

Eleanor Nursing and Social Care Limited

# Eleanor Nursing and Social Care Ltd - Barnet 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency. It provides personal care to a range of adults living in their own homes with a broad range of physical, mental health and learning disability needs.

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 the inspection there were 51 people receiving a service that is regulated by CQC.

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

People and their relatives told us staff were kind and caring. People and their relatives told us they were happy with the service, but a number of people reported staff were regularly late and they were not always sure which staff were arriving to support them with their care.

The service had been set up recently and there had been management changes in recent months with the departure of the registered manager, and changes in office personnel. Whilst the provider had systems in place to check the quality of care, we found some management tasks required improvement. However, senior management and a new branch manager were working to address these shortfalls and had identified the majority of these issues, by the time of the inspection.

Care plans were person centred and the majority portrayed a holistic picture of people's lives, their needs and their network of support. The majority of risk assessments were up to date and covered a wide range of risks, providing detailed information for staff in how to minimise harm to people.

Following the inspection, the management team had put in place further systems and processes to address the shortfalls identified as part of the inspection, in particular, staff lateness and continuity of care, as well as updating any risk assessments which were out of date.

Following the inspection these were updated.

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.

Medicines management was safe, and recruitment records showed suitable checks were undertaken prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with CQC in October 2020. This is the first inspection of the service.

The inspection was prompted in part due to the increase in care packages offered by this location since October 2020, and the management capacity to support this growth. A decision was made for us to inspect and examine those risks.

#### 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?

Good ●

The service was 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Eleanor Nursing and Social Care Ltd - Barnet 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

Two inspectors carried out this inspection, and an Expert by Experience made calls to people using the service and their relatives, to gain feedback on the service offered. 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 did not currently have a manager registered with the Care Quality Commission. A registered manager 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 there would be staff in the office to support the inspection.

#### 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.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

We used all of this information to plan our inspection.

During the inspection

We spoke with four members of care staff, a care co-ordinator, the operations manager and the branch manager of the service. We reviewed a range of records, including five care records, medicine administration records, four staff recruitment files and the training matrix. We also looked at management quality information including medicines audit documents, spot checks of care staff and accident and incident documentation.

After the inspection

We checked the service had key policies in place to guide their work. We looked at quality audits related to care plans, recruitment and complaints. We checked the service had systems in place to prompt reviews, spot checks and training.

We also spoke with 10 people who used the service to get their feedback and two relatives. One health and social care professional responded to our request for feedback.

# 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

- The service had effective systems in place to protect people from the risk of abuse. Their policies and procedures were detailed and provided clear guidance to staff on what actions to take upon identifying any abuse.
- Staff had received appropriate training in safeguarding, understood their responsibilities and demonstrated knowledge of reporting concerns.
- People told us they felt safe. One person said, "I know I'm safe, incredibly safe. If we discuss personal things [with care staff], I know it won't go further." Another person said, "Very safe, the main thing is I know them well."
- CQC had been notified in a timely way for the majority of safeguarding concerns. The service now had improved systems and were confident there would be no more delays in notifications.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service ensured people's risks were managed safely and had produced individual risk assessments which enabled staff to support people in a safe way while respecting their human rights.
- We saw evidence of risk assessments for people around mobility, medicines, COVID-19, behaviour, home environment, nutrition and hydration. Out of five care records we found one that had out of date risk assessments, however, the branch manager was able to tell us this person's up to date needs, and acted promptly to update those documents.
- The service had well documented processes regarding the investigations of accidents and incidents. The manager identified any issues and created action plans which were shared with the team in staff meeting and via memorandums.

Staffing and recruitment

- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work.
- Newly recruited staff had undergone appropriate background checks prior to starting to work with vulnerable people.
- People told us they were happy with the staff, comments included "They are lovely perfect people. They are very special in my life", "It's the same carer and the same time every day. Everything is fine" and "I'm very satisfied, very pleased."
- However, three out of nine people told us staff were often late, and told us new staff were not always introduced to them before they turned up to support them. We were told "I don't know who is coming. I'd prefer to know who was coming as you have a different relationship with some than others. Times are a bit unreliable, they are late mostly," and "I'm never certain who is coming or more particularly when. I'm never

quite sure what time."

- The majority of people had some regular care staff, but we were told "'If it's a new carer, a new carer just comes. If they came with another that would be a good idea, but they don't."
- Staff told us they had enough time to get from one person's house to another. The service had a system to minimise the travel time between visits.
- We discussed these issues with the operations manager who told us that best practice was that new staff were introduced first, but they acknowledged this did not always happen. They also told us they had introduced a system to show when care staff logged in and out of a person's home. But they acknowledged improvements were still needed. This is discussed further in the Well-Led section of the report.

#### Using medicines safely

- The service had effective systems in place to manage people's medicines safely. This meant people received their medicines when they should and how they should. One person told us "They've never faulted on that [medicine administration]. I have it when they give it to me. Everything is documented well."
- The management team carried out regular audits to identify and resolve any issues. They also ensured staff were qualified and competent to dispense people's medicines.
- Following the inspection, the service set out more clearly, using body maps, where prescribed creams should be applied.

#### Preventing and controlling infection

- We were assured the service was taking all necessary steps to prevent people and staff from catching and spreading infections.
- The management shared COVID-19 related guidance regularly with the team through messages and e-mails. Staff had received training in preventing and controlling infections. One staff said, "I was shown how to wear and remove my PPE safely."
- The service offered weekly COVID-19 testing for staff who also told us they had enough Personal Protective Equipment (PPE) to carry out their work.
- People told us the care staff practiced good hygiene. One person said, "They wear masks, gloves and disposable aprons. They take them with them, they don't leave them here." Another said "'They come in suited and booted, masked up and ready to go."



# 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

- Records showed the service received a detailed assessment of need from the commissioning organisation. The service worked with the person and their relatives to set up a draft care plan and set out risks and how to manage them. This was then updated and amended once the service started and was taking place in the person's home environment.
- People's voices were evident in the care records and people told us the service was set out in the way they wanted.
- The management team were clear the standards of care they were working to, and had systems to keep themselves and their staff up to date with best practice.

Staff support: induction, training, skills and experience

- People and their relatives told us the staff were skilled and able to provide them with good quality care. Comments included "I think they are quite well trained; they seem to know what they're meant to know. They have the same standards" and "There are so many things that are special to me, they know routine things like shower. Nobody doesn't know how to do that."
- The service had systems in place to ensure staff were competent, knowledgeable and carried out their roles effectively. Staff received regular training courses specific to the needs of the people they support.
- New staff went through a comprehensive induction process involving face-to-face training and working under supervision. The service supported them to complete the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours required for staff to perform their work effectively.
- Staff told us they felt supported by management. One staff said, "I can request for a meeting at any time with my manager." Individual supervision had been started for staff in April 2021.
- Quality checks of staff skill took place in a number of ways including spot checks and telephone calls.

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

- Staff assisted people with eating and drinking as set out in their care plans. When people needed this support, they told us staff were helpful "They make my tea in the evening; they know how to do it."
- Part of the care planning document highlighted if people were at risk of malnutrition or dehydration. For example, on care plan stated "Please leave water in the pink plastic flask with a straw."

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

- People and their relatives told us they were supported in managing their health conditions and were

alerted to concerns as necessary. Relatives said, "They do tell me if there is anything that needs attention, if he's a bit sore, they apply cream, nothing serious, they do tell me," and "Thankfully my wife is ok. It's not come to light, I'm sure our carer would say if she thought there was something not right."

- Care records set out clearly people's health conditions, with helpful explanations of symptoms for staff to look out for, and the potential impact of specific conditions.

#### 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The majority of care plans had detailed information regarding people's mental capacity to aid staff in supporting the person.
- The service was working within the principles of the MCA and staff understood the importance of obtaining consent before providing care. One care staff explained "We can't change her pad if she doesn't want it changed; I spoke with the daughter who persuaded her." Another staff member told us "I will always ask before helping and if someone didn't want help, would respect it."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the staff were kind and caring. People told us "I've been a bit upset today; she was brilliant. I was upset and she was really good with that," and "Things like, 'Are you warm enough?' They are just kind."
- Relatives comments included "They are very kind to him. It's the way they greet him, 'How are you? Did you sleep well?' They are careful with him."
- Care records noted people's sexuality, spiritual and religious needs and staff were able to speak confidently regarding issues of equality and diversity. Examples included "[Name] is Muslim; listens to the Quran and doesn't eat pork."
- Staff were from a broad range of backgrounds so staff were available to meet a wide range of people's needs should they be required.

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

- People and their relatives told us they were asked how they wanted their care to be provided and we could see this in care records. For example, "Ensure you communicate with [name] all the time by giving choices on a daily basis" and "[Name] likes toast with peanut butter; sausages and gravy; not spicy food, with two spoons of sugar in her tea."
- People told us carers involved them in making decisions about their care. One person said the carers always speak to them and make them feel comfortable before doing any tasks, and another person stated, "They come and say 'how are you?', always saying 'what can I get you?' and 'what do you want to eat?'"
- The service conducted regular telephone monitoring to obtain the views of the people using the service. Care plans were signed by people using the service.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. Comments included "'We can have discussions about things, I'm allowed to have an opinion. They have earned my trust,' and one relative said "'I'm not in the room for that part he's never complained and he would say if he felt they weren't being respectful."
- People were encouraged to be independent. One person said "We do exercises, they say 'is that alright? Are you sure you are happy about that?" One care staff told us they promoted independence "By giving them time."

# 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records were personalised and covered a wide range of needs. These included eating and drinking, personal care, mobility, skin integrity and memory or cognition. Personalised information was recorded, and this included their ethnic origin, their family and support networks as well as information about their daily routines.
- Reviews of care took place at the outset of the care package then regularly thereafter.
- Care records noted matters of interest to people so care staff could engage in a meaningful way with people and support people to maintain activities and interests that were important to them.

### 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.

- Care records set out clearly how best to communicate with people, and if there was any sensory loss, this was noted.

### Improving care quality in response to complaints or concerns

- People and their relatives mostly knew how to make a complaint, but few had done so. Comments included "I would know how; it would depend upon what the complaint was about" and "No complaints." Only one person told us they did not know how to make complaint.
- The service had a complaints process in place and complaints actions, outcomes and lessons learnt were logged on the provider system.
- A health and social care professional told us they found the operations manager and branch manager very responsive when issues were raised.
- We noted that of six complaints received, four had been dealt with in line with the provider's policy. The other two had been addressed by the time of the inspection. This is discussed further in the Well-Led section of the report.

### End of life care and support

- We could see that care plans had a section on end of life wishes, and some of these were completed.
- However, many people did not wish to discuss this issue with the service. Also, many had next of kin and the service knew they could liaise with them in the event of someone's death.

- At the time of the inspection the service was not offering end of life care to anyone.

# 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 requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider has robust systems in place to monitor quality, however, the quality of the management of the service had fluctuated since October 2020. Despite recent improvements to the service made by the operational manager and branch manager in recent months, this inspection found some areas of management that still required improvement. In particular, staff lateness for visits and that the organisation was unaware of the anxiety caused to many people by not knowing who was going to turn up to provide care on a particular day.
- This inspection also found other examples that the provider had identified as requiring improvement. For example, dealing with all complaints in line with procedures, and people's experience of communicating with office staff.
- However, we found evidence that the operational manager and branch manager, together with new office staff had worked in recent months to address shortfalls that the internal provider audits had identified. We also found that issues identified by this inspection were quickly addressed by the management team.
- The provider had systems and processes in place to oversee the quality of care people received. The manager conducted regular audits including medicines management, care plans, risk assessments, logbooks and infection control, to ensure their systems were meeting people's expectations.
- Following the inspection, we saw evidence that more effective systems to check actions from audits are completed, have been introduced. Also, systems to monitor timing of staff arrival and consistency of staff to support people have been improved.
- There was a clear staff structure in place and staff we spoke with were aware of how to report concerns and understood the management structure.
- Where accidents/incidents had occurred, or complaints or safeguarding concerns had been raised these were discussed in team meetings and memos circulated by e-mails so that the staff could discuss and implement change where required.

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; Working in partnership with others

- The manager understood their legal obligations with regards to sharing information appropriately, including sending notifications to CQC and other relevant authorities. Any delays in notifying CQC related to changes in management at the service.
- We saw records of communications with different authorities for both routine and non-routine activities. A health and social care professional told us they found the service was open when issues went wrong and responded quickly to address any shortfalls in quality. They found the service worked successfully in

partnership with them.

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

- This inspection found a range of views from people using the service. Whilst some people praised the service, others identified issues discussed in this report. Comments included "It seems to be they are getting their act together. It's more flexible, they are more amenable. They are really trying hard to improve things" and "I don't think it's the fault of the carers if they turn up late. I think it's the organisation. I think they're taking steps to address that." Whilst other people had consistently been happy with the service. "I haven't got any complaints. It never occurred to me to pick up the phone and whinge" and "It seem extremely well organised."
- Care records showed the service approached people and the provision of care in a person-centred way. People and their relatives told us the service was provided in the way they wanted and supported them to remain at home.
- Staff told us they enjoyed working for the service and felt well supported in their role. Team meetings were taking place and information was shared in formats accessible for staff to easily read.

Continuous learning and improving care

- Policies were in place for key areas of service delivery, and it was clear the provider had systems and policies in place to promote good quality care, and to share learning across the organisation.
- We saw that the operations manager had been providing significant input to the service for the three months preceding the inspection, and told us they intended to continue with this level of input until a new registered manager was in post.