

Eleanor Nursing and Social Care Limited

# Eleanor Nursing and Social Care Limited - Bournemouth Office

## 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

Eleanor Nursing and Social Care Limited - Bournemouth Office is a domiciliary care service providing personal care to people at home. Not everyone who uses the service receives 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.

There were 52 people receiving personal care at the time of the inspection.

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

People were happy with their care and indicated they felt safe with their care staff. The manager and staff had the skills they needed to work safely and effectively. They understood their responsibilities for helping keep people safe from abuse and avoidable harm. Recruitment checks ensured staff were suitable to work in care.

People received care tailored to their needs and preferences from a small team of regular staff, whom they and their relatives described as kind, thoughtful and caring. Staff respected people's privacy and dignity. People were asked at assessment about their preferences for staff of a particular gender.

Staff had a good understanding of what their role required. They had the training and support they needed to perform their roles well.

People and relatives said they felt involved in decisions about care and that they were kept informed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff followed thorough hygiene precautions, including hand hygiene, wearing personal protective equipment (PPE) and taking part in a regular coronavirus testing programme. Where the service supported people with their prescribed medicines, this was managed safely.

People and relatives expressed confidence in the way the service was run. Likewise, staff were confident in the new management team. The provider and new manager had good oversight of the service, had worked to bring about improvements in a short time and had identified further priorities.

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

This service was registered with us on 28 May 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered with us.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Eleanor Nursing and Social Care Limited - Bournemouth 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by an inspector 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 at home.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, this registered manager had recently left the service. A new manager was in post and intended to apply to register.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or manager would be available to support the inspection.

Inspection activity started on 9 June 2021 and ended on 22 June 2021. We visited the office location on 9

June 2021.

#### What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the manager, one of the office staff and care staff.

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

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People indicated they felt safe with their care staff. For example, a person who used the service told us, "I've never had any staff that I didn't want back."
- Staff received regular training about safeguarding adults from abuse. They understood their responsibilities for keeping people safe from abuse and neglect.
- The manager understood how to raise safeguarding concerns with the local authority.

Assessing risk, safety monitoring and management

- People and relatives said care was provided safely. Comments included: "There has always been two members of staff every time because [person] needs that in order to be hoisted safely", "[Person] was quite wary to use a hoist to start with, but the carers talk her through everything and make sure she is happy before they move her anywhere" and "All of the staff from the manager, to the office staff, to the carers themselves have provided the highest standard of care and support to my mother that I have no concerns whatsoever about her safety."
- There were assessments of risks to people and to staff, including risks of pressure ulcers and moving and handling risks, and details of environmental risks in people's homes. Risk assessments were kept under review. People's care plans were updated accordingly; they specified what staff needed to do to minimise the likelihood of harm.
- The service had a contingency plan for circumstances that affected its ability to run safely, such as adverse weather or staff sickness. This included prioritising people's need for care according to their individual circumstances.

Staffing and recruitment

- People told us care staff were punctual. Comments included: "I don't think I've ever had a carer not turn up. In terms of the time, they are within 10 or 15 minutes of the time I am expecting them. If they have got held up in an emergency, someone from the office always contacts me to find out if I'm alright waiting or if they can send me someone else instead" and "Sometimes in the summer, if there are lots of tourists here it can take them a bit longer to get to me, but they're never really much later than 15 minutes or so. If they have got held up, the office usually contact me to let me know and I get the choice of having someone different or waiting for the carer I was expecting. I've never experienced any totally missed calls at all."
- They also told us care staff stayed the full length of the call. A person who used the service said, "I don't always pay that much attention to the clock, but I'm fairly certain that on the whole, they stay until it's the time for them to finish." Staff said care calls were generally long enough for them to do what was required.
- Most staff we spoke with said they usually had enough travel time between calls. Those who said there was sometimes not enough travel time recognised this happened when rotas changed due to sickness.

- Staff received the training they needed to work safely and effectively. People and relatives were confident staff had the skills to provide the care they needed. Comments included: "They seem to have all the skills they need to do everything for me" and "I have been quite impressed when I have seen them, in relation to the level of skills they actually do have."
- Recruitment practices were safe. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. The DBS checks candidates' suitability to work with people in a care setting.

#### Using medicines safely

- People who staff supported with medicines received these as prescribed. This included prescribed skin creams. The office team checked to ensure medicines had been administered and that this had been recorded properly.
- Staff who handled medicines had been trained how to do so. They had competence checks at least annually to check they supported people safely with their medicines.
- Care plans specified clearly what support people needed with obtaining and administering prescribed medicines and who was responsible for this.

#### Preventing and controlling infection

- People described how staff followed thorough hygiene precautions. Comments included: "I've never once had to remind anybody about wearing all the protective equipment or washing their hands thoroughly. I was really concerned at the start of the illness, but I've been well supported and managed to get all the way through to have my vaccinations without falling ill once" and "They always have it [PPE] on just as they are about to come through the front door and then they dispose of it when they are finished with me and always thoroughly wash their hands."
- PPE was available for staff. Staff confirmed they had access to this.
- There was a regular coronavirus testing programme for staff.
- Staff had training in infection prevention and control and about COVID-19, including how to use PPE.

#### Learning lessons when things go wrong

- Staff reported accidents and concerns.
- There was a system for recording, reviewing and analysing accidents and incidents. This enabled the manager and provider to identify any emerging themes or trends.
- Where appropriate, the manager shared learning with staff through communication updates or supervision meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives said they were happy with the standard of their or their loved one's care. Comments included: "Thankfully the care that I've been getting, has always been a very high standard and I've certainly never had anything to complain about."
- People's individual care needs and preferences were assessed before they started receiving care. A person who used the service told us, "I recall that my daughter was with me when we met the manager from the agency and my daughter was able to ask lots of questions and we talked a lot about what I was struggling with and how the carers could help me. I do remember seeing it all written down and I'm fairly certain that that lives in my folder in case any of the carers want to look at it."
- These assessments formed the basis of care plans. The manager and senior staff involved in assessing and care planning had access to training and information about current good social care practice.
- The service used a computerised care planning and recording system. Prior to the inspection there had been concerns about a backlog of care plan reviews. The new manager was aware of this and was working to ensure all assessments and care plans were up to date. The assessments and care plans we saw had been updated.
- Information on the system was readily accessible to staff through a secure app on their mobile phones. Staff confirmed they generally had access to the information they needed.
- The computerised care planning system highlighted when care had not been provided as scheduled. The manager and office staff monitored the system and acted on any such prompts to ensure people received their care.

Staff support: induction, training, skills and experience

- New staff undertook an induction and were expected to gain the Care Certificate if they were new to working in care. The Care Certificate represents a nationally accepted set of standards for health and social care workers. Staff confirmed they had had an induction and that it had been useful, although most training had been online due to the pandemic
- Refresher training for existing staff took place every six months. This covered essential topics such as moving and handling, health and safety and food safety. Staff felt they had the training they needed for their role.
- Staff confirmed they had supervision with the manager or office staff. They said they were easily able to contact the manager or office staff for support if necessary.

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

- People and relatives were pleased with the support they or their loved one received to prepare and

consume food and drink. Comments included: "They help me with all my meals and my drinks these days because my arthritis is really bad in my hands. They never mind making anything for me and they know that my appetite isn't brilliant these days so sometimes I only want to snack rather than a full meal. They keep my kitchen lovely and tidy which I'm grateful for" and "They will make her breakfast for her. . . The carers will come in and make sure that she has her food and importantly they sit with her because she is at risk of choking."

- Care plans set out any support people needed with preparing food and beverages and to eat and drink. This included dietary requirements and sensitivities, what food and drink they liked, and how they preferred their mealtimes to be.
- Care plans highlighted any risks associated with nutrition and with eating and drinking, such as unplanned weight loss and swallowing difficulties. Where people had safe swallow plans from a speech and language therapist, these were linked to care plans and were available to staff.

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

- People reported that staff noticed changes in their health and supported them to obtain healthcare. A person told us, "They will usually tell me if they think I need to get some help from either the nurse or the GP and I always say to them if they could let my daughter know because she organises all of that for me. Thankfully it hasn't happened many times, but I'm grateful to them for doing that because it makes my life easier."
- Care records included an outline of people's known health conditions and the names and contact details of any health and social care professionals involved. Care plans set out the support people needed to manage their health, including the circumstances in which they would need emergency medical support for their condition.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The manager and staff had training about the MCA. They understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so. People and relatives told us staff respected their choices.
- Care plans noted if people had a representative with the legal authority to make decisions about their care. People's or their representative's consent to their care plan was recorded in their care records.
- Where there were concerns about a person's ability to consent to their care and they had no legally authorised representative, the service assessed their mental capacity to consent to care. Where the person was found to lack capacity, the service recorded a best interests decision about how to provide the necessary care in the least restrictive way possible.

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

- People and relatives described staff as kind and caring. Comments included: "Couldn't be more professional and caring", "My carers are lovely", "Nothing is ever too much trouble... Just to be asked if there's anything I need help with, goes a long way in my book and I will never forget their kindness", "It's so nice to see my lovely carers coming" and "My carers were the only people I saw and it made such a difference to be able to have a chat with them and in fact they would very often bring me things in I was struggling to get hold of myself."
- People also said they had a small team of regular staff. Comments included: "It was really important to me that [person] had a small number of regular carers... The agency have always been able to provide that" and "I like the fact that I have just a small number of regular carers and I have been able to get to know them well and they know me well. It means I don't always have to explain all the time what it is I need help with and how I like it to be done which can be so tiring."
- People and relatives said they felt involved in decisions about care and that they were kept informed. Comments included: "We talked through in great detail what help was needed and how we wanted it to be organised... I felt we were fully involved in the discussion and that this was reflected in what was detailed in the care plan", "They will usually phone [relative] if they think I'm not very well or if I'm running out of certain things so that [relative] can then help sort me out" and "The agency have gone out of their way to keep me informed at every step of the way."
- People's care plans spelt out their preferences and what was important to them, including protected characteristics such as religion and race, where these were relevant.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People and relatives commented: "I hate my neighbours being able to see in. When my carer gets here in the afternoon, she always puts the lights on and closes the curtains before we start to do anything and she never opens them in the morning until I'm fully dressed and ready to face the day" and "They make sure that they close her door before they start to change her nightdress or get her ready to go on the commode."
- People were asked at assessment about their preferences for staff of a particular gender. These were respected, unless there were staffing pressures due to sickness or leave. People told us, "I did tell them that I really didn't want a male carer... on the whole I only get female carers. However just occasionally I get a male carer in the morning when they must be short staffed" and "It's just occasionally, when my regular carers aren't available, that it will be a male carer instead. I know I could tell the office that I don't want them."

- Staff understood their duty to keep people's personal information confidential. Computerised care records were password protected.

# Is the service responsive?

## Our findings

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

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

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

- People and relatives said they or their loved one received the care they needed. Comments included: "She is always very well presented and they are usually the first to spot if she's got any stains on her clothes or she's dropped anything down herself and they never make any bother about changing her clothes, even if it means they're later leaving for the next client" and "All of [person's] carers have seen how their dementia has affected them more and more over the last year and a half and they have all adapted the way they support them to accommodate that."
- People also described how staff were thoughtful about the way they supported them. A person explained, "My carer, when we had finished the morning routine, asked me if I would like her to help me into the garden so that we could sit and I could have some fresh air and sunshine before she went to her next client. I'm not safe on my own to get out, so the only opportunity I have is when the carer is here. I can't tell you how lovely it was, just to feel the sun on my face and to get some proper fresh air."
- Relatives appreciated how staff kept them informed about their family member's care. A relative commented, "They have regularly phoned me and I've also had access to the records that the carers make following each visit and even if I just want to pick up the phone and talk to somebody in the office, they have been so accommodating."
- People and relatives, with the person's consent, had access to their computerised care records. A relative commented, "I like the fact that I can access the electronic notes that the carers are making after each visit because this allows me to keep on top of how [person] is."
- Care plans were clear, reflecting people's individual needs. The manager had been working on care plan reviews since starting in post a few weeks before, to ensure care plans were relevant and up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and were set out clearly in their care plans. This included any sensory or speech impairments and where people struggled to speak or understand English.
- Information was provided in alternative formats if people needed, for example, printed in larger lettering.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was anticipated to be near death. However, the manager recognised the importance of end of life care that enabled people to be as

peaceful and comfortable as possible, and that this would involve working with health professionals.

- Assessments included whether people had wishes in relation to care at the end of their lives. Where they had preferences, these were recorded in an advance statement as part of their care plan.
- Staff received training about dying, death and bereavement.

Improving care quality in response to complaints or concerns

- No-one we spoke talked about how the service had handled formal complaints. However, people said they found it easy to approach the office if they had any concerns. A person and a relative told us, "They have always resolved the issues that I've needed to speak to them about" and "I have raised this [concern] with the manager and they are looking into addressing the problem. I would certainly have confidence again to discuss any problems with the manager if the need arose."
- Since they had been in post, the manager had investigated and dealt with complaints promptly and transparently, in line with the provider's complaints procedure.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives expressed confidence in the way the service was run. Everyone we spoke with said they would be happy to recommend the service to others.
- Likewise, staff were confident in the new management team and some remarked that their experience had become more positive of late, making comments such as "The office has been really supportive" and "I'm very happy." They said the manager "listens, is supportive", describing them as "professional" and "amazing". One worker commented on how the culture had become more open: "I feel like I can open up a lot more with the office than I could."
- People and relatives valued being able to contact the service easily if they needed to. They commented, "All the numbers are in [person's] folder so we can access them at any time" and "I have all the numbers here, but I've never had to ring out of hours because everything just works really smoothly." Staff also said it was easy to contact the office or on-call person and that this was helpful: "They listen, and they try to fix any problems."
- The manager recognised the importance of obtaining feedback from people and relatives about their experience of the service. They were planning to achieve this through care reviews, telephone conversations to people and as part of spot checks, with a quality assurance survey in a few months' time. One person mentioned this had scarcely happened for them during lockdown, but someone else commented, "During the lockdown, I'm fairly certain somebody phoned me from the office to make sure that I was happy with everything being provided."
- The manager recognised there was a need to nurture and build trust with staff in view of the recent changes at the service, which could present an upheaval for them. They were seeking to remain in regular, supportive contact with staff in order to build an effective working relationship with them.

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 manager recognised their responsibility to be open and honest with people and their relatives when things went wrong.

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

- There was a registered manager for the service. However, they had recently left their employment. A new

manager had replaced them and had started the application process to register with CQC.

- The manager and staff understood their roles and responsibilities. The provider was supportive of the manager.
- The provider's oversight had identified previous issues with the quality of the service. These had been addressed robustly and the new manager was focussed on maintaining and furthering the improvements that had been achieved in the past month.
- The manager recognised the importance of having a clear overview of the service and the quality of care provided. They achieved this through audits of care processes and through regular contact with staff, both in supervision meetings and informally. There were also spot checks to ensure staff worked in accordance with the provider's policies and procedures.
- The manager understood and had met their legal obligation to notify CQC of significant events.

#### Working in partnership with others

- The service worked in partnership with other parties to help ensure the best possible outcomes for people. This entailed regular communication with local authority commissioning staff and with health and social care professionals. The manager commented on how communication had been enhanced during the pandemic: "We have all understood the strains and difficulties and have come together and worked in an effective manner."
- The service had one care package where another domiciliary care agency was involved in the person's care. The manager explained that the other agency's written notes were in the daily logbook in the person's home. The office staff were in regular contact with the other agency and shared care notes if there were any concerns.