

Eleanor Nursing and Social Care Limited

Eleanor Nursing & Social Care Ltd – Poole 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 

Overall summary

The inspection visit took place on 1, 2 and 4 September. We told the provider one day before our visit that we would be coming. Eleanor Nursing and Social Care Ltd provides personal care services to people in their own homes. At the time of our inspection 130 people were using the service.

There was no registered manager in place, however the manager had submitted an application prior to our

inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were safe. Staff had received regular training to make sure they stayed up to date with recognising and reporting concerns. The registered manager had systems in place to notify the appropriate authorities where concerns relating to suspected abuse were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

Staff were provided with relevant induction training to make sure they had the right skills and knowledge for

their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives and others had been asked their opinion via surveys, the results of these were in the process of being audited to identify any areas for improvement.

Summary of findings

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.

A risk assessment of people's homes ensured it was a safe place for staff to work in. Other risk assessments protected people being supported.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Staff were recruited in a way that ensured people's safety.

Arrangements were in place to ensure that medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Good



Is the service caring?

The service was caring.

Staff were kind, compassionate and respectful. Staff treated people and their relatives with dignity and respect.

People told us they felt involved in their care and were kept informed of all aspects of the service provided.

Good



Is the service responsive?

The service was responsive.

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Good



Is the service well-led?

The service was well led.

Members of staff told us the manager was approachable and supportive and they enjoyed working at the service.

There were systems in place for assessing and monitoring the quality of the service provided.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive announced inspection that took place on 1, 2 and 4 September 2015. The inspection was carried out by one inspector. We spoke with and met four people living in their home. We also contacted an additional three people by telephone to ask for their experiences.

We reviewed the notifications we had received from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at four people's care and support records, care monitoring records and two people's medication administration records. We reviewed documents about how the service was managed. This included four staffing records including recruitment records for four staff, staff rotas, audits, meeting minutes, training records and quality assurance records.

We spoke with the manager, assistant manager and four members of the care staff team.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff were caring. One person told us, “I feel very safe, I need to be hoisted and I always feel safe when this is being carried out.” A relative we spoke with also felt their loved one were safe while receiving care from the staff. One relative said, “I have peace of mind when the carers are here and it gives me a bit of time when I can relax and get on with my chores in the knowledge that [person] is being looked after.”

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people’s safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Information about safeguarding was available to staff in the office and included contact details for the relevant agencies. Staff had also received training in safeguarding people and the ones we spoke with demonstrated good understanding of these processes. They were able to tell us about the types of abuse people could be subjected to and other organisations they could report concerns to. Most staff were confident that the manager would deal appropriately with any concerns they or people might raise. However, one member of staff told us that they did not always receive feedback from the management team about concerns that had been raised. We discussed this with the manager who told us that they would ensure feedback was provided to staff who raised concerns.

The provider identified and managed risks appropriately. Each person’s care plan included a personalised set of risk assessments that identified the potential hazards the person may face. An environmental risk assessment of the person’s home was completed to ensure it was a safe place for the care staff to work. These assessments included access in and out of the property, all utility services and electrical equipment. This was completed at the start of the service and ensured staff

were not placed at risk. Moving and handling risk assessments were completed where people needed to be assisted by the care staff. The support plans set out what moving and handling equipment was to be used.

There were effective arrangements in place for staff to access the homes of people who were unable to open the doors. Where necessary, key safe codes had been recorded

and were kept on a secure computer system so that staff had the information they required to enter people’s home. Staff we spoke with demonstrated that they knew how to keep this information safe so that access to people’s homes was by authorised people only.

Where care staff supported people with tasks that involved handling people’s money, they were required to complete auditable financial transaction sheets.

Staff files showed that safe recruitment procedures were followed at all times. Appropriate checks had been completed and included written references and a Disclosure and Barring Service check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. No member of staff would be allowed to start work with the agency until their full DBS disclosure had been received and their references had been validated.

People were asked whether they needed support with their medicines and had to provide written consent to be assisted. The level of support people needed with their medicines was determined and recorded in the care plan. Some people had requested that staff administer their medicines. This required the person’s Medicine Administration Record (MAR) to be completed. Other people required prompting by staff to remind them to take their medicine. Where people needed support with this, they were protected against the risks associated with medicines.

On the whole care staff only supported people whose medicines had been placed in a dosette box by the supplying pharmacist.

Staff completed safe administration of medicines training and were then regularly checked to ensure they remained competent. Care staff were not allowed to support people with their medicines until this had been completed. We saw that the provider collected people’s MAR charts on a three monthly basis to check that people had received their medicines as prescribed. We noted that there were some recording errors identified by these audits. This meant that there was a delay of three months before the provider would identify and address medicine errors. This was an area for improvement. We discussed the management of medicines with the manager who told us that they were

Is the service safe?

aware of the recording errors and staff had since received training and support from the local authority as there was some confusion about the recording that staff should make when prompting.

People were supported by staff who knew how to safely operate any equipment they had in their home. Staff received individualised training in how to operate different equipment people used, such as a hoist. The manager explained that training took place in the top floor of the care agency office with the equipment in place for staff to train with. The manager ensured all parties were happy that equipment could be safely used prior to a care package starting.

People told us there were sufficient numbers of suitable staff to meet their needs and staff were punctual. One person said, "They are excellent, I don't have a bad thing to say." Another person told us, "On the whole very good. Sometimes, especially during the holiday period like now they are a bit stretched, but I have never had to complain". All of the people we spoke with told us that staffing was consistent and it was usually the same staff who provided care, which they appreciated.

Office staff calculated how many hours of care were required each week. This information was used to create a rota to ensure that there were sufficient staff available to meet people's needs each week. The manager explained

that each member of staff had a secure electronic smart phone which sent them their rota for each week. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support including travelling time.

The manager explained that the smart phone's also recorded when staff entered people's homes and this was relayed back to the office computer system. This meant that the office staff were able to see that people had received their care visits and identify any potential problems, which helped to promote people's safety and wellbeing.

People and their relatives told us the agency sent them a paper or electronic copy of the weekly rota. They also told us the staff who supported them were suitable and if they requested different staff, the agency, where possible honoured their requests. They told us staff usually arrived on time but most of the time notified them if they were running late. None of the people we spoke with had experienced staff failing to arrive and all felt the service employed enough staff to ensure their safety.

People said they were happy with the standards of cleanliness that staff adhered to. They told us staff always wore protective clothing such as gloves for personal care tasks. We observed one member of staff wearing protective clothing during our visit.

Is the service effective?

Our findings

People said, “I get good support from Eleanor”, “I mostly have the same carers, so they know how to help me” and, “I think its very good, it gives me my independence”. People and their relatives also said they would recommend the service, that all tasks were completed and that care staff stayed for the agreed length of time.

People felt that staff were well trained and knew what they were doing while supporting them. One relative said, “[Relative] is well looked after by staff, they know his needs and how to support him.” Staff told us that they provided the care people needed to maintain their health and wellbeing. One member of staff said, “We get good training and it is refreshed regularly.”

Staff told us they received an induction into the service that made sure they could meet people’s needs when they started work. This included training and working alongside a more experienced staff member before they worked on their own. One new member of staff told us, “I had a good induction and two day medicine training.” Another member of staff told us that they were completing a level three diploma in health and social care.

Staff received regular support through supervision and the staff we spoke with felt well supported. They said the manager and assistant manager provided any help needed. Records confirmed that staff received regular supervision meetings where they could discuss any support they required. The provider carried out periodic visits to people’s homes to observe staff practice and obtain feedback from people about the competency of staff. We saw that, where any issues with staff performance were noted, these had been addressed.

People were supported to give consent before any care or support was provided. Records showed that people had signed to indicate that they consented to the care being provided by the service, their medicines being administered by staff, and to their care information being

shared with other health and social care professionals when necessary. Staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. One member of staff said, “I see the same clients regularly, I always ask them for their consent but they are all able to tell me how they like their care delivered.”

Staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for decision-specific assessments of people’s capacity to make those decisions. When people are assessed as not having the capacity to make a decision, a best interest decision is

made involving people who know the person well and other professionals. Staff knew how to support people to make decisions and were clear about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. We looked at staff training records that showed that staff had completed training in the MCA. The provider had an up to date Mental Capacity Act (MCA) policy. The manager explained that currently all of the people that the service supported were able to consent to the care and treatment provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager had a good understanding of DoLS and how this affected a person’s care.

Staff reported back to the office if they had any concerns about a person’s health. They supported people to make appointments with their GP or other healthcare professionals. Examples included district nurse. Where people needed to be supported to obtain their prescriptions from the chemist this would have been agreed as part of the assessment process.

Is the service caring?

Our findings

People received care, as much as possible, from the same staff or teams of staff. People and their

relatives told us they were very happy with the staff they had allocated and got on well with them. One person told us; “I have [staff member] and [staff member] visit me every morning. They are brilliant.”, Another person told us, “They are polite, respectful and we also have a chat”.

Staff had a good knowledge and understanding of people’s needs and spoke passionately about the people they cared for. Staff told us; “I really enjoy working for Eleanor Care. Its much better than where I worked previously.” and, “I really enjoy the job, I don’t drive and see the same people on a regular basis”.

People told us they knew about their care plans and they received frequent telephone surveys from the provider to obtain feedback about the service and ask them about their care and support needs so their care plan could be updated if necessary.

Staff respected people’s wishes and provided care and support in line with those wishes. A relative told us, “They support [person] really well. Everything is completed in the time that they get”. People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff

ensured they had everything they needed within reach before they left. This included drinks and snacks, telephones and emergency personal alarms. The interaction we observed between one member of staff and a person was kind and compassionate. One person told us, “The carers are kind, supportive and we have a laugh.”

Staff had a good understanding of people’s needs, their personal preferences and the way they liked to be cared for. For example, staff knew how one person liked to dress and activities they enjoyed. People’s life histories and personal preferences were recorded in their care plans.

One person told us that staff understood and respected their cultural needs, particularly when preparing food. We saw evidence that the service took into account people’s religious needs and checked whether these were met. Staff felt it was important to understand that everybody had different cultural needs and that understanding these was key to forming positive relationships.

People told us that staff knocked on people’s front doors, announced themselves when entering. People’s privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. Staff we spoke with were able to give us examples of how they promoted people’s privacy and dignity, for example, closing doors and ensuring towels were used to cover people when assisting them with personal care.

Is the service responsive?

Our findings

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people's care plan that related to the visit or activity they were completing. For example one person's care plan had a section specifically detailing was supported in managing their epilepsy. The section recorded step-by-step instructions for staff to follow. Staff told us that they had time to read care plans and people's basic support plans were available for them to view on their secure phone systems.

The service was flexible and responded to people's needs. People told us the service responded if they needed additional help or their needs changed. For example, one person told us that the pharmacy had made an error with their prescription and staff responded to this by collecting the amended prescription. Another person told us the service had responded to a request to change the time of their visit. Office staff also conducted home visits to help people recognise who

they were speaking with. This was a way to encourage people to be comfortable speaking with management to

share concerns. One person told us, "Generally all of the staff are really good. I did have one member of staff I did not get on with. I contacted the manager and they responded by finding me a more suitable person".

The service had a complaints procedure. We saw that the provider had received four complaints during the year to date. The manager told us the staff team worked closely with people to resolve any issues. They explained that they used complaints as an opportunity to learn and improve the service. They showed us a recent complaint that was received, the investigation, response and learning from it. We saw that people were given an information pack when they started using the service which included the providers complaints procedure. People told us that they would feel comfortable raising any concerns they might have about the care provided. However, everyone we spoke with told us that they had never had any reason to raise a formal complaint about the care provided by the service. They told us that if there were any concerns they would contact the office and this was promptly dealt with. One person said that they had not got on well with one or two staff and preferred not to be supported by them. They were happy that this had been dealt with as soon as they had mentioned it to the provider.

The service kept copies of compliments received. One person wrote, "To Eleanor staff, we have used Eleanor since we arrived in Poole and the care we have received has been immaculate. We would like to bring to your attention to carers [staff member] and [staff member] who are exceptional."

Is the service well-led?

Our findings

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. However the manager had applied to become the registered manager and was awaiting an interview date with the Care Quality Commission.

People and staff told us that the manager was available to speak with and we saw her talking with office staff during the inspection. One member of staff said, “I am glad that Kathy is now the manager, she is approachable and knows the service really well.”

Staff had positive comments to say about the way the service was managed and the support they received. There was an open door policy and staff felt the management were approachable if they had concerns or suggestions on improving the service. Staff told us that there was an employee of the month scheme operating in the home which provided recognition for the work that they undertook. The manager told us that carers who excelled at their job or who received positive feedback from people who used the service or others were recognised.

There were systems in place to monitor the quality of service. Resident surveys took place on an annual basis. This enabled people to be kept involved in the running of the service. We looked at the providers ‘customer satisfaction survey’ that was conducted in 2015. We saw that topics included the quality of the service, support and

timekeeping. 53 people responded to the survey. We saw that 80% of people were happy with the care and support provided, 91% of people said that staff were polite and courteous and 89% of people would recommend the service to others. We saw that there was an action plan in place to address lower scoring areas.

Staff meetings were held to enable staff to discuss issues relevant to their role. The last staff meeting was held on 30 July 2015 and included topics such as documentation and medicines management.

We saw that well-managed systems were in place to monitor the quality of the care provided. Frequent spot checks were conducted. These checks included that staff were appropriately dressed, had their identification present, treated the person with dignity and respect and completed paperwork appropriately. These checks were regularly completed and monitored to ensure the effectiveness and quality of the care.

Accidents and incidents were recorded and actions were taken to prevent reoccurrence. For example as a result of some accidents, the provider liaised with professionals such as the District Nurse and GP.

The manager submitted statutory notifications to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies.