Eleanor Nursing and Social Care Limited

Eleanor Nursing & Social Care - Croydon 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

Summary of findings

Overall summary

This inspection took place on 12 January 2015 and was announced. We told the provider two working days before our visit that we would be coming. This was the first inspection of this service at the Croydon location.

Eleanor Nursing & Social Care - Croydon provides help and personal care to people in their own homes. At the time of our inspection 60 people were receiving care and support from this service.

The service had a registered manager in post. 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.

People and their relatives told us they felt safe and that staff treated them well. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported.

Staff were up to date with training and the service followed appropriate recruitment practices.

People's individual risk was assessed to help keep them safe. Staff supported people to attend appointments and liaised with their GP and other healthcare professionals to help meet their health needs.

People were asked about their food and drink choices and staff assisted them with their meals when required. People were supported to take their medicine when they needed it.

People and their relatives thought staff were caring and respectful. Staff knew the people they were supporting and provided a personalised service for them. Staff explained the methods they used to help maintain people's privacy and dignity.

People and their relatives told us they would complain if they needed to, they all knew who the manager was and felt comfortable speaking with her about any problems.

People were contacted regularly to make sure they were happy with the service. Senior staff carried out spot checks to review the quality of the care provided.

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. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People using the service had detailed risk assessments and these were kept under review. People were supported to take their medicine safely.

The provider had effective staff recruitment and selection processes in place. Appropriate checks were undertaken before staff began to work at the service.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Is the service caring?

Good

The service was caring. People and their relatives told us they were happy with the standard of care and support provided by the service. People's privacy and dignity was respected by staff.

All the staff we spoke with had a good knowledge of the people they were caring for.

Is the service responsive?

Good

The service was responsive. People received care, treatment and support when they needed it. Assessments of care were

completed when people first started to use the service and changes in people's healthcare needs were recorded.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously.

Is the service well-led?

Good

The service was well-led. People's views and comments were listened to and acted upon.

Staff felt supported by their manager and were encouraged to report concerns.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

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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 was planned to check whether the provider is 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.

The inspection took place on 12 January 2016 and was announced. We told the provider two working days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We sent 50 questionnaires to people asking them to tell us about the care and support they received from the service, 8 people responded and they told us about the care provided to them.

During our inspection we spoke with two staff members and the registered manager. We examined four care plans, three staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with four more staff members and thirteen people using the service or their relatives.

Good

Is the service safe?

Our findings

All of the people that had completed our pre inspection questionnaire and all of the people we spoke with said they felt safe. One person said, "Eleanor Care have been brilliant, when I came out of hospital I did not feel safe as I had no equipment to help me, but as soon as the carer came she wanted to know everything about me and what I needed to make me feel safe and they sorted it out."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the manager. All staff had received training in safeguarding vulnerable adults as part of their induction programme and this was refreshed every year. The organisation's safeguarding and whistle-blowing policies and procedures were also contained in the staff handbook which was given to all new members of staff when they first joined the service.

Risk assessments were carried out to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances, for example, where people had reduced mobility which could put them at risk of falls. There was guidance for staff on how to minimise
identified risks to protect people from the risk of injury or harm. Identified risks were reviewed annually or sooner if there were any changes to people's care and support needs. The service had processes to report and record any accidents and incidents that occurred in people's homes. We were told there had been no reported accidents or incidents since the service started operating however the manager explained the system used to record and investigate any accidents or incidents and ensure the on-going safety of the person involved.

All care staff had completed first aid training. Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed ,so they could contact the service out of hours if there was an emergency or if they needed support. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

People told us their care staff usually arrived promptly and would stay the allotted amount of time. If there were any problems they said the office would call them. The manager explained that small teams of care staff would be allocated to each person so they would see the same care staff each week. People we spoke with told us that on the whole they would see their regular care staff.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. The manager explained recruitment of care staff was on-going but they were currently advertising for a

field care supervisor who would be able to help with reviews of peoples care.

People were supported to take their medicine safely. We spoke with four people who told us that staff helped them with their medicine. They explained that staff would wait while they took their medicine, other people told us they took their own medicine but staff would check with them to make sure they had remembered. Most people using the service did not require support when taking their medicine. Where people needed prompting with their medicine care records contained details of prescribed medicine and a medicine administration chart (MAR). We looked at some samples of peoples MARs and found them to be complete with staff noting each time medicine had been taken by the person. Staff had been trained in medicine awareness and the manager confirmed this training was updated yearly.

Good

Is the service effective?

Our findings

People told us they were supported by staff who had the skills to meet their needs and all of the people who answered our questionnaire told us they were happy with the skills and knowledge of care staff.

All new staff attended a five day induction which followed the framework of the Care Certificate. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. These include equality and diversity, person centred values, fluids and nutrition, safeguarding adults, basic life support, health and safety, medication and infection and prevention control. In addition staff attended a moving and handling course which involved practical skills such as the use of a hoist and risks to people who have reduced mobility such as pressure ulcers. Staff completed workbooks to support their learning both during the induction and over the following weeks. The manager explained staff would be shadowed for the first week of work and their competence and learning would be assessed by a senior member of staff before they were able to work independently. After the initial induction staff completed refresher training, this was updated from 12 to 36 months depending on the type of training required. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed.

Care staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities as well as learn new skills. One member of staff told us they were studying their National Vocational Qualifications in health and social care and another told us how they hoped to learn new skills and progress in the organisation. Staff meetings, supervision and appraisals provided an opportunity to identify group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team. One staff member told us, "We have Monday meetings, they are really helpful."

People were asked to give their consent for care and we saw consent forms in people's care records. These included an agreement to prompt or assist with medication and permission for the agency to provide care. Staff told us how they always asked people for their consent before assisting them. One staff member told us, "I always talk to people about what I am doing and give them reassurance."

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.

We checked if the service was working within the principles of the MCA. Staff were aware of the Mental Capacity Act (MCA) 2005 and training was given during their initial induction. We noted refresher training incorporated dementia, MCA and safeguarding so staff were aware of situations that may influence a person's capacity to make decisions. The manager confirmed that no one currently using the service lacked

capacity and that there had been no applications made to the court of protection. They explained that they would contact the person's social worker if they felt there were any issues with a person's capacity to make decision and would work to provide care in that person's best interests.

Where required people were supported to eat and drink appropriately. One person told us, "[Staff] make my porridge and a cup of tea just whatever I want. Very, very good." A relative told us, "[Staff] will make a sandwich at breakfast time so that [my relative] has food for her lunch." The manager told us that staff were always reminded to leave people with drinks before they leave the call and one person told us, "My carer always makes sure I am comfortable before she leaves and makes sure I have some water nearby."

Although we noted people's food preferences, likes and dislikes were not always noted in their care records. Staff we spoke with had a good knowledge of people's needs and preferences. One staff member told us, "We always make sure clients have the food they need. We tell relatives if anything is running low…we make sure no one is left without." Another member of staff explained how they would offer choice of sandwich fillings or lunch options.

People's personal information about their healthcare needs was recorded in their care records. Computerised journals contained details of where healthcare professionals had been involved in people's care, for example, information from the GP and district nurses. Staff told us how they would notify the office if people's needs changed and we noted examples of how additional support from healthcare professionals helped people maintain good health. For example, when staff noted that one person was finding it difficult to sign a document the service contacted their GP and liaised with the opticians with regard to the persons eyesight.

Good

Is the service caring?

Our findings

All of the people who completed our questionnaire told us staff were caring, kind and treated them with respect and dignity. People we spoke with told us they were happy with the standard of care and support provided by the service. Comments included, "My carer is so kind and gentle and caring…she is there when I need her she will work around me time wise", "[The staff] are always happy, always joking, lots of banter" and "Absolutely fabulous they will do just about anything."

Staff had a good knowledge of the people they were caring for and supporting. Staff comments included, "The care plan gives you an idea of the care needed and how to approach people but you have to talk to and get to know people" , "You have to understand people, that's really important" and "I know what [people's] needs are…if you know your client them you know when something is wrong."

We heard how staff responded to people's needs. One person told us, "[My carer] will pick up bits and pieces when she is out and about, things she knows I will like." A relative said, "I really like [my relatives] carer she will bring in her medication and buys colouring books for her, I am very happy."

All the staff we spoke with told us they enjoyed working with the people they cared for, comments included, "My clients are the best thing, it's the satisfaction I get from looking after them and the feedback they give… they would tell you if they were not happy" and "I like to make people feel happy inside…when they are happy to see you and want you there it is good."

Staff told us how they made sure people's privacy and dignity was respected. They said they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "I always talk through what I am doing, sometimes they forget things so I reassure them and tell them what I am doing." We spoke with the manager who explained when they conducted spot checks that allowed them to observe how staff worked with people and assisted them with their needs. These checks included observations around dignity, respect and privacy. If any issues to suggest people's dignity and privacy were not being respected then additional training was provided to staff. Information about respecting people's dignity was included in induction and on-going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People told us they felt supported by staff who knew their needs and treated them as individuals. One person told us, "My carer helps me to be independent she lets me do it but is there to help and support me, I like that." A relative told us, ""Me and my family are very happy, they see [my relative] as an individual. Another said, "[My relatives] carer is very good, we are in constant contact, she will text me if anything runs out…I trust her."

People received their care, treatment and support when they needed it. The manager explained that they provided a program of re-enablement to many of the people that used the service. This lasted from four to six weeks and gave people the opportunity and confidence to relearn and regain some of the skills they may have lost because of poor health, disability or after a spell in hospital. The local authority provided information concerning the person including any background history, medical conditions and the support required by the service. The manager told us she would send a senior carer on the first visit as often these were in the evening and at short notice. The senior carer would be able to assess the information and provide immediate care as needed, then either the manager or the care coordinator would visit to complete an assessment of care and risk and try to match the right care staff with the person.

Some people using the service were on longer term care packages and the manager explained these were reviewed every four to six months or sooner if needed. We noted that one person's care records had not been updated to reflect their current needs. For example, the hoisting and medication arrangements had changed but there were no written instructions to staff explaining this. The manager told us she knew they were behind in reviewing some care plans but hoped they would be able to improve once a new field care supervisor was employed. The manager assured us that care staff worked closely with the person's relative and knew about the changes that had occurred. Later during the inspection we saw information for care staff had been updated appropriately. We will look at care plan reviews again during our next inspection.

Staff told us of a weekly office meeting that enabled staff to share any concerns or changes in people's needs. All staff we spoke with told us they felt communication was good. One staff member told us, "[The manager] will text us and call us with updates we also make notes at the clients home." Another explained how they would leave messages and notes for the next care worker coming in if anything had changed. The service sent staff additional information about people's needs. For example, in hot weather reminders were sent via text messages to staff to make sure people had enough to drink and in winter reminders were sent to make sure people were warm and comfortable.

People had a choice about who provided their personal care. We saw examples where people had requested different carers for various reasons and the service had tried to accommodate them where possible. Staff we spoke with told us the service tried to keep care staff with the same people who used the service to maintain continuity and build good working relationships.

The service asked for people's views and experiences. Details of reviews and visits to check the quality of care people received were kept at the service and we were shown the analysis of the annual survey sent to

people to gain their views. All responses were positive receiving 75% or above. Anything lower than 75% were flagged and there were systems in place to highlight areas of low satisfaction and where action was needed.

People and their relatives told us they knew who to make a complaint to if they were unhappy but told us they had never needed to. One relative told us, "If I wasn't happy I would know who to go to but I am very happy with [my relatives] care." When they first started to use the service people were given information about how to make a complaint and who to contact. This was kept in their file at their home for easy access. The service had a procedure which clearly outlined the process and timescales for dealing with complaints. The manager took concerns and complaints about the service seriously with any issues recorded and acted upon. We saw the service had received two complaints in 2015. Actions had been identified to address key issues to help reduce future occurrences.

Good

Is the service well-led?

Our findings

People and their relatives said that they felt comfortable speaking with the manager and office staff when they needed to and were happy to discuss any concerns they may have. People told us when they needed to contact the office they were listened to and staff were courteous. One person told us, "I was impressed with the way they spoke to me."

Two people we spoke with remembered completing questionnaires and one person told us "One or two people have seen me in the past to check how everything is going." Records confirmed that people were contacted on a regular basis for example, during telephone monitoring or when conducting a spot check. We did not see any examples where negative comments had been made but the manager confirmed the process she would follow to improve the situation for a person who was unhappy.

The manager told us they encouraged staff to tell them if there was a problem or if they noticed something was not quite right. Staff we spoke with told us they felt well supported by the manager at the service and were comfortable discussing any issues with them. Comments included, "If I have any problem I just go to the manager, she sorts it out" , "[The manager] would listen and do something …if they can find a solution they will" and "[The manager] is very supportive, she is flexible…we work together as a team."

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels. We saw minutes from a number of meetings including the last staff meeting held in November 2015. The meeting discussed issues such as people's medicine management, procedures for staff to follow when they are unable to get a reply from a person, the completion of records and general staffing issues. Where lessons had been learnt from incidents they were noted and disseminated. For example, following one incident there was a discussion around the need for staff to keep accurate timesheets to reduce the risk of such an event reoccurring.

The manager and the care coordinator carried out a number of spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

The manager explained they reviewed peoples care records and staff files on a weekly basis although there was no information to verify this. We found some information missing on the office files during our inspection and although updates were provided from the computer system we felt the internal quality checks could be improved by having a more formal audit process. The manager explained the introduction of a new computer system had started to change the way they recorded and reviewed information. They also explained the provider had recently conducted an audit of the service and this was to continue monthly. After the inspection we were sent the most recent quality audit from December 2016, checks covered issues such as recruitment, training, people's care records and health and safety.