

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care - Redbridge Office

Inspection report

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28 May 2019

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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

About the service:

Eleanor Nursing and Social Care - Redbridge Office provides personal care to people living in their own homes. At the time of our visit, they were providing personal care to 120 people.

People's experience of using this service:

People told us that they were happy with the care and support they received. They felt the service was managed well.

People were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. Staff understood their responsibilities to protect the people in their care.

Individual risks to people had been assessed and recorded in their care plans to keep people safe. Incidents and accidents were documented and reviewed to prevent re-occurrence.

Staff received regular supervision and an annual appraisal. They received a structured induction and training to meet the needs of people they supported. Recruitment processes were safe. There were sufficient numbers of staff to meet people's needs.

People's needs had been assessed before they started using the service. Care plans reflected people's needs and preferences. These were reviewed regularly.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

Staff had a good knowledge of people they supported and respected their privacy and dignity. They promoted people's independence.

Where people needed assistance taking their medicines, staff helped them accordingly. People were encouraged to have a balanced diet to maintain their health and wellbeing.

People were supported to maintain good health and had access to health care services as needed.

People were aware who they would contact if they were not happy about the service they received. Any complaints were documented along with the actions taken.

The provider sought feedback about the care provided and monitored the service to ensure that care and support were provided in a safe and effective way to meet people's needs.

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

Rating at last inspection:

At the last inspection the service was rated Good (report published 23 November 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Eleanor Nursing and Social Care - Redbridge 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. This inspection was planned to check 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.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection took place on 28 May 2019.

What we did before inspection:

We reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During our inspection:

We spoke with the registered manager and the operations manager. We reviewed a range of records. This included ten people's care records and multiple medicine records. We looked at five staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

We spoke with nine people using the service and one relative to obtain their views of the service. We also contacted five members of staff on the telephone to ask them questions about their roles and to confirm information we had received about the service during our inspection.

We also sought feedback from the local authority and professionals who work with the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff visited them. One person said, "Definitely, I do feel safe with them[staff]."
- People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had.
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.
- Potential risks about people's safety within their home were assessed to ensure they were supported to remain as safe as possible. Risk assessments gave guidance to staff on how best to support people in different situations, for example, how to transfer people safely. This helped to ensure care and support was delivered in a safe way.

Staffing and recruitment

- People felt there were enough staff working for the service to meet their needs. One person told us, "I have regular carers and have not had any missed visits." Another said, "I have my carer for a long time now, they are very helpful and know me well, we work well together."

Staffing and recruitment

- People felt there were enough staff working for the service to meet their needs. One person told us, "I have regular carers and have not had any missed visits." Another said, "I have had my carer for a long time now, they are very helpful and know me well. We work well together."
- The provider had a system for staff to log in and out when they visited people. This helped to ensure people received their visits on time.
- The registered manager informed us they continually recruited staff, and this helped to cover for sickness and holidays and to provide care and support to new care packages where required.
- The provider had safe recruitment procedures in place. Before newly recruited staff started employment, the provider undertook all necessary employment checks. This ensured people who used the service were not exposed to staff that were barred from caring for vulnerable people.

Using medicines safely

- The service had appropriate arrangements in relation to management of medicines. Where people needed assistance to take their medicine, there was guidance in place on how staff must support them.
- From records, we saw people received their medicines as prescribed and staff had signed them to indicate people had taken their medicines. One person told us, "The carers come everyday, to make sure I take my tablets and to check if I am OK."

Preventing and controlling infection

- The service had policies and procedures in place to prevent the spread of infectious diseases.
- Staff had received training in infection control and they were provided with suitable personal protective equipment (PPE) and clothing.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded in details and were investigated by the registered manager to prevent them from happening again.
 - There was an on-call system in place so there was always a member of the management team available.
- Procedures were in place for staff to follow in an emergency. We saw one occasion where a member of staff had to call for an ambulance as one person was not well.

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.

Good: 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 were assessed before they started using the service. The assessment included all aspects of care, such as the person's mobility, their nutritional needs, personal hygiene care, medicines and social lifestyle.
- The management team obtained as much information from people and their relatives as possible. They were involved fully in the assessment process.

Staff support: induction, training, skills and experience

- People told us that staff knew what they were doing. One person said, "The carers are very efficient." Another told us, "They[staff] do their job properly."
- There was an effective system in place to assess and monitor the staff's skills and understanding. We saw records of training that staff had attended, for example, moving and handling, safeguarding adults, fire safety and infection control.
- Staff were supported to gain qualifications in health and social care. One staff member said, "The training is good."
- There was an induction period for new staff. Staff would shadow an experienced member of staff until they were competent to work alone. The induction covered a number of areas which included staff roles and responsibilities and key policies and procedures.
- Staff received appropriate supervision and support which helped to ensure they were able to provide effective care. Staff told us they felt supported in their roles. We saw copies of staff supervision records and noted a range of issues were discussed, including staff training needs.

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

- People were assisted to have enough to eat and drink where this was part of their care needs. One person told us, "The carers come and get my food ready, they do my breakfast and lunch." Staff were aware of people's dietary needs, including likes and dislikes. One member of staff told us, "[Person] prefers to have cereals for breakfast."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with health and social care professionals to monitor the health of people. We saw the management team took action where necessary to ensure people received the healthcare that they needed. For example, from records, we saw one person was referred for an occupational therapist assessment as staff had identified some concerns during their visits which could put the person at risk.

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.

We checked whether the service was working within the principles of the MCA and found them to be compliant.

- People were able to make day to day decisions about their lives. For example, they were supported to wear what they want and to spend their time as they wished. One person told us, "The carers do check with me before they do anything."
- The registered manager and staff had a good understanding of the principles of MCA. There were policies and procedures for them to follow.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives commented positively about the care and support provided by staff. One person said, "The carers are very good." A relative told us, "I am happy with the carers."
- The provider was committed to challenging any form of discrimination it encountered. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs and their cultures were respected. One member of staff told us, "I treat everyone [people] equally."

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

- People were encouraged and had an opportunity to contribute and have their say about the care and support they received. One person told us, "They [office staff] come and check if everything is OK and if anything needs changing."
- It was clear from our discussions with staff and from looking at records that people were able to make choices and were involved in decisions about their day.
- Staff had a good understanding of the care needs of people they supported and were able to tell us what people did and didn't like and what support they needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. Staff told us they always supported people in a way, which protected their dignity. For example, when providing personal care, staff covered people and ensured the door was closed and the curtains drawn. This was confirmed by people we spoke with.
- Staff encouraged people to be as independent as possible, whilst providing care and support. A person said, "I can make myself a cup of tea. I can do things to certain extent. The carers help me with other things I can't do." One staff member told us, "I encourage [person] to apply their cream by themselves."
- Staff were aware of the importance of confidentiality and to whom they could share confidential information with. One member of staff told us, "I don't talk about the service users to anyone else unless they have the right to know." The provider was a member of the Information Commissioner's Office which is in charge of upholding information rights in the interest of the public and ensured this was applied to people who used the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: 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 received personalised care that was responsive to their needs. One person told us, "The carers are excellent."
- We saw care plans contained information on how each person must be supported, as well as people's preferences.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs. They completed a record detailing the care they had provided during their visits. This helped staff to be aware of any changes in the person's needs.
- Care plans were reviewed every three months or more regularly if people's needs changed. This was done with the involvement of people who used the service and their representatives.
- People's social and emotional needs were taken into account. People were encouraged and supported to maintain links with the community and this helped to ensure they were not socially isolated. One member of staff told us they took one person to their place of worship on a regular basis.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information on how to communicate with people was included in their care plans. For example, there was guidance for staff to follow with one person as they had a speech impairment.
- We noted that some people did not speak English and the provider ensured that they had visits from a member of staff who spoke their languages.

Improving care quality in response to complaints or concerns

- There was an effective complaints system available. Comments and complaints people made were responded to appropriately.
- People told us they would talk to the office staff if they were unhappy about something. One person told us, "I will phone the office if I have any complaint. I have done it before. They are good at sorting things out."
- People and their relatives felt confident that if they raised any concerns, they would be listened to. Complaints were fully investigated and responded to appropriately.
- We saw the service had received a number of compliments from people or their relatives and other professionals. One professional wrote, "After many years of being housebound, [person] is now going out

into the community with the support of a few carers they have grown to trust. The carers are flexible and patient in their approach to [person] and are highly sensitive to their needs."

End of life care and support

- Staff had been provided with training to ensure they had the knowledge and skills to care for people who were approaching the end of their life.
- The registered manager informed that none of the people using the service required end of life care at the time of our inspection.

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.

Good: 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

- People and their representatives told us the service was good. They were complimentary about the management team. One person told us, "It is a good agency."
- The registered manager encouraged people, relatives and staff to contact them if they had any concerns or issues to discuss.
- Staff told us the service was a good place to work for. One member of staff said, "The manager is fantastic, they are very helpful."

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

- There were regular meetings held with staff. Records showed the registered manager discussed important messages about the service during those meetings. Staff told us they could contribute ideas and found the meetings informative.
- People and their representatives told us the office staff were approachable and the management team had regular contact with them. One person told us, "Someone from the office come to visit me recently."

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

- The registered manager understood what their roles and responsibilities were. They had notified the commission of any notifiable incidents in line with the current regulations.
- Staff were clear about their roles and responsibilities and said they felt valued by the management team. Staff had a good understanding of what was expected of them. One member of staff told us, "I am proud to work for Eleanor."

Continuous learning and improving care

- There were a range of monitoring and audit tools to assess and monitor the delivery of care and support to people. People felt listened to and their views were taken into account. One person told us, "The agency contacts me regularly to check if everything is ok."
- The provider sought the views of people using the service and their relatives through different ways, which included completing satisfaction surveys and home visits. We saw the information received was analysed so that the registered manager could use it to improve the quality of the service provided.
- The management team also carried out regular unannounced checks on staff to ensure they were providing care and support to people in a safe way.

Working in partnership with others

- The service worked closely with the local authority and other professionals to ensure they improved the care and support they offered to people.
- The registered manager kept themselves up to date with best practice. They regularly attended meetings which were held by the local authority.
- The provider was a member of UKHCA (UK Home Care Association) and had also gained accreditations for quality assurance and environmental practices.
- The registered manager regularly attended job fairs in the community to help job seekers work in the care sector. They advised candidates on the application process.