

Eleos Homecare Limited

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Inspection report

Unit C1 Moorhouse Courtyard
Warwick-on-eden
Carlisle
Cumbria
CA4 8PA

Tel: 07938913961

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27 August 2019

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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

Eleos Homecare provides personal care to people who live in their own homes. 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. At the time of this inspection, the service provided personal care to 32 people.

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

The service was not always well led. Effective systems were not fully in place to monitor the quality and running of the service. 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.

Safe recruitment procedures had not been followed. Recruitment checks had not been carried out for nine staff before they commenced work. The registered manager/provider took immediate action once this was brought to their attention during the inspection.

Risk assessments and care plans varied in the amount of detail they contained. Married couples who were both receiving a regulated activity did not have their own individual care plan or risk assessment specific to their needs. Environmental risk assessments were in place.

We did not identify any impact of these omissions and shortfalls upon people's health, safety and wellbeing. People and their relatives were complimentary of the service.

People told us they felt safe and there were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take to safeguard people and told us they would be confident to raise concerns.

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 felt supported by the registered manager/provider and received specific training to help them meet the needs of people. However, there were some gaps in the training delivered to staff which the registered manager/provider had deemed mandatory. Staff supported people to ensure their dietary needs were met.

Care records did not always contain clear information to guide staff in the actions to take when providing support to people. Records did not always demonstrate people were involved in the planning of their care and some documents were blank. People and their relatives were encouraged to share their feedback about the care they received.

Staff treated people in a dignified manner and people and their relatives told us staff were caring, supportive and kind. Staff told us they felt supported by the registered manager/provider and received regular supervision.

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

Rating at the last inspection

This service was registered with us on 23/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Enforcement

We have identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to fit and proper persons employed and good governance.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Eleos Homecare Limited

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 carried out by one 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 in their own homes.

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.

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 site visit activity started on 22 July 2019 and ended on 27 August 2019. We visited the office location on 22 July and 8 August 2019 to see the registered manager/provider to review care records and examine records relating to staff and the management of the service. We visited three people at their homes on 8 August 2019. Telephone interviews were held with staff on 27 August 2019.

What we did before the inspection

We checked all the information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams for feedback. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided and nine relatives. We spoke with the registered manager/provider, care planner and three care workers. We also contacted two visiting health and social care professionals.

We reviewed a range of records in relation to the safety and management of the service. This included a variety of care records for 10 people. We looked at three staff files in relation to recruitment and staff supervision. Records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager/provider to validate the evidence we found.

Is the service safe?

Our findings

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

At this inspection this key question has been rated as 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.

Staffing and recruitment

- Safe recruitment practices had not been followed. We reviewed records for three staff and found shortfalls with all recruitment checks. Gaps in the employment history for potential employees had not been considered in the recruitment process and appropriate pre employment checks had not always been completed. Disclosure and Baring Service (DBS) checks had not been requested for all staff prior to them commencing employment.

The lack of robust recruitment systems demonstrated the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

Following the inspection the registered manager/provider wrote to us to advise the required DBS checks for staff had been completed.

- Staff were deployed effectively to meet the needs of people.

Assessing risk, safety monitoring and management

- Risk assessments were not in place for all risks people were exposed to. For example, there was no risk assessment for one person with diabetes to guide staff on the actions to take in the event of certain symptoms.
- Married people who were both receiving a regulated activity had a shared risk assessment. This did not consider the individual risks for each person. We brought this to the attention of the registered manager who took immediate action to implement individual risk assessments for all people.

We found no evidence people had been harmed. However, the lack of individual risk assessments for people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

- Risk assessments were in place which considered environmental factors within people's homes.

Using medicines safely

- Whilst we found no impact to people medicines were not always managed safely.
- Medication administration records were not always completed or signed by staff to demonstrate a medicine had been administered. Records did not demonstrate medicines had been administered as prescribed.

- Guidance was not available for staff on the application of topical medicines. Topical medicines are creams and lotions applied to the skin.

Inconsistent recording for medicines management contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and people told us they felt safe. One person told us, "Yes I feel safe because the carers are very good." A relative told us, "Absolutely and completely [feel relative is safe], they are lovely people who come. They have [name of person] and the families interests at heart."
- Staff understood their role in how to protect people. Staff told us they would be confident in responding to any safeguarding concerns.

Preventing and controlling infection

- Staff received infection control training and followed infection control practices.

Learning lessons when things go wrong

- Accidents and incidents were reviewed. Assessments were made to consider if alternative ways of working could be implemented to deliver improvements.
- An improvement plan had been developed in response to feedback received.

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 this inspection this key question has been rated as 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

- Individual assessments had not been completed for all people. For example, married couples with differing care needs were sharing the same care plan.
- Care plans lacked detail to guide staff in the actions to take in all situations. We brought this to the attention of the registered manager/provider who took immediate action to reassess the needs of people and to implement detailed care plans for every individual.

This failure to ensure care records were well maintained was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported and trained. There were some gaps in the training the provider had deemed mandatory. The registered manager told us a plan was in place to support staff to complete the relevant training.
- Staff told us they completed training relevant to the needs of people and felt well supported by the registered manager. Staff received supervision in line with the providers policy. One staff member said, "If we get clients with a specific health need [name of registered manager] organises the training for us. One person was having seizures so training around epilepsy was organised for us."
- Some staff had completed the care certificate training. The care certificate sets out the skills, knowledge and expectations of staff in care based roles.
- Newly recruited staff completed an induction programme before they provided support to people.

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. 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 registered manager/provider was aware of the Mental Capacity Act (2005). They told us no one using the service was subject to any restrictions placed on them by the Court of Protection.
- Staff had received MCA training and described the actions they would take if they were concerned

regarding the ability of a person to consent to their care and treatment.

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

- People were supported with their nutritional and hydration needs.
- Staff were aware of people's dietary needs and knew the food preferences of people.

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

- People told us staff helped ensure their health needs were met. Information was shared by staff with the relevant healthcare professionals when required.

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

At this inspection this key question has been rated as 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 were treated with care and kindness. People and their relatives spoke very positively about staff and their caring nature. One person told us, "I can have a laugh and joke with them [staff] and I look forward to them coming."
- We visited people at home with the registered manager. People appreciated the registered manager visiting. They talked about recent events and their families. One person told us, "[Name of registered manager] is very caring. I had to go to hospital and [name of registered manager] was waiting at my home to meet me when the ambulance arrived. It made me feel very humble that they cared, I was very appreciative." Another person said, "I get on so well with the carers and we chat all the time."
- People received care from staff who knew them well. Consistent, timely care and support was provided from familiar staff who understood people's needs.

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

- People told us they were involved in decisions about their care and support and relatives confirmed this. Comments from relatives included, "They [staff] do everything to make our situation possible. It gives us time to be together as a family. I can't speak highly enough of [Eleos], it buoys us up and keeps us going" and "Yes I feel involved [in relatives care], they would do anything you ask them to."

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff treated them with dignity and respect. Staff spoke with people respectfully during our visits to people's homes.
- Staff told us they encouraged people to be as independent as they could be.
- Systems were in place to store confidential information securely at the providers office location. This meant people's confidentiality was maintained as only people authorised to view records could view them. The importance of maintaining the confidentiality of people was discussed at staff meetings.
- Staff described ways in which they worked to protect the dignity and privacy of people. Staff explained the importance of this especially in relation to supporting people with their personal care.

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as 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; End of life care and support

- Care records were not always detailed and did not always fully reflect the care which was provided.
- Not all people had their own individual care plan. We brought this to the attention of the registered manager/provider who organised for the needs of people to be reviewed to ensure individual care records were available for every person.
- Some people told us they had made provision for their end of life. Care plans did not always reflect people's wishes for their end of life care. The registered manager/provider told us care plans would be updated to reflect this information.

This failure to ensure care records were well maintained was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- We did not identify any impact upon people's health, safety and wellbeing from these omissions. People spoke positively about the responsiveness of staff. One person said, "They [staff] are very flexible and very helpful. If I am going out I ask to change times of my support and they [staff] will come early or later."
- Staff team meetings were carried out and systems were in place for the sharing of information. People's changing care needs were discussed during team meetings.

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.

- Records did not always demonstrate staff were following the AIS. Communication needs were recorded in care plans. However, records did not detail the specific support required to ensure information was shared with people in a way to maximise their understanding.
- Technology was used to share information with some people. For example, emails were used to share copies of staff rotas so people knew which staff would be supporting them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Records did not always detail the action taken to resolve verbal complaints.
- The complaints policy was being updated by the registered manager/provider. In the future anyone who had raised a verbal concern or complaint would receive a written response as feedback.

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 this inspection this key question has been rated as 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; 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

- An effective system to monitor the quality of the service was not in place. Documented audits and checks were not carried out.
- There were shortfalls with staff recruitment and the management of risk. The lack of quality assurance systems resulted in these issues not being identified by the registered manager/provider.
- Some care records lacked detail and some care records had not been completed and were blank.
- There were gaps in staff training. Not all staff had completed training which the provider had deemed mandatory.

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

- We did not identify any impact of these omissions and shortfalls upon people's health, safety and wellbeing.
- The registered manager/provider understood their responsibilities in relation to the duty of candour regulation.

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

- Systems were not fully in place to ensure people received consistent care due to the lack of detail recorded in some care records to guide staff in how to deliver support.
- The registered manager/provider responded to feedback from our inspection and an improvement plan was developed to deliver service improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had a positive relationship with people and demonstrated an in-depth knowledge and understanding of their needs.
- Staff worked in partnership with health and social care professionals when required. Referrals were made when a change in need was identified for people.

- People, relatives and staff were encouraged to share their opinions about the service.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service nor to monitor and mitigate the risks to the health, safety and welfare of people who used the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not operated effectively to ensure only suitable staff were employed who had the necessary competence, skills and experience. Regulation 19 (1)(a)(b)(2)(a)(3)(a).</p>