

# Eleanor Nursing and Social Care Limited

## Ealing Office

### Inspection report

Eleanor Nursing and Social Care Limited  
157 Uxbridge Road, Hanwell  
London  
W7 3SR

Tel: 02085793233

Website: [www.eleanorcare.co.uk](http://www.eleanorcare.co.uk)

Date of inspection visit:  
18 November 2022

Date of publication:  
03 March 2023

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ealing Office is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The majority of people had their care funded by either the London Borough of Ealing or the London Borough of Hounslow. At the time of our inspection 94 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

During the inspection we found risk assessments were not always robust enough and medicines were not always managed safely. This could put people at risk of harm.

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints, and quality monitoring processes in place, to help monitor and improve service delivery. However, these were not always effective, as they had not identified the areas where improvements were required that we found during the inspection.

The provider was not always consistent in maintaining person centred care records.

People were not always supported to have maximum choice and control of their lives and the provider could not demonstrate people were always supported in their best interests. While the provider had policies and systems, these were not always robustly implemented. We have made a recommendation for the provider to consistently implement the principles of the MCA.

Notwithstanding the above, people were satisfied with the care provided and felt safe. Overall, the provider followed safe recruitment practices to help ensure suitable people were employed. Staff received appropriate training to meet people's care needs.

People were supported by the same staff who provided consistency and were satisfied with the punctuality of their care workers.

People using the service and staff told us the manager team were approachable and responded to concerns.

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 9 December 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections including this inspection.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 29 and 30 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ealing Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ealing 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

The inspection was conducted by two inspectors and two Expert by Experience who made phone calls to people and their relatives after the site inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post. However, they were not present on the day of the inspection.

#### Notice of inspection

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

Inspection activity started on 16 November 2022 and ended 17 December 2022. We visited the location's office on 18 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the action plan the provider sent to us following the previous inspection saying what they would do and by when to improve. We also sought feedback from the local authorities who work with the service. 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 providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

#### During the inspection

We spoke with the operations manager and branch office lead and we reviewed a range of records. This included 10 people's care records, 4 staff records and multiple medicines records. A variety of records relating to the management of the service, including audits were also reviewed. As part of the inspection we spoke with 7 people using the service, 9 relatives and 4 care workers to get feedback of their experience of the service.



## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- The provider lacked risk assessments and management plans for some people's medical conditions that could put them at risk. For example, two people were only being cared for in their beds and required repositioning, but the provider did not have a risk assessment around skin integrity for them. This put them at an increased risk of skin breakdown and developing pressure ulcers.
- Another person had diabetes but there was no risk assessment or care plan for the condition, which meant care staff did not have information to help them identify the signs and symptoms that might indicate a deterioration in the person's condition so they could take appropriate action.
- A fourth person was at risk of urinary tract infections and sepsis but there was no guidance as to what signs staff needed to look for to identify these conditions. This meant there was a risk that staff would not be able to identify if the person developed a urinary tract infection so appropriate actions could be taken.

Systems had not always been used effectively to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a repeated breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, other care records indicated the provider did have appropriate risk assessments relating to people's health, mobility, choking and home environment.

- There were guidelines in place for staff to follow and people told us they felt safe.

#### Using medicines safely

At our last inspection we identified medicines management was not always robust enough. This was a further breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- During the inspection we saw medicines administration records (MARs) were not always completed correctly to confirm that people had received their medicines as prescribed.
- One person was prescribed a weekly tablet, but we saw this was not always given consistently on the same day of the week as prescribed.
- This person also had a pain patch to be administered daily. Over a period of 23 days, the MAR had been signed nine times and there was no indication why the MAR had not been signed on the other 14 days. A third medicine for the person was prescribed as one tablet to be given once a day. Between 22 September to 13 October 2022, we found the MAR had been signed twice on the same day eight times, although the prescription was for once a day.
- The audit for October 2022 had not identified any of the above discrepancies between the administration instructions for these medicines and staff recordings on the MAR.
- A second person's MARs recorded on multiple occasions 'R' for 'refused' and 'O' for 'other'. However, there was no record of what happened when the person refused or what 'other' meant in each case. In the MAR audit completed 13 October 2022, this had not been identified.

The provider had not ensured people's medicines were always managed appropriately and safely. This was a repeated breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a medicines policy and procedure in place with guidelines to administer medicines safely. Staff had completed medicines training and annual competency testing to help ensure they administered medicines correctly.
- Despite our findings around the management of medicines, people were satisfied with how medicines were administered and told us, "They always make sure I take my medicines" and "No concerns with medicines."

#### Staffing and recruitment

At the last inspection we found care workers were sometimes late for care calls and at other times missed them altogether. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider was no longer missing care calls and late calls had reduced since the last inspection.
- Most people and relatives were happy with the consistency and punctuality of calls others. People told us, "They arrive on time, stay for the correct time and come at the same time", "They are always on time. I have the same carers every day. They stay for the correct length of time", "No problem with them. They arrive on time. If they are half an hour sooner or later, it's a reasonable time. They have never missed" and "They are



not very late, if they are, they let me know. They never miss."

- There were enough staff to meet people's needs and staff told us they had enough time to travel between calls.
- People received support from the same staff which provided consistency of care.
- The provider followed safe recruitment procedures to ensure new staff were suitable for the work they were undertaking. These included checks on staff members' suitability for the job and criminal checks. However, one staff member did not have a work reference or a record of reasons for gaps in their employment. The branch office lead told us they would make written records of gaps in employment moving forward.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from abuse. This included safeguarding adult and whistleblowing procedures.
- People and relatives told us they felt safe with the care they or their relative received. Comments included, "I do feel safe with them. They are nice and kind. I feel protected and I trust them" and "I feel safe with the carers. They are friendly and I can rely on them."
- Staff had completed safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of abuse and the action to take to help make sure people were safe.
- The provider had worked with other agencies to help protect people and investigate safeguarding concerns when these had been raised.

Preventing and controlling infection

- The provider had appropriate systems to help prevent and control infection. Staff completed training about infection prevention and control, as well as training about COVID-19.
- Staff followed good hygiene practices and wore personal protective equipment (PPE) such as gloves and masks.
- The provider undertook spot checks for care workers to help ensure they were following infection control guidelines and using PPE correctly.

Learning lessons when things go wrong

- The provider had a process in place to monitor incidents, help ensure lessons were learned when things went wrong and to mitigate future risks.
- Safeguarding alerts, quality assurance alerts, incidents and complaints were recorded and included supporting documents and lessons learned. Where appropriate staff were supported to improve their practice.



## 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

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

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 and found the provider was not always consistent.

- The provider's processes for identifying and supporting people who lacked mental capacity in relation to decision making were not robust. We found for some people who had capacity to consent to their care, they had done so appropriately. However, for others, we found only the agency's assessor had signed the consent form.
- One person was supported by two agencies. The provider had completed a best interest decision for the package of care they were delivering to the person but only the other agency had signed the best interest discussion and not Eleanor Care. The mental capacity assessment for this person said a relative made decisions for this person but there was no evidence they had the legal right to do so or that they had been consulted as part of the best interest decision about aspects of the person's care.

- Another person had a best interest decision completed on their behalf but had also signed their consent to care form. This meant the assessment was not clear if the person had the mental capacity to make decisions.

We recommend the provider consistently implement the principles of the MCA.

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

- People's needs and choices were assessed before they started using the service and the assessment formed the basis of people's care plans.
- People told us they were involved in discussions about their care and how it was provided. Comments included, "They always ask me", "They involve me. They don't tell me what to do, we do things together" and "They ask me what I want and involve me."
- The operations manager told us they tried to meet people's choices by being flexible with call times, matching people up with appropriate carers, for example carers who spoke the same language as the person and trying to ensure the same carers provided support so they built up a rapport and the carer knew the person's needs.
- Care plans and risk assessments were reviewed regularly to help ensure people's needs were being met by the service.

Staff support: induction, training, skills and experience

- Staff were supported to provide effective care through induction, training and supervision. People and their relatives generally thought the staff were well trained and able to meet people's needs. Comments included, "I think they know what they are doing. I should think they have had training" and "They seem to know what they are doing. They introduce themselves and check the paperwork first."
- Staff completed annual training to keep their knowledge and skills up to date so they could provide good and safe care. This included safeguarding adults, moving and handling and infection control training.
- Staff received supervisions and unannounced spot checks while they were in people's homes to help ensure good practice when supporting the people they cared for.

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

- People were supported to have enough to eat and drink. Records included information regarding people's dietary support needs so staff had relevant guidance to meet this aspect of people's needs.
- When people were supported with meals, they were happy with this and told us, "They support me with microwaveable meals. They are doing fine with this. They do my drinks also. No problems. They always ask what I want for breakfast" and "They always ask me what I want for breakfast. They heat my lunch and make drinks for me."

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

- People received support to maintain good health. The operations manager told us they worked with family members and health care professionals, for example GP's to help ensure people's healthcare needs were met. One person said, "Every morning they ask me how I am. They are very concerned about my health." They will get me ready for appointments" and a relative commented, "They check on health care needs. They ask [person] if they're alright and ring me if needed."
- Care plans included information about people's healthcare conditions for staff to understand people's healthcare needs.



## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; 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.

- Although people were happy overall with their care, their care plans were not always planned in a person centred way so they reflected people's current needs and preferences. Therefore, there was a risk that they might not always receive care appropriately.
- People's communication care plans did not include information around their first or preferred language. For one person who had dementia, the records indicated the person could not communicate rather than give guidance on how the person might express themselves or how staff should communicate with the person.
- One person's care plan indicated they should have cream applied to their skin but did not name which cream it was and was not clear where on the person's body the cream was to be applied.
- Another person had a risk assessment for when they needed additional support with their behaviour but did not include the triggers for the person's behaviour, so a risk mitigation plan could be put in place to meet the person's specific needs.
- Under religious and social inclusion more than one care plan indicated these needs would be met by a regular care worker who knew the person's routine but the care plans did not specify what the person's religious or social inclusion needs were so staff not familiar with the person were aware of these.

Care plans not having up to date information meant there was a risk people might not receive appropriate care according to their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other cases care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid and if they communicated verbally.
- Care staff spoke different languages and where possible were matched with people whose language they spoke so they could communicate appropriately with people.
- People and relatives told us they were involved in planning and reviewing people's care. Comments included, "They came and completed a needs assessment", "They write things down. I had a review a while ago. The manager came and asked how I was keeping" and "They put everything down when they came to interview me. They write in the plan. Some who have been coming for a while know what to do. New carers will read the plan. There's been no reviews recently."
- Background information provided staff with context and areas of interest so they could better care for the person.
- People were supported by the same carer workers which provided consistency. Relatives confirmed staff knew the people they cared for well and knew what their needs were. People told us, "They are meeting my needs well" and "They usually do whatever I need."

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

- Care plans included information about people's social history and interests which helped the staff to understand about the people they were caring for. This helped to ensure staff engaged with people about things that were of interest to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to respond to any complaints received. Records indicated each complaint was investigated, an outcome reached and action taken to make improvements as a result of the complaint. This included spot checks to observe staff.
- People and their relatives knew who to speak with if they wanted to raise a concern. Comments included, "Not needed to complain, but I would call the office. They would solve the problem. When they came for the review, they said if there are any problems just give us a call", "I have not complained, but I'm aware of the procedure it's in the book" and "Yes this service is responsive enough for us and seem quite eager to address any issues we've had."

End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection. The care plan included a section about end of life care so people could discuss this if they wished.



## 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

Continuous learning and improving care

At our last inspection we found shortfalls regarding the governance of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Quality assurance systems such as audits were not being operated effectively as demonstrated by a number of shortfalls identified during the inspection. This is the fourth inspection where the service is rated requires improvement with breaches of regulations. The provider has not been able to maintain, embed and sustain improvements at the service.
- While the provider carried out audits of care records, these had not been effective as they had not identified the shortfalls we found with the lack of robust risk assessments and risk management plans, as well as comprehensive person centred care plans for people.
- The medicines management systems and checks were also not very effective as they had not identified the concerns we found with the management of medicines.
- The provider's audits have also not identified that the MCA Code of practice was not always being adhered to appropriately, because we found that the provider did not always maintain appropriate evidence that people's consent was being sought out as required.

This was a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we did find improvements in other aspects of the service since the last inspection. The provider was able to evidence late and missed calls were reduced and this was confirmed by people using the service. The provider was now using their monitoring system for staff calls and visiting more effectively, analysing what went wrong when staff were late or if there was a missed call and putting in preventative measures.
- Since the last inspection the provider had begun recording incidents and accidents appropriately, investigating and learning lessons to improve service delivery.
- The operations manager told us they worked closely with the local authority to improve the care delivered to people using the service.
- They also said that communication was key to improving care and they make time to work with the staff and support them to develop their skills and practice.

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

- At the previous inspection we identified the provider had not always notify the Commission of notifications in a timely manner. At this inspection we found the provider was submitting notifications in a timely manner.
- At the time of the inspection, the operations manager was in the process of training senior staff to manage the day to day running of the service.
- The operations manager had a good understanding of their responsibilities and knowledge of the service.
- People and relatives felt the service was generally well run. Comments included, "Everything is well run" and "It's a good agency, well managed."

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

- The provider created a person-centred and open culture. People and their relatives were involved in planning their care and overall were happy with the level of care provided. People and their relatives told us, "It's a good service", "Yes it's a good service. I know who is coming and what time they will arrive", "I feel it's a good service. They all take their shoes off out of respect and check dad's records before starting. There's uniformity, they are singing from the same hymn sheet" and "I don't think anything could be better, very happy with the service."
- Staff also told us they enjoyed working for the agency and felt supported by the management team. Their comments included, "Yes I do [feel supported] because the office is always there to pick my calls even if its continuous", "I do feel I am supported as I can raise concerns easily and discuss my needs easily" and "At Eleanor we work very close as a team and communication is key here. We feel free to discuss any issues or matters regarding the service users or ourselves. The company provides us with additional courses if we wish to develop further."
- People, their relatives and staff said they could approach the management team with any concerns. The operations manager said clear communication was important in creating a positive culture, so service users and staff felt comfortable speaking with them, and any issues could be resolved as soon as they were raised.

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 understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.
- The provider responded appropriately when things went wrong by investigating, responding to people involved and making improvements to the service.

- People and their relatives knew who to contact if something went wrong.

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

- The provider engaged with people using the service and their relatives. People told us they spoke or saw someone from the management team. This included telephone feedback, spot checks in people's homes and care plan reviews. Comments included, "I ring the office when the care is not needed. There is always someone there. Sometimes they come out and check on the carers" and "I have not needed to contact the agency. I've not met the manager, but someone came to 'spot check' the carers to see if they were doing things right."
- Team meetings were held to share information and give staff the opportunity to raise any issues. Staff views were also sought through supervision.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to help ensure people's needs were met. The operations manager gave examples of working with local authority to improve people's home environment and when one person was not taking their medicines as required, the provider liaised with the local authority to ensure that these were administered as prescribed.



## 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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure that care was delivered to people with a view to achieving their preferences and ensuring their needs were met.</p> <p>Regulation 9 (1)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)</p>