

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Bristol Office

Inspection report

Studio 2.18
470 Bath Road
Bristol
BS4 3AP

Tel: 01174569846
Website: www.eleanorcare.co.uk

Date of inspection visit:
06 May 2021

Date of publication:
22 July 2021

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 is a domiciliary care agency providing personal care to people 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 our inspection, 45 people were receiving support with personal care.

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

People did raise some concerns about staffing levels, feeling at times staff were rushed. The registered manager acknowledged that there had been difficulties with staffing levels earlier in the year, compounded by the pressures of the pandemic. However, they told us the service was currently in a much stronger position.

It was evident that many people thought highly of the care staff and were able to build positive relationships with them. Comments included, "Staff are polite, interested in your wellbeing with a very pleasant attitude" and "What is good about this service is that the carers are really nice, really kind and have a sweetness about them."

There were systems and measures in place to ensure the safety of people supported. This included completing risk assessments for people and updating these as necessary when people's needs changed. Staff received training in safeguarding and felt confident about raising concerns. Staff had training in how to support people with their medicines and medicine administration was monitored so that any errors could be addressed.

Staff reported feeling well supported and satisfied with the training they received. They had opportunity to shadow other staff when they were new to the service. Their development and training needs were monitored through supervision and appraisal.

The service was well led. The registered manager was supported in their role by senior staff and the business development director. Communication throughout the team of staff was good, with staff reporting they were given information about any change in people's needs. People using the service told us they were able to get hold of the office staff when they needed to and any concerns or issues they had were addressed.

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.

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

Rating at last inspection

This service was registered with us on 14 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 Ltd - Bristol 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 one inspector, an assistant 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection in order to ensure there would be someone available in the office to support the inspection, and to gather details of people we could phone to gather feedback about the service.

Inspection activity started on 6 May 2021 and ended on 13 May 2021. We visited the office location on 6 May 2021.

What we did before the inspection

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

We reviewed all information available to us, including information from the local authority, any concerns or complaints and notifications from the service. Notifications are information about specific events the provider is required to tell us about by law.

During the inspection

We spoke with the registered manager, senior supervisor and care coordinator. We reviewed care records for four people using the service and other records relating to the running of the service such as complaints, Medicine Administration Records (MAR) and staffing records.

After the inspection

We spoke with ten people using the service and four relatives. We spoke with eight members of staff. We arranged a meeting with the registered manager to discuss the feedback from people and relatives.

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

- Staff received training in safeguarding and felt confident about raising any issues or concerns. Staff told us; "Yes I have received safeguarding training. I would call the manager in the office straight away", and "I had safeguarding training. I would make a note of everything I saw and report it to the office or to the manager and if not dealt with I would refer to CQC."
- We saw that the registered manager worked closely with the safeguarding team in the local authority when there were concerns about the service.
- Senior staff carried out spot checks on care staff. This is when senior staff attend a care call unannounced to ensure people are safe and care is being delivered as planned.

Assessing risk, safety monitoring and management

- There were risk assessments in place to support staff in providing safe care and support. These were reviewed regularly, or when a person's needs changed.
- Staff confirmed they were made aware of any changes in a person's needs and that communication in relation to this was good.

Staffing and recruitment

- We saw that safety checks were undertaken to ensure staff were safe and suitable for their role. This included a Disclosure and Barring Service (DBS) check. This check identifies whether a person has any convictions or is barred from working with vulnerable adults.
- There was a perception amongst people using the service that staff were rushed and there weren't enough staff. They told us; "My only fear is they keep taking on more clients and there is not enough staff to cover the extra work. Often when caring for me their phones ring asking them to fit someone else in. If they have just about finished with me, they nip off early to do this extra call" and "Unfortunately at times they struggle as they have to have a shortage of staff".
- Staff told us they had time to build positive relationships with people. One staff member said, "We manage our time quite well and anyone we know may take a bit longer we get a bit ahead of ourselves. If there ever isn't enough time we report it back and rotas change".
- We shared this mixed feedback with the registered manager, who told us earlier in the year there had been concerns around staffing, in part due to the demands of working during the pandemic. However, the service was currently in a much better position and able to cover the hours they were required to.

Using medicines safely

- We asked people about their support with their medicine and one person said, "They always fill in a chart

to say what I have taken and when" and, "If they see I have left my pills on side they prompt me to take them".

- Staff told us they were trained and felt confident in supporting people with their medicines. One member of staff said "I am really confident and if anything changes we get updated straight away. It's always on a MAR (medicines administration record) or updated."
- We saw that MAR charts were audited by a senior staff member and actions were identified from this and addressed as required.
- We discussed with the registered manager how some support plans required a little more detailed information about people's medicine support. The registered manager told us they would address this immediately.

Preventing and controlling infection

- Staff told us they had good supplies of PPE (personal protective equipment) and received training in how to use it. They told us, "We can go anytime we want for PPE, it's always on hand" and "I get a bunch of masks, gloves, visors and aprons, when I'm low I get another box from the office and keep it in the car. I change my mask after every person".
- People using the service confirmed that staff wore PPE. We did hear about an individual occasion when there had been an issue with staff not wearing the correct PPE, but this had been addressed by the registered manager.

Learning lessons when things go wrong

- The provider was open and transparent about the difficulties facing the service since registration and had worked with the safeguarding team to address these and ensure people were safe. These concerns were in relation to staffing levels.

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's needs, and preferences were assessed and discussed with them prior to commencing their care package. An electronic system was used to record care plans and risk assessments

Staff support: induction, training, skills and experience

- There were some individual concerns raised with us about staff training and these were fed back to the registered manager. However, most people were satisfied with the skills of staff. They told us, "As I stated previously the carers found using my hoist a bit strange to begin with, but I was able to guide them on how to use it effectively. Other than that, they do appear to be competent" and "I really do think staff know what they are doing, all of them know exactly how to help me with my turntable and compared to my last company these carers are fantastic, in fact brilliant".
- Staff told us they were satisfied with their training and received good support. One member of staff commented, "Yes I had induction, they went through everything you need to know for the job. We did the social care television training and we had shadowing as well". Another staff member commented, "I've just had an appraisal and the manager said I'll have more training. I'm up to date with everything now".
- There was evidence to show that staff had regular supervision, this might include a spot check or face to face supervision in the office. These sessions were effective at identifying any concerns and addressing them with staff. We were shown examples of when this had happened.

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

- Not everyone required support with their meals, but where they did this was included in their care documentation. People's dietary preferences were recorded, and staff told us they asked people about their preferences when preparing food.
- Staff told us they asked what people wanted for their meal and gave them choices when supporting them.

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

- Staff worked with health professionals as necessary to ensure people had the right care and support. We heard examples of this, such as working with specialist nurses when providing end of life support and occupational therapists when supporting people with specialist equipment.
- One person told us how staff had stayed with them when they became unwell, called the GP and waited for the GP to arrive.

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

- Staff were aware of the importance of asking people for their consent before providing care and giving them choices about how care was delivered.
- If a person had a Lasting Power of Attorney in place, this was noted in their care documentation.

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 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; Respecting and promoting people's privacy, dignity and independence

- It was evident that people were treated with dignity and respect and had opportunity to build positive relationships with care staff. Comments included; "They are always interested in our wellbeing have a pleasant attitude. If either of us are unwell they will discuss the situation with us and help us to deal with it". Another person told us, "The carers are kind and compassionate last week I was feeling really rough and by teatime I had a very sore throat. I told the carers and they discussed it with my husband, and they decided to call a doctor. They waited with us until the doctor arrived along with two paramedics and they stayed with us until my temperature broke and my heart rate had returned to normal".
- People told us that staff took steps to protect their dignity by ensuring doors were closed for example, and using towels to cover people whilst they were supported to wash.
- Some people mentioned that they weren't always asked whether they had a preference for male or female carers. We fed this back to the registered manager.

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

- People told us they had been involved in planning their care and discussing how they wanted their support to be delivered. One person told us; "I was fully involved in the setting of my care plan, I told them what I needed and what times I wanted carers to come". Another person told us, "We were fully involved in the setting of our care plans. At first, they couldn't come at the times we wanted but assured us that they would be able to come at those times as soon as possible and that has happened as we like to have the 7am call mornings. The supervisor pops in from time to time to check we are happy with our care".
- Staff told us that on a day to day basis they involved people in their care by checking for example what they wanted to eat or drink and not making any assumptions.

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's needs were reviewed regularly, and the service was flexible when needed to accommodate individual requirements. One person commented, "Yes they are flexible. If I need to take my partner out, then they will change the time of his call". Another person told us, "Occasionally the carers will ask if I want anything changed in my plan and a supervisor comes from time to time to check out I am happy".
- The registered manager told us how for one person they supported them to get a ramp outside their house in order to make it fully accessible for them. This was an example of the service fully supporting a person to live independently and in accordance with their needs.
- Another person supported by the service had a soft toy that was particularly important to them. We were told how staff taking an interest in this item had helped engage the person in their support.

Meeting people's communication needs

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

- The registered manager told us they had staff who spoke various languages, who could be called on if needed to communicate with people they support.
- The registered manager told us they would be able to produce information in various formats if necessary, such as audio or larger print.

Improving care quality in response to complaints or concerns

- We had mixed responses when we asked people whether they felt comfortable making complaints. There were some people who told us they didn't want to raise concerns, others felt confident and able to. Comments included, "If something was really amiss believe me I wouldn't hesitate to make a formal complaint" and "We would ring them if we had a complaint. When things have gone slightly wrong the issues are always sorted to our satisfaction".
- We fed back to the registered manager that not everyone felt able or confident about making complaints.
- We saw examples of how formal complaints had been responded to, explaining how and what had been done in response to the person's concerns.

End of life care and support

- The registered manager told us they had supported one person at the end of their life. As part of this they had worked with family and other professionals involved to ensure the person received support as they

wanted it.

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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had been through a challenging period of time, establishing itself during the pandemic and the pressures that entailed, particularly around staffing. These difficulties were reflected in the feedback from people we spoke with, a proportion of whom mentioned staffing pressures as a concern.
- There were also a number of comments reflecting the positive relationships staff built with people, "What is good about this service is that the carers are really nice, really kind and have a sweetness about them. I felt down this week, but the girls were very compassionate and funny and lifted my spirits. They are always cheerful". Another person said, "Staff are polite, interested in your wellbeing with a very pleasant attitude."
- The management team acknowledged the difficulties they had faced and worked hard to address them. The registered manager told us how they had established consistent rotas for staff and people, so they were clear on expectations and who they were supporting. This allowed staff to build positive relationships with people and understand their individual needs. In talking with the registered manager and senior staff in the office, it was clear they knew people they supported very well, talking fondly of them and the ways in which they were supported.

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

- The registered manager had two senior field supervisors and care coordinators supporting them. Each had designated tasks and roles to complete.
- The registered manager was supported by their area manager and also had links with other branch managers.
- We saw how senior staff made checks and audits of the service they provided to help identify areas for improvement. MAR charts were checked when they were returned to the office; we saw that an audit sheet was completed identifying any areas of concern and how they had been followed up.
- The registered manager gave further examples of how they had identified issues and addressed them. For example, they had noted in one person's care notes that unprofessional language had been used; this had been addressed with the member of staff concerned.
- People were asked for their feedback as part of the monitoring process.

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

- People told us they were able to get hold of the office staff when they needed to. Comments included, "My daughter will contact the office for me, and they sort things out usually it is something very minor and nothing to worry about" and "They are easy to get hold of and if I have any queries they will get back to me as soon as possible."
- People were involved in planning their care. One person commented; "Occasionally they will ask if want any changes and if so I tell them and they do their best to accommodate this". Another person said, "The manager has come to the house to conduct a review and she told us they would alter our hours if required".
- Staff told us communication was good and they were kept informed of important changes in people's needs. Staff also felt well supported. One member of staff said, "Yes, the office let us know. There's a group messaging app where updates are shared and medication updates are shared". Another member of staff said, "Yes they have the on call phone so if you have anything minor you call the on call but if it's serious I contact the manager. We have the messaging app which has medicine times for people, and some clients have poor mental health so if they're feeling low that day we know and can go and support them".

Working in partnership with others

- The service had worked with the safeguarding team when concerns had arisen about staffing levels and the impact on people's safety. It was clear from this process that the provider had been open and transparent in their response to the issues identified and provided clear action plans about how they would be addressed.