

Eleos Homecare Limited

# Eleos Homecare Limited

## 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 Homecare Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of this inspection, 27 people were using the service.

Not everyone who used 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

People praised the staff for their care and kindness. Staff were friendly and engaging. People received very personalised care from staff who knew how to support each person in the way they preferred. The service was run in the best interests of the people who used it.

Staff made sure people were treated with dignity and respect, and their independence was promoted. People were fully involved in the arrangements about their care service and their decisions were respected. The provider/manager and staff had a very good working relationship with other care professionals for the benefit of the people who used the service.

The service was safe. Risks to people's health and safety were managed without compromising their independence. Medicines were managed in a safe way.

There were enough staff to make sure people received care and support whenever they needed it. Staff were trained and supported to carry out their job safely.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People, relatives and care professionals said the service was well-run and praised the management style as friendly, helpful and approachable. They had information about how to raise issues and were confident about discussing anything with the management team.

Staff were happy in roles and said the provider/registered manager was encouraging and supportive.

The provider/registered manager was committed to continuous improvement of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Eleos Homecare Limited

## Detailed findings

### Background to this 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

The 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.

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.

The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 May 2021 and ended on 21 June 2021. We visited the office location on 3 and 10 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, care professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with the provider/registered manager and care planner and contacted nine care staff for their views.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three care professionals who regularly work alongside the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found the provider had not always followed safe recruitment practices. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 19.

### Staffing and recruitment

- The provider used safe recruitment practices to check new staff were suitable to work with people.
- There were enough staff to meet the needs of people using the service. The provider/registered manager said recruitment was a challenge, but there were suitable contingency arrangements in place to cover unexpected staff absence.
- People said the staff were "extremely reliable", "always on time" and "never missed a visit". A relative commented, "Staff always stay the full time and never make [my family member] feel uncomfortable or rushed."

At the last inspection, incomplete medicine management records contributed to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 17.

### Using medicines safely

- Medicines were managed safely and in line with the assessment and agreement of people.
- The service used an electronic recording system to record the administration of medicines. The system immediately alerted office staff if medicines had not been recorded as administered. There were now clear instructions and records for the support of creams and ointments.
- Staff had training in medicine management and regular competency checks.

At the last inspection the lack of individual risk assessment contributed to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 17.

### Assessing risk, safety monitoring and management

- The service had systems to protect people from avoidable harm. Risk assessments now detailed individual risks to each person and clearly set out the strategies used to minimise these.
- Risk assessments were now reviewed six weeks after the start of the service and then three-monthly. This made sure risk assessments were still an accurate reflection of the person's support needs and that any risks were still being managed safely.

Systems and processes to safeguard people from the risk of abuse

- The provider/registered manager had systems in place to report and manage safeguarding issues. People told us they felt very safe with the service. They commented, "Staff are honest, trustworthy and very kind" and "Staff make me feel very safe and reassured."
- Staff had training in safeguarding adults. They understood their responsibility to report concerns and had taken action to protect people.
- Care professionals told us they had no concerns about the service.

Preventing and controlling infection

- The provider/registered manager had systems to reduce the risk of staff and people catching and spreading infections. The service's infection prevention and control policy was up to date.
- People told us staff always wore PPE and followed hygienic practices. Their comments included, "They always wear the full protection and are aware of the need to keep everyone safe" and "They always use the right PPE and change it (when needed)."
- The provider/registered manager accessed coronavirus testing for staff. Staff said the provider/registered manager had made sure they always had enough equipment and guidance throughout the COVID-19 pandemic.

Learning lessons when things go wrong

- The service had a system for recording and dealing with incidents or accidents and ensuring these were risk managed.
- The provider/registered manager said the organisation had learnt lessons from the previous inspection and during the pandemic and these were had been used to strengthen the service.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection care records were not well maintained which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance). Improvements had been made and the provider was no longer in breach of regulation 17.

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

- People's needs were assessed before they used the service to make sure the right care could be provided.
- Assessments were thorough and set out the support measures required by each person. This information about people's need and abilities was used to develop detailed individual plans of care.

Staff support: induction, training, skills and experience

- The provider/registered manager made sure staff completed regular essential training to carry out their roles. People's and relatives' comments included, "They seem to be very well trained and experienced at looking after people with dementia" and "New staff are trained and shown what is expected."
- Staff said the provider/registered manager supported their continuous professional development. Their comments included, "We receive regular training and are encouraged to take part in any other training we feel may be beneficial. I'm proud to have achieved a certificate in care."
- Staff said they felt supported in their roles. One staff member commented, "I feel very supported in my role at work, we have supervisions every twelve weeks and lots of catch-ups in between."

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

- People were assisted with meal preparation if this formed part of their individual care package. People said staff were knowledgeable about their specific dietary likes and needs.
- Where necessary, staff discreetly monitored people's nutritional well-being to make sure they had enough to eat and drink.

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

- The service supported people to access health services, when necessary.
- The service had good working relationships with other care agencies including community nursing services and hospice services. A health care professional commented, "My experience with Eleos Care, carers and managers has been very good. I have always received good feedback from patients. I have observed (care staff using) safe techniques."

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

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 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.

- The provider was aware of the Mental Capacity Act (2005). No one using the service was subject to any restrictions placed on them by the Court of Protection.
- Staff respect people's rights to make their own decisions. People said staff always asked permission before carrying out any care.
- People's consent and agreement to their care was recorded. A record was kept of whether the person had a legal power of attorney to support them with decisions about their care.

# Is the service caring?

## Our findings

with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 were well treated had many positive comments about the kind, friendly attitude of all staff. Their comments included, "The care staff are all great, very caring and thoughtful", "They are very respectful and are so kind and considerate" and "They have a very good attitude; I think they are wonderful and it's good to have a laugh with them."
- People enjoyed good relationships with their care staff. They told us, "It's like having another little family, I think they are all amazing" and "I really look forward to them coming, I get on with them all very well and we have a good rapport."
- Health professional said the management and staff exemplary caring values and showed genuine interest in people's well-being.

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

- People were fully involved in decisions about their care service. People had a planned rota so they knew who was coming to assist them.
- People said they had choice and control over how their support was provided. Their comments included, "They will always offer to do anything for me" and "Staff even come early in their own time to help with showering if [my family member] decides she want one"

Respecting and promoting people's privacy, dignity and independence

- People commented very positively on the respectful nature of staff. They told us, "I am treated totally as an individual and they seem to have full respect for me, as I have for them" and "I really look forward to them coming, they are very respectful and a great help."
- People said their dignity was upheld by staff. One person commented, "I only have ladies come, which I prefer so I never have any dignity or embarrassment issues"
- Staff enabled people to maintain as much independence as possible. Relatives commented, "Staff are really supportive and helping them to do more and more for themselves" and "Staff are giving [my family member] finger foods sometimes to try and make them more independent".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People said they were fully involved in planning their own care packages. They said staff understood their specific needs and wishes. For instance, one person commented, "Thing I like is that they all remember what I need doing and understand me."
- Care records were extremely detailed and personalised. Care records fully respected people's individuality and the importance of their human rights, equality and diversity.
- Staff said the care provided by the service was very person-centred. One staff member commented, "When creating a care plan the client's values, preferences and needs come first, they are at the centre of their own care."

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.

- The provider/registered manager was aware of the AIS. The service provided an information guide in ways to suit people's communication needs including easy read.
- Each person's care records included detailed information about their individual communication methods and the best ways of engaging them.

Improving care quality in response to complaints or concerns

- The provider/registered manager had a system for promoting and dealing with complaints. People had information about how to make a complaint and said they would be able to do so.
- People said they spoke with the provider/registered manager frequently and she encouraged them to be candid in their views. People said the provider/registered manager and office staff were always very receptive if they called.

End of life care and support

- The service provided compassionate care to people who were at the end stages of their life. The service worked closely with local community nursing services to make sure people and their relatives were provided with sensitive support at that time.
- A hospice care professional described the service as "responsive and caring". They told us, "I would not hesitate in continuing to use Eleos for our palliative care patients."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had not always made sure that governance systems were sufficiently robust to make sure the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 17.

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

- The provider/registered manager had improved the systems of audits to monitor the quality and safety of service. These included three-monthly reviews with each person to check the quality and outcome of the care provided.
- The provider/registered manager understood their responsibilities to be open and transparent if anything went wrong.
- The provider/registered manager was committed to continuously improving the service. Since the last inspection they had introduced several electronic management tools which supported the operations of the service.
- The provider/registered manager shared any lessons learnt with staff so the service could learn, adapt and improve their practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had a positive culture which focused on people receiving personalised, tailored care.
- People, staff and care professionals said the service was "well-run" and the provider/registered manager was open and approachable.
- Staff were overwhelmingly satisfied to work for the service because of its caring values and open culture. They said, "Eleos is genuinely the most caring, professional care company that I have ever worked for" and "I'm extremely proud to work for Eleos".

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

- The provider/registered manager sought the views of people who used the service. This included regular surveys and discussions between people and the provider/registered manager.
- Staff described how they had very good communication with the provider/registered manager and other

office staff. Spot checks were carried out of each staff member to make sure they continued to meet good standards of care practice.

#### Working in partnership with others

- The service had fostered very good relationships with other social and health care services for the benefit of the people who used it. Health care professional said the service was "well-led" and "a safe and effective care provider".
- The provider/registered manager kept up to date with local and national best practice and guidance.