "They [staff] help my loved one in all areas of their personal care needs. The care plan provides information about what needs to be done and how it should be done and the carers follow it."

Each person had a care plan that covered people's likes, dislikes, physical and mental health needs, nutritional needs, personal care, mobility and medicines management. Times of care visit, duration of the visits and the tasks to be undertaken were also included in the care plans. People told us they had an input in deciding how they wanted their care delivered. Daily care notes we reviewed were detailed and showed staff supported people in accordance to their care plans. People's care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs. Staff told us that they were notified of changes in people's needs so they could follow the updated care plans.

Staff knew the individual needs and preferences of the people they supported. They described people's routines, their moods, behaviours, what made them happy or agitated and their abilities. Staff told us and records showed that they supported people if required, with other non-care related tasks. For example, they told us of when they had done shopping and laundry for people because the person had no food in the house or clean clothes to wear. One staff member said, "We use our common sense and we apply it. We always think of the person's circumstance and not just the job we have to do. Sometimes we have to quickly do laundry, domestic and shopping because we can see that the person has run out of clean clothes or shopping. We don't have to wait until the family visit because we don't know when that would be."

The service encouraged and supported people to participate in activities to stimulate and engage them socially. Staff told us they spent time with people doing things that they liked or enjoyed and helping them relax. One member of staff said, "If the weather is nice I take them for a walk in the garden even if it's for 10 minutes. The fresh air is good for them." Another member of staff mentioned, "I chat with them about TV programmes they watch, its helps." The registered manager told us they made referrals to day centres for people to attend where it had been identified as a need for them. They also told us that they organised social events such as picnics and trips for people, their relatives and staff so they could relax and socialise with others. We saw photographs taken to confirm this.

Care plans documented people's needs in relation to their religious, cultural, disabilities and sexuality. One person commented, "Yes, they definitely respect my cultural feelings." Staff had received training in equality and diversity. Staff told us they supported people to prepare food according to their cultural/ethnic needs. Staff also told us if people required support to attend places of worship, they were happy to support them with it.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the

requirements of the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The provider had information such service user guides in large prints, Braille, and in six different languages based on the communication and language needs of people they supported. The registered manager told us that if other languages were needed, the provider would make these available too.

The service encouraged the use assistive technology to promote people's safety and independence. The registered manager told us they where it would be beneficial to people, they suggested and with people's consent made referrals to relevant organisation for the provision and installation of assistive technology such as door sensors and pendant alarms.

People remained aware of how to raise or make a complaint about the service. Details about how to complain were included in the service user's handbook given to people when they started using the service. One person told us, "Well I would call the numbers on the front of the folder if I'm unhappy about anything. I have only called them once regarding staff delay." A relative said, "I will call the office and ask to speak to the registered manager." The registered manager understood the provider's complaint procedure. Records showed that there had not been any complaints about the service since our last inspection.

People's end of life wishes was noted in their care plans. The registered manager and training manager told us they designed and delivered end of life training to staff as and when required to meet the specific needs of people who required end of life care. The registered manager told us they would work closely with the local palliative care team and people's GPs and relatives to ensure people received appropriate care and support. At the time of our inspection, no one was receiving end of life care.

Is the service well-led?

Our findings

The service continued to be effectively managed and run. People commented positively about the service. One person said, "The registered manager is very proactive. She has been here to cover staff absences. She has also visited to check how things were going. She is involved in what is happening; she is not a faceless 'boss'." One relative told us, "I should imagine doing what they do with organising the carers must be hell but the registered manager does a brilliant job making sure everything is well organised. They [the provider] are wonderful people." Another relative mentioned, "In my experience with my loved one, they [staff] couldn't do anything better. They continue to take very good care of loved one and improve the quality of their life. I generally believe they have extended the life of my loved one." The service was recently recognised by their local authority commissioner for the quality care and support provided to people. Five members of care staff received an award for their dedication and commitment.

The registered manager had worked in the service for several years and understood their roles and responsibilities. The registered manager continued to comply with the conditions of its registration and continued to send notifications to CQC, as required. The last inspection report rating of the service was displayed appropriately on the provider's website and at the service's registered office.

The culture of the organisation continued to be open and transparent. People, relatives and staff told us that their views were regularly sought and used to improve the service. They said they could express their concerns and they felt listened to. One relative told us, "They [the management staff] regularly calls for feedback. They also send us questionnaires to complete. The service is always getting better." Another relative commented, "We get asked to give our feedback. They listen and improve. If I have a problem or concern about any matter I can call the registered manager and she will do her utmost to help." We reviewed the survey results conducted by the provider in 2018 and it showed people and their relatives were happy with the service. There were no actions to follow up on from the survey. Comments made by relatives in the survey included, "To me and my family, the service is fantastic and exceptional." Another stated, "Eleanor have provided us with the best carers anyone could wish for. They are caring, professional and friendly which is important as they come into our house every day."

The quality of the service continued to be monitored through spot checks, and quality audits. Records showed and staff told us, that the registered manager and senior members of staff conducted spot visits to check the quality of their work including time keeping and punctuality, staff conduct and communication skills. Feedback was given to staff on their performance and where concerns were identified, supervision and training sessions were organised for the staff member to improve. The registered manager also audited care records including care plans, medicines records, staff records and other records relating to the management of the service to identify areas for improvement. There were no areas which required improvement.

Staff continued to be provided with the leadership and support they needed to carry out their roles effectively. One staff member said, "I like working with the organisation – the environment is great. The values, support and motivation you get is great." Another staff member mentioned, "The registered manager

is fantastic! She does a wonderful job. The support she gives has made me remain here. She is hands-on. She makes you part of the organisation. When she needs to put you right, she does so very well too."

The registered manager held regular meetings with staff to share their views and provide them updates with policies. One staff member told us, "We have regular staff meetings to let us know of new developments in the care world, code of conduct, policies, reminding us of agreed ways of working." Another member of staff stated, "We have regular team meetings and we discuss issues we have. If I have any concerns or worries we discuss and it gets dealt with. The team meetings give you opportunity to know your colleagues, share ideas and learn from each other." Notes of team meeting meetings showed discussions with staff about various matters such as rotas, team work and safeguarding. Memos and newsletters were also used to provide staff with information about issues relevant to their work and the organisation.

The registered manager and provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. They worked closely with local authority commissioners. We saw an email from the local authority appreciating the service for working together with them to respond appropriately to adverse weather conditions and making sure people received the care and support they needed.