

Eleanor Nursing and Social Care Limited

Eleanor Nursing & Social Care Ltd - Lewisham Office

Inspection report

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Ratings

| | |
|---------------------------------|-------------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Requires Improvement ● |
| Is the service effective? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Eleanor Nursing & Social Care Ltd - Lewisham Office is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was supporting 465 people.

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

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

People's medicines were not always administered or managed correctly. The provider was not always following their policy to safeguard people from financial abuse. Quality assurance processes were at times ineffective. The provider had safe robust recruitment procedures in place to safely recruit staff. Staff worked effectively within the providers infection control policy.

Staff completed training and received support to ensure they had the appropriate skills to meet people's care needs in a safe and effective manner. People were assessed before staff started providing care and support. People's nutritional needs were being met. 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. Care plans recorded people's needs and preferences. Risk assessments were in place to guide staff to provide safe care and support.

The provider had a range of quality assurance audits and checks to monitor how care was being provided. People receiving care, relatives and staff told us they felt the service was well run. The provider was committed to continuously learn and improve their practice. The service worked with a range of healthcare professionals and within the local community.

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

Rating at last inspection

The last rating for this service was good (published 28 February 2019)

Why we inspected

This was a planned inspection based on the previous rating. We made a decision to undertake a focused inspection looking at the key questions safe, effective and well-led.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eleanor Nursing & Social Care Ltd - Lewisham Office on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. 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 and treatment. 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 work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was always well-led.

Details are in our well-Led findings below

Eleanor Nursing & Social Care Ltd - Lewisham 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 carried out by 3 inspectors and one inspection manager and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 24 hours' notice of the inspection. We wanted to ensure that the provider or registered manager would be available to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager and senior staff. We reviewed a range of records. This included twelve people's care records and five medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at a variety of documents. We spoke to 20 service users and six relatives. We received feedback via a questionnaire from 25 staff. We contacted professionals for feedback, but we received no response.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered safely. In one person's care plan we read, 'Oversee medication intake - do not leave medication in reach of [Person] as previous overdose attempt.' We saw on this person's medicines administration record (MAR) charts that staff were on occasion leaving the medicine for the person to take. This placed the person at risk of overdosing. We raised this with senior staff who told us this person had capacity and chose to have staff leave their medicines. They had however not documented the potential risk associated with leaving this person's medicines and how the risk might be mitigated. Senior staff recognised the need to ensure people's medicines risk assessments and MAR charts had the correct information recorded to ensure people were not placed at increased risk.
- Records were not always completed appropriately to indicate if people had their medicines as prescribed. For example, one person's MAR chart stated they were meant to be given a medicine four times a day, but staff were only giving the person the medicine twice a day. This person was also prescribed another medicine, but we could see no evidence of the person receiving this. We raised this with senior staff who told us they would ensure the person received their medicine as prescribed.
- Medicines records were not always filled out correctly as staff did not always record the correct code when medicines were not given. We also identified that pharmacies were also using different medicine codes which increased the opportunities for inaccurate recording.
- The provider had audited MAR charts on a monthly basis, but they did not always identify the issues we found during the inspection.

Systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were administered medicine covertly or in a crushed form, we saw documented risk assessments or evidence of advice from prescribers with regards to safe administration of the medicine.

Systems and processes to safeguard people from the risk of abuse

- The providers systems were not always robust, and this meant there was the potential for people to be at risk of financial abuse. Whilst we do not believe people were being financially exploited, we had concerns about how staff were recording how they supported people. The providers policy stated that 'Financial transactions should be checked monthly and staff should not use cheques or debit cards belonging to people who use the service.' We identified cases where staff were using people's bank cards for completing shopping tasks.

- In another person's care plan, we read they should be supported with their shopping every Monday. However, there was no information recorded within their care notes or within the communication log to tell us if this person had their shopping done. This person's communication log was audited, yet it had not identified that there were no financial transactions recorded.
- On other occasions we found care notes and financial records did not match, for example, there was not always corresponding entries in people's financial records. These people's communication logs had been audited, and these issues had not been identified although there was a specific prompt for financial records to be signed by those completing audits.
- We raised this with senior staff during the inspection and they told us they would take prompt issues to address the issues that we found.

Staffing and recruitment

- People received their care as agreed, people told us they were satisfied with how their care was provided. We asked people if their staff usually arrived at the time agreed as part of their support plan. Most people told us staff arrived on time and, they were notified if staff were running late.
- Staff had mixed opinions about providing care in a timely way as some felt they were rushed to provide care and there was not always sufficient time to travel between care calls. Comments received were, "Sometime I do have enough travelling time and sometimes I don't," and "We deal with traffic every day, so we need to have more routes to be on time." We spoke to senior staff about travelling times and they told us staff worked in local areas to avoid having to travel across large areas. Staff were also provided with a free weekly bus pass and there was also an option to use a bicycle.
- The provider had appropriate recruitment checks in place. There was a dedicated team who led on recruitment and the registered manager was also involved in the process. The core aim of the service when recruiting staff was to ensure they could work a certain number of hours. One senior staff told us, "Availability is key as continuity of care is so important. "
- People had their care provided by a small staff team the registered manager confirmed this, they told us it was important as it meant staff could build up a relationship with people. People confirmed this, comments included, "I have one very regular carer which really helps, and they all know my routines and likes and dislikes now." and "They are regular staff who have got to know [Person's] needs well."

Assessing risk, safety monitoring and management

- Risks to people had been considered, assessed and planned for. People's files contained detailed information about potential risks and guided staff as to how to reduce these risks.
- Risk assessments were completed in relation to the risk associated with people's care needs. For example, the risk assessment for one person who smoked was a detailed and included guidance for staff such as to have water in the ashtray and to ensure the fire blanket was within easy reach.
- We saw when a specific health risk was identified the relevant risk assessment was completed. For example, we saw a person was living with type two diabetes and the care plan included information on the symptoms if the person's blood sugar levels went too high or too low and what action to take.
- Risk assessments were also completed to ensure the person's home environment was safe and suitable for care to be provided identifying if any additional equipment was required. This covered information on what to do in the event of an emergency.

Preventing and controlling infection

- There were suitable arrangements for the control and prevention of COVID-19 and other infections. Each person had a COVID 19 risk assessment in place to guide staff on how to provide care. The provider was checking with people that staff were wearing their personal protective equipment (PPE). Comments included, "They always seem to follow the PPE guidelines and They leave everything clean and tidy and are

good with personal hygiene and PPE."

- The service managed the control and prevention of infection. They had policies and procedures in place along with guidance which was updated in line with national guidance. Staff told us that they had access to sufficient stocks of PPE such as gloves, aprons and masks.

Learning lessons when things go wrong

- The provider was proactive about learning lessons and improving practice. Senior staff worked in partnership with the local authority to share and learn from incidents and accidents. Key learning was then shared with all stakeholders within the area to share best practice. The local authority then worked collaboratively with partner agencies to develop guidance for all agencies to improve their working practice.

- Accidents, incidents and near misses were logged with the registered manager and office staff audited each incident to identify any learning.

Is the service effective?

Our findings

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

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

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.

- At the last inspection we made a recommendation to the provider regarding the MCA. At this inspection we found the provider was working within the principles of the Mental Capacity Act. A mental capacity assessment was completed as part of people's initial needs assessment. This identified if the person was able to understand, retain and make decisions based on the information about their care which was provided. The provider had incorporated the principles of the MCA into policies within the service.
- In one person's file we read they had a cognitive impairment which affected their communication, staff had carried out a capacity assessment and a best interest meeting to ensure care was being delivered in a way which met the person's individual needs and preferences.
- People's care plans noted in detail if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. These detailed the scope of the authority the representatives had.
- People told us staff asked for their consent before providing any care or treatment and there was signed consent forms in people's files. One person said, "They make me feel safe because they listen to me and never speak over me or make decisions without me being in agreement".
- Staff received training on the MCA and annual refresher training and staff demonstrated a good knowledge of the MCA and understood how to get support if required.

Staff support: induction, training, skills and experience

- Staff had a comprehensive induction which ensured they received the relevant training that was appropriate to their role
- Staff received one supervision each year alongside competency assessments and an annual appraisal. Some staff had not received supervision due to the pandemic however we saw an action plan on how the

provider was planning to address this.

- Staff were supported in their role by a team of office-based staff and there was also support for out of office hours.

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

- Since the last inspection the provider had reviewed and updated how they recorded people's nutritional needs. If a person was at risk of malnutrition or other risk, there was clear information to provide staff with the necessary information to support the person and guidance to follow if staff had concerns.
- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. People and their daily notes confirmed this. One person told us, "They help to give me the right food when I need it" and "They do my meals for me and I like to try different foods, so they are inventive with the limited time they have to prepare my meals."
- If people were being supported by the speech and language team (SALT), there was detailed information on how to guide staff. For example, we read in one person's file 'Take small mouthfuls and pause between mouthful.' This helped show us that staff had the necessary information to provide safe care. The SALT team provides assessment of swallowing for people who have difficulty swallowing, eating and drinking.

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

- People's needs were assessed before the care package was agreed. People had their initial needs assessed by the local authority. The provider then completed their own assessment which included information on people's diverse needs, such as their cultural preference and their religion.
- The agency then used this to carry out their own needs assessment of the person to identify the appropriate support required. This assessment was very detailed and covered several areas, including risk assessments and the living arrangements for the person. One person told us, "We have a constant assessment of my needs I would say, and the care delivered is spot on."

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

- People were supported to access health care professionals when their needs changed. We saw examples of staff trying to support people to see their GP and district nurse. During the inspection we also saw evidence of referrals been made to other health care professionals as required.
- Daily logs provided information about whether personal care was provided and how the person spent their day. This information could be shared with social workers, relatives or GPs if required.

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 now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst the provider generally had comprehensive quality assurance systems, there was not always enough oversight of the auditing process. For example, all communication logs which included MAR charts were audited each month, but this process did not always identify errors in how care was delivered. We found issues with medicines and people's financial records despite these communication logs been audited and staff signing to say there were no concerns. Following the inspection, the provider did take prompt action to address the issues that we found.
- Senior staff, and they told us they were introducing a new online process for recording care which worked in real time and would identify if tasks were not always completed and alert staff. This new method of work was delayed because of the pandemic but we saw evidence of a clear timeline for implementation. We will look at this when we next inspect.
- Notifications of incidents and events that occurred at the service were sent to the Care Quality Commission (CQC) as required.

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

- There was a clear management and staffing structure in place. The registered manager was supported by office-based staff including, a field care supervisor, care co-ordinators and recruitment staff. The senior management team were available, and the registered manager told us they felt supported.
- Staff, people and their relatives told us the service was managed well. One staff member said, "The pandemic has been a human tragedy I felt that managers and coordinators were focused on what we were going through on a personal level."
- Overwhelmingly people felt they were listened to. Comments included, "They seem to listen. I receive surveys asking for feedback and they keep me informed of any changes. The good points are that the little things make a real difference and the staff do those little things like charging my phone and getting my shopping in." and "I have only called the office once but they keep me informed and seem very helpful. I am very happy with the service and would recommend them to others."

Continuous learning and improving care: 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 was committed to improving care for people. In order to achieve this the service was also working to ensure they were attracting the right candidates for the role. One of the ambitions of the service

was to raise the profile of the role care givers played within their community. They were working with local colleges and schools to engage young people in the recruitment opportunities available in care. One senior member of staff said "We want young people to see this career is a good opportunity It's the quality of the people that is important. We want to attract good people and want to ensure their work is recognised. It is important that the work they do is not forgotten."

- The provider had just introduced a new rostering system which had a digital recording and reporting application. This system allowed for people and their relatives to keep up to date on their care and support.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The registered manager worked collaboratively with other services. Senior managers spoke about the importance of working within the community to share and pool resources. Staff were encouraged to volunteer within the local community and the provider made their training available to local churches and small services at a local level.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure the proper and safe management of medicines. Regulation 12 |