

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Oxford Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eleanor Nursing and Social Care Ltd-Oxford Office is a domiciliary care service providing personal care to people living in Oxfordshire. The service provides support to people living with dementia, people with learning disabilities or autistic spectrum disorder, people with physical disabilities, sensory impairment and mental health. At the time of our inspection there were nine people receiving the regulated activity of personal care from the service.

Not everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines were not always well managed. Protocols for medicines administered 'when required' (PRN) contained confusing and contradictory information. Staff told us the protocols lacked clear guidance regarding administration of medicines. The lack of clear guidance led to one person being overmedicated.

Infection prevention control measures were not always sufficiently embedded and required improvement.

Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. Safe recruitment processes were followed to make sure the right staff were employed.

People's needs were assessed before they were offered a service. However, some care plans did not contain enough information to instruct staff and did not always follow best practice guidance. Staff received a range of training, although some staff members said they needed more training in the management of medicines. People received support with meal preparation, as detailed in their care plan.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice.

People told us staff were kind, considerate and caring towards them. Staff protected people's privacy and dignity and promoted their independence.

People had care plans which were personalised and recorded information on a range of needs. However, some people relatives told us that the information recorded in people's notes was not always accurate. People's communication needs were assessed, and staff were aware if a person required further support with their communication. The service had a complaints procedure which was made available to people being supported. People and their relatives told us they knew how to make a complaint if they had any concerns.

Regular audits were completed into various aspects of the service. However, these had failed to identify the issues found at this inspection such as in relation to PRN protocols or infection prevention control

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

Rating at last inspection and update

This service was registered with us on 6 December 2021 and this is the first inspection.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted mainly because of concerns received about people not having their care plans in place, missed and late visits, and staff not using PPE properly. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Eleanor Nursing and Social Care Ltd - Oxford 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 2008.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. The service was run by a manager who was in the process of registering with the Care Quality Commission.

Notice of inspection

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

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 service registered with CQC. 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 spoke with two people using the service and six relatives of people about their experience of the care provided. We spoke to the manager, the nominated individual and three staff members. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included four people's care records and multiple medication records. We looked at three staff files in relation to their recruitment. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

After the inspection

We continued requesting information from the provider to inform the inspection. However, we did not always receive the information requested.



Is the service safe?

Our findings

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

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

Using medicines safely

- Staff told us that sometimes they were left without clear guidance on how to administer medicines safely. A member of staff told us, "Sometimes there is no information regarding medication on site so new staff are struggling. Sometimes we find missed medicines, new carers do not know what to do, what to administer." Another member of staff told us, "In the IT application used by the service I can see the message to administer either co-codamol or paracetamol. When I look at the daily logs it says that both medicines are being administered with water every single day as the information on the paper form is not clear. Nobody knows if they have to administer according to the paper form or according to the application. It is a tragedy waiting to happen." Some staff members told us they sometimes had no guidance at all to refer to. A member of staff told us, "Once I was left without access to the care plan on the application for two months. I know my clients well, but new staff would have to guess and perhaps administer a tablet of each colour to do anything without a care plan."
- People's relatives told us that staff did not always have the skills or knowledge how to administer medicines safely. One person's relative told us, "The carers do give medication, but I feel they are not firm enough with her. They give her medication, but they have missed that at times she hasn't taken it, they don't watch her and sometimes she leaves tablets on the plate and they fall off."
- We reviewed medicines administered when required (PRN) protocols and found they contained contradictory information on how to administer medicines. Upon reviewing of medicines administration records (MAR) we found one person had been overmedicated for a long period of time which posed a risk of liver damage. We reported this to the provider, and we raised a safeguarding referral with the local authority.
- Some care plans did not contain enough information on risks relating to a certain type of medicines. For example, where people were administered medicines to prevent blood clotting, there was no mention of potential bleeding and staff were not instructed to look out for signs of bleeding. We brought this to the provider's attention and the provider told us they were going to update the care plans.

The provider failed to ensure care and treatment was always provided in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- During staff interviews some staff told us they had not been provided with Covid-19 tests since March 2022. A member of staff told us, "They have not given us LFT tests since March, and they do not ask us to pass the test results to the office." Another member of staff told us, "I sent my last LFT test in March, then I had to use my own stock of LFT tests." We requested evidence of regular staff testing taking place from the

provider. The provider sent us photographs of the latest LFT tests taken by staff. When we contacted staff and showed them the photographs, they told us that the tests numbers and their dates did not match tests undertaken by them.

- We asked the service to provide us with evidence of staff being regularly tested and registering their tests between March and June 2022. We received a confirmation of two tests being registered in January 2022. The provider failed to operate a system to ensure regular Covid-19 testing of staff. Following the inspection staff told us that since our visit the provider had supplied COVID 19 tests to staff and was requesting evidence of regular testing from them.

The provider had failed to mitigate risk in relation to infection, prevent and control. This placed people at risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us and people confirmed they were always wearing PPE according to the government guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I have no concerns, the staff treat me very well." There were satisfactory systems and processes in place to protect people from abuse and neglect.
- Staff knew how to escalate their concerns in order to protect people.
- When safeguarding concerns were raised, the manager and the nominated individual dealt with them appropriately and recorded all actions taken.

Assessing risk, safety monitoring and management

- Although we identified issues concerning managing medicines and infection control, we found other areas had adequate risk assessments in place. There were detailed up-to-date risk assessments in people's files, such as risk assessments for moving and handling, skin care and integrity and falls.
- Satisfactory risk assessments were in place for most people. However, further improvement is required to ensure risks are effectively assessed, mitigated and reviewed to ensure people's safety.
- The service had a business contingency plan which included an outbreak of a pandemic in place to meet the support needs of people.

Staffing and recruitment

- People and their relatives told us that staff did not always arrive on time. One person told us, "They arrive on time most of the time, but at times they can be late. Recently they missed a call completely." A relative of a person told us, "Generally, the carers arrive on time, but they can be late on occasion due to the traffic. He did have a missed call a week or so ago, but it has never happened before." We asked the provider about the action taken in order to improve the timing of the calls. They told us that recently the staffing rota had been reviewed and re-arranged to shorten the time of travel between people.
- Staff, people and their relatives told us that the newly improved rota worked better. However, staff told us they were worried that if one of them left, their rotas were going to be reversed to cover all calls. A member of staff told us, "I am afraid that once a member of staff is gone, we will go back to the old ways."
- The provider followed safe value-based recruitment practices and ensured people were protected against employment of unsuitable staff. Appropriate recruitment checks were carried out as a standard practice.

Learning lessons when things go wrong

- Themes and trends had been identified, and relevant actions were documented to be taken to improve the service. For example, after the staff survey the management team re-arranged scheduled rotas to suit staff and people and to avoid staff spending unnecessary time travelling between visits.

- Incidents and accident forms were available for staff to complete, as needed.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. However, some staff told us that the initial assessments were not always accurate and did not always provide them with sufficient information. A member of staff told us, "Sometimes assessments, initial assessments were poor." One person's relative told us, "They sent me the care plan recently and I haven't signed it yet because it isn't correct. They have written he can walk, but he can't. I believe the office could do with a shakeup."
- Some care plans did not contain enough information to instruct staff and did not always follow best practice guidance. For example, one person's care plan mentioned they were pre-diabetic. However, there was no further information on how this might affect the person and what staff were to do to prevent further deterioration of the person's condition. This meant that without an appropriate care plan and guidance to follow, the person was at risk of developing type 2 diabetes. There was no evidence that the provider had sought all relevant information to ensure staff could monitor any deterioration and raise this with the relevant health professionals.

We recommend that the provider sought for an information on monitoring pre-diabetic and diabetic condition from a reputable source.

- People's likes, dislikes and preferences for care were assessed and recorded by staff.

Staff support: induction, training, skills and experience

- Staff provided us with mixed feedback on training provided by Eleanor Nursing and Social Care Ltd-Oxford Office. A member of staff told us, "They offered me online training and face-to-face training. We know everything, we know how to work in a proper, nice way." However, another member of staff told us, "There are gaps in training. Medication training was online and was only provided by the management after things were raised with the local council." The training matrix received from the provider revealed gaps in such areas as diabetes awareness, pressure care and prevention techniques or Mental Capacity Act.
- Staff told us they were shadowing their more experienced colleagues before being allowed to work independently. A member of staff told us, "I shadowed [staff] for two days. They asked if I wanted more shadowing shifts, but I am already an experienced carer."
- Staff provided us with mixed feedback about the support received from the management team. One person told us, "We have enough support from the office." However, another member of staff told us, "I do not feel supported. The management calls us when we are busy with our clients. They are micromanaging us."

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

- The service did not always explore people's dietary needs in their care plans to ensure people received the right kind of diet in line with their preferences and needs. For example, there was no information on the pre-diabetes condition and how to manage this.
- People and their relatives praised staff for their assistance with food. One person told us, "He will do meals for me if I ask him. He heats microwave meals up, makes salads and porridge for me in the morning. He always washes up after I have eaten."

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

- Care records showed that most of the people's healthcare needs were appropriately assessed. Occupational therapists and other healthcare professionals were also contacted appropriately to ensure people's healthcare needs were met.
- People and their relatives told us they were happy about how staff liaised with other professionals. One person's relative told us, "The carers or service have not had to put him in contact with other health care professionals. But if he has catheter issues, they will call emergency services and they did that when he had a fall."
- People's relatives told us they were always informed about significant changes in people's health and condition. One person's relative told us, "Staff are quick to respond to her needs. She did have a leg infection and they were diligent in letting me know, so I called a doctor. She has had a small fall too, and again they informed me straight away."

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 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 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.

- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.
- People and their relatives told us that people were asked about their opinion or choice and staff sought their consent before performing their tasks. One person told us, "The carers respect my choices and I feel they are well trained. They are professional and ask for consent to do anything for me, plus I tell them what to do."

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's preferences for a male or female care worker were not always explored before commencing provision of care. One person told us, "The carers are very good, the only thing I have been disappointed about was not getting a female carer, but my male carer can't be faulted." One person's relative told us, "She doesn't mind having a male carer at all, though I can't remember if she was given a choice of gender."
- People and their relatives told us they felt well supported and cared for by staff. One person told us, "Staff are kind and caring." One person's relative told us, "The staff are very kind and caring. They are helpful and professional."
- Assessment and care plan templates included various aspects of people's background, hobbies and diverse needs, such as culture and religion. Although the protected characteristics such as sexual orientation or gender reassignment were not included, this had no impact on people's care. One person's relative told us, "They do respect our diversity and traditions, as many of them are from other countries too."

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

- People were supported to be involved in their care. People and their relatives told us their views were listened to and they were involved in making decisions about people's care and support.
- Office staff made regular telephone calls to people and their relatives to check if they were happy with the service.
- People and their relatives were given a service guide when they joined the service to give them information about the way the service operated.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect. One person told us, "They respect my dignity at all times they do what I want; in the way I want things done."
- Staff were aware about how to protect people's dignity when they offered personal care. One person told us, "My carer respects my dignity as when he is helping me to wash, he wraps me in a towel. He lets me wash myself, but he helps wash my feet. He makes me feel at ease."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

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 requires improvement. This meant people's needs were not always met.

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

- People had care plans which were personalised and recorded information on a range of needs. However, as we reported under the Effective domain, we found assessments were not always accurate.
- We had feedback from people relatives told us that the information recorded in people's notes was not always accurate. One person's relative told us, "It has been reviewed a couple of times and I have had to point out errors in the document which have been corrected. For example, he was on a minced diet till late last January, then he went back on normal food." Another relative told us, "They have failed to have our correct phone number and they have failed to call my husband by his correct name. When I talk to office staff sometimes, I feel they don't know what I am talking about."
- Most people and their relatives told us that staff met their needs and knew what tasks to complete. However, one person's relative told us there were no strategies in place on how to encourage a person to receive personal care. The person's relative told us, "I do know they can't make her do anything, but in the past six weeks she has been receiving care she has only had her hair washed once, because she keeps refusing. They do need to encourage her more. I do hope that when there is a review, they will look at attention to personal hygiene and improve that situation."

Information captured was incomplete in limited instances. For example, a person's catheter drainage was not recorded.

Whilst we saw no evidence of harm, failing to have a complete and contemporaneous record for people was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other information was more comprehensive and provided staff with enough information about how to provide personalised support. For example, one person's daily routine advised staff to offer personal care and specified how they liked to have a bed bath or a shower on different days.

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. It also says that people should get the support they need in relation to communication.

- Care plans identified service users' communication needs. Visual and hearing needs were recorded as well as basic information about how staff should meet their needs, such as making sure the person was wearing

their hearing aid.

- Staff were aware of the care plans and knew how to communicate with people.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy and procedure in place. Information about how to make a complaint was available to people within a brochure in their own homes.
- People and their relatives told us they knew how to complain. They told us that minor issues were resolved before escalating to formal complaints. One person's relative told us, "I did contact the company and raise the issue and now things have improved."

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The management team told us they would work alongside other health professionals if care was needed in this area.
- Staff told us people's advanced wishes would be respected.

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 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; Continuous learning and improving care

- Quality systems were not effective or robust in identifying and driving improvement across the service. The shortfalls we found during our inspection had not been identified by the provider so that improvement plans could be put into place.
- Known risks to people's health were not fully identified assessed or adequate guidance was not always given to staff.
- MAR charts were regularly checked but the service provider had not identified the issues we found in respect of medicines management.
- There were no systems in place to check if Covid-19 testing was actually taking place for staff as per government guidance.

Failing to have systems in place to assess, monitor and improve the quality and safety of the service and to mitigate the risks in the service placed people at risk of harm. This was a breach of Regulation 17 (good governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notifications had been sent to CQC as required by law.
- Care workers had regular 'spot checks' completed to check they were providing safe care in people's homes. The management told us they were announced and unannounced, and we saw evidence of remedial actions needed if staff were not following the care plan correctly.

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

- Systems in place for seeking and acting on feedback from people to improve the service were not robust. Some people and their relatives told us they were not approached for feedback on the quality of care. One person's relative told us, "I don't receive information regarding the service, and I haven't been asked to give any feedback in any form."
- The service had processes to engage and involve people using the service and their relatives. However, the majority of people's relatives told us they did not feel engaged and that communication between them and the provider's office needs improving. One person's relative told us, "The last manager was very helpful, but things are changing now and I don't know who is in charge. I don't receive letters or emails regarding the service. I don't get sent a rota. I only sometimes get a call if carers are going to be late, so communication

could be improved." Another person's relative told us, "I feel the service could improve its organisation, it appears chaotic at times. Our main point of contact is the carers, the service doesn't communicate with us directly."

- We received mixed feedback from staff regarding culture of the service. One member of staff told us, "The management are doing great. They are really approachable". However, other members of staff commented, "There is a lack of communication between the office, us and other professionals" and "They are not fixing problems, they are very reactive." Some staff members said that their views and opinions were not always taken into consideration by the management team. Staff meetings and supervision meetings were held on a regular basis, where two-way communication took place to consult and gain feedback from staff. However, not all staff found them useful.
- Staff understood and were committed to the values promoted by the provider. Most people and their relatives told us that although there were issues relating to the communication with the service, staff were dedicated and caring. One person's relative told us, "It works but the service feels very remote and not connected to us; however, the carers are very good". Another person's relative told us, "I am not sure I would recommend the service, but I can't fault the carers."

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 provider encouraged an open and honest culture at the service. The manager understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant individuals were informed about them, and every opportunity was used to support organisational learning.

Working in partnership with others

- The service worked collaboratively with system partners to ensure good care outcomes for people.
- The registered provider and staff worked effectively to develop good working relationships with health and social care professionals where this was appropriate. For example, service commissioners or GPs.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure safe management of medicines. The provider failed to introduce effective measures to detect and control the spread of, infections.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p>