

Eleada Ltd

Eleada Care Services

Inspection report

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Date of inspection visit:
07 December 2016

Date of publication:
05 January 2017

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

We undertook an announced inspection of Eleada Care Services on 7 December 2016. We contacted the service before we visited to announce the inspection so we could ensure that the registered manager would be available.

The service was registered with CQC on 30 November 2012 and was last inspected on 26 June 2014, at which time the service met the regulatory standards inspected.

Eleada Care Services provides a domiciliary care service that delivers personal care and support to people in their own homes. The service is also registered to carry on the regulated activity nursing care but the provider told us that currently the service did not involve nursing care. At the time of our inspection there were 39 people using the service. Most people using the service were older people some of whom were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 using the service and their relatives informed us that they were satisfied with the care and services provided. They told us they had been treated with respect and they felt safe when receiving care and support from the service. There was a safeguarding adults' policy and suitable arrangements for safeguarding people from abuse. People told us they felt safe when receiving the service. Staff had received training to make sure they knew how to recognise and report any concerns.

The organisation carried out appropriate checks to reduce the risk of employing staff that were not suitable to work with people using the service. There were sufficient staff to meet people's needs and people told us they received the care that had been planned. Staff received the support they needed to carry out their role and responsibilities.

Risks to people's environment and well-being were assessed and recorded. Arrangements were in place to make sure medicines were managed safely and people received their medicines as prescribed.

People informed us that care workers were very kind, they were treated with dignity and their privacy was respected. People benefitted from the caring relationships they were able to build with care workers because they received consistency of care from regular care workers who were familiar with their needs. The service understood the importance of encouraging and promoting people's independence.

People, who received support with their meals, had their nutritional needs and their individual dietary preferences assessed and met.

People had care plans that were up to date and included information staff needed on how to best support them. People told us they received care and support in the way they wanted and staff respected their privacy and dignity.

Management staff including the registered manager had a good understanding of the Mental Capacity Act (MCA) and care workers applied its principles in their daily work practices. People receiving care told us they were supported to make choices and were involved in all decisions about their care. Care workers understood the importance of obtaining people's consent before supporting them with personal care and other tasks. People told us their consent was always sought when being supported with their care and in other areas where they received support.

The provider had a complaints procedure. People knew how to raise complaints or concerns and were confident they would be addressed appropriately by the registered manager. The registered manager ensured people's feedback was sought and acted on where required.

People using the service, relatives and care workers had the opportunity to feedback their views about the quality of the service to the registered manager and were confident that actions would be taken to address suggestions for improvements.

People told us they thought the service was well run and said they would recommend it. The service liaised closely with health and social care professionals to make sure people's needs were met.

There were systems in place to carry out checks, monitor the service and to make improvements when needed.

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. Staff understood how to protect people from abuse and harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good ●

The service was effective. People told us they were fully involved in making decisions about the care they needed and wanted. Staff knew the importance of gaining people's consent before assisting them with their care and other tasks.

Care workers told us they were supported and received the training they needed to fulfil their roles and responsibilities. People using the service told us they considered staff to be competent.

People chose what they wanted to eat and were provided with the support they needed with their meals.

Staff understood people's medical history and health care needs. The support people needed with their health was detailed in people's care plans.

Is the service caring?

Good ●

The service was caring. People told us staff were approachable, kind and provided the care and support they needed.

People told us their privacy and dignity was respected. Staff had a good understanding of the importance of confidentiality and keeping information about people secure.

People's well-being was supported. They were involved in their care and their views were respected and acted on.

Is the service responsive?

Good ●

The service was responsive. People received personalised care that met their individual needs and preferences. Staff understood how to respond to people's changing needs.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

People knew how to make a complaint and told us they were confident complaints would be addressed appropriately.

Is the service well-led?

Good ●

The service was well led. People using the service and their relatives were positive about the service and the way it was run.

Staff told us they found management staff approachable and supportive. They told us they could raise issues and queries to do with the service at any time and they were responded to promptly and appropriately.

Arrangements were in place to assess and monitor the quality of the service provided to people and to make improvements when required.

Eleada Care Services

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 was carried out by one inspector. We contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes and we wanted to ensure that the manager was available to speak with us.

Before the inspection we looked at all the information we held about the service. This included statutory notifications that the provider had sent us. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us. We also checked all contact the service has had with us and we looked at recent local authority monitoring reports of the service.

During the inspection we went to the agency's office and spoke with the registered manager, operations manager, recruitment manager, administrator and office apprentice. Following our visit we spoke with one social care professional, a care co-ordinator, two senior care workers, five care workers, six people using the service and ten people's relatives. We also received written feedback from a social worker.

We reviewed the care records of seven people who used the service, looked at the records of six staff, and other records including policies and procedures that related to the management and running of the service.

Is the service safe?

Our findings

People receiving care told us they felt safe when being supported with their care. One person said, "I feel safe, they [care workers] are very kind."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Management staff told us they would add the contact details of the lead local authority to the safeguarding policy to ensure it was clear to staff that the host local authority needed to be informed when there was an allegation or suspicion of abuse.

Staff received an employee handbook when they started work which included information about safeguarding people from abuse and keeping them safe. Care workers we spoke with were knowledgeable about types and signs of abuse. They all knew they needed to report abuse to the registered manager and/or other management staff. However, some care workers needed prompting before informing us that they should report abuse to the host local authority safeguarding team, CQC and police if no action was taken by management staff.

Risk assessments had been carried out and recorded in people's care records. Risk assessments included risk of scalding, falls, finance, pressure ulcers, choking, malnutrition, medicines and other risks to do with each person's personal safety. Detailed personalised guidance was in place for care workers to follow to minimise the risk of people being harmed, for example when it was found that a person was unsteady when ascending and descending stairs, guidance had been put in place to minimise the risk of the person falling. The guidance included 'when going downstairs into the lounge, care worker to remind the person to hold on to the banisters.' Another person's risk assessment included guidance about ensuring their wheelchair belt and shower chair belt were always fastened when the person used their wheelchair or shower chair.

A risk assessment had also been carried out of people's home environment to ensure care staff were working and caring for the person in a safe environment. The home environment risk assessment included assessment of risks including poor lighting, trip hazards and other safety and security issues. Management staff knew the importance of regularly reviewing risk assessments of each person's home environment and to address issues with the person using the service when any health and safety concerns were found. The recruitment manager told us that he would ensure the date of when service checks of equipment [such as moving and handling hoists] were due was included in people's environment risk assessment. This would then be monitored and if necessary the provider could remind the person using the service or where applicable the local authority to arrange for this check to be carried out to ensure people were not at risk of harm. Copies of risk assessments were kept at the person's home to ensure care staff were able to access them as required.

The six staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview, obtaining references and checks to find out if the prospective employee had a criminal record or

had been barred from working with people who needed care and support.

Management staff told us they had enough staff to meet people's needs and that staff recruitment was on-going. We heard a manager speak on the phone to a possible prospective employee about the recruitment process. People told us they received consistency of care by care workers that were familiar to them. Two care workers were provided when this was required, such as when a person required assistance with transferring by the use of a hoist.

Arrangements were in place to report and manage incidents and accidents. At the time of the inspection there had been no incidents or accidents. Management staff told us they would ensure that any incidents and/or accidents that occurred were reported to the appropriate agencies. They told us they would review all incidents and ensure appropriate action was taken to address and minimise the risk of other similar events.

The service had a medicines' policy. Management staff told us the service liaised closely with pharmacists and GPs regarding people's medicines. They told us generally people received the support they needed with their medicines from their relatives. They told us some people needed a care worker to remind them to take their medicines, and when a person required assistance with the administration of medicines the care worker providing this support received the training and competency assessments needed to do so. Care workers confirmed they received the training they needed to administer medicines safely. Records showed that care workers had received training and instruction about medicines' administration. People's care plans included details of personalised assessment and guidance regarding the administration of their medicines. A person using the service told us that care workers reminded them to take their medicines. Medicines administration records showed people received the medicines they were prescribed. Records showed medicines administration had been discussed during staff meetings.

The service had an infection control policy. Care workers we spoke with had a good understanding of infection control. They told us that disposable gloves and other protective clothing were always available to them. Spot checks carried out by management staff of care workers' practice included checks that they wore protective clothing when required.

Is the service effective?

Our findings

People informed us they were happy with the service they received. A person using the service told us "They know what I want and what I need. They are very good." Another person told us that there was good communication between them and their care workers and that "[Care workers] know how to do their work well." People's relatives also informed us they were happy with the service provided by care workers. A person's relative told us "I feel involved. They [care workers] follow the care plan. They are competent."

Care workers and a care co-ordinator told us they had completed an induction when they started working for the service. A care worker told us they had found the induction was good and "interesting." Another care worker spoke of their induction having been helpful in providing them with the information they needed about their role and the service. The operations manager told us and records showed that new care staff currently completed the common induction standards [Standards that care staff need to meet to ensure they know how to provide people with the care and support they need], which provided the information they required to carry out their role and responsibilities. He informed us that care workers had been enrolled to start the Care Certificate induction which is the benchmark for the induction of new care workers. Records confirmed this. Care workers told us and records showed care workers were 'shadowed' by more experienced staff when they started work to make sure they carried out personal care and other tasks appropriately and safely.

Records showed and care workers confirmed they had received an employee handbook. This included information about the service as well as a code of conduct and summaries of policies and procedures care workers needed to follow to ensure they provided people with a good quality safe service.

Records showed care workers had completed a range of training and learning relevant to their role and responsibilities, which included safeguarding adults, moving and handling, health and safety, person centred planning, basic first aid, medicines and dementia. Some care workers had completed epilepsy and an introduction to mental health training. A training matrix showed care workers had completed refresher learning in topics that were included in the common induction standards. Some care workers we spoke with told us that they felt there could be more training to help them develop their knowledge and skills. The operations manager and the recruitment manager told us they were in the process of developing the training for care workers and had enrolled eight care workers in Qualifications and Credit Framework [QCF] level 2 and 3 health and social care courses. Records and a care worker we spoke with confirmed this. A care worker told us they were looking forward to starting a QCF level 3 qualification course early in 2017.

A social worker told us that the care workers who provided care and support to a person using the service were competent and the person's medical needs had improved since the person had received a service from the agency. People and their relatives spoke positively about the care workers. They told us they were competent and provided them with the care and support they needed and wanted. Records showed and care workers told us that spot checks of them carrying out people's care were carried out by senior staff to make sure they were providing people with the care they needed in an appropriate and safe manner.

The care workers we spoke with told us they felt well supported by the registered manager and other management staff. They told us management staff were always available for advice and support. A care worker told us there had been times when a manager had gone to the house of a person using the service to support a care worker with providing a person using the service with care they needed when the person had become unwell. The care worker informed us the manager had stayed with the person until a doctor or ambulance came. This had enabled the care worker to carry out a visit to their next 'client' without keeping them waiting. During the inspection we heard management staff speaking with care workers about the progress and needs of people using the service. This indicated there was good communication between staff about people's needs.

Records showed care workers had received one-to-one supervision with a manager. Topics discussed during supervision included person centred planning, personal care, time keeping, safety, training and the needs of people using the service. Records showed formal staff supervision was flexible and took place when needed such as when there were issues to do with a care worker's work which needed to be addressed.

The registered manager told us she ensured care workers were provided with support whenever they needed it. She told us following the recent death of a person using the service she had met with the care workers who had provided the person's care and offered them the support they needed.

We saw a record that showed us a care worker had received an appraisal. Another care worker told us they had recently received an appraisal. The operations manager told us that most care workers had worked for the agency for less than a year and appraisals of staff performance and development would be carried out annually.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Care workers we spoke with demonstrated good understanding of the Mental Capacity Act (MCA) 2005. They knew the importance of obtaining people's consent before supporting them with personal care and other tasks. People using the service told us care workers explained what they were doing and asked for their consent before assisting them with personal care and other tasks.

Care workers told us they would report to management staff if they were concerned about a person's capacity to make a decision or consent to care. A care worker we spoke with knew that a decision could be made in a person's best interest when they lacked the ability to make a decision about their care. Another care worker gave an example of a person using the service due to their health needs sometimes was more able to make decisions than at other times. The care worker told us about how they involved the person in their plan of care and described the range of ways they supported them in making day to day decisions including showing them a choice of clothes and drinks. People had signed their care plan which indicated they had agreed to its content.

People's care plans included information and guidance about people's nutritional needs. A person's care plan including specific details about their meals and drinks and the times they should be provided by care workers. Care workers told us and records showed people were supported to eat food and drink that met

their dietary needs and preferences. A person using the service told us they were always asked what they wanted to eat when a meal was prepared by care workers. Another person told us "They prompt me to eat, and always make sure I have something to eat and drink."

Is the service caring?

Our findings

People told us they were satisfied with the care and support they received, and were treated with respect. People told us "I am very happy. They [staff] respect my independence; if I want to do something on my own they respect that," "Anything I ask they do for me," and "They [care workers] know what I want. They make me feel important."

People's relatives confirmed they felt they and people using the service were treated with respect by care workers, management and office staff. They told us "Care staff are kind, I feel involved in [Person's] care," "They [care workers] are polite," "If [care worker] is going to be late they always ring me," "They [the care service] have been brilliant. They can't do enough," and "We have the same person [care worker] my [relative] has built up trust with them."

A person using the service told us they were called by their preferred name. However, another person informed us they had been addressed several times by the incorrect title. People told us they were involved in all decisions about their care. They confirmed they had been asked about the support they wanted from the service and how they wanted it to be delivered. People's care plans and 'daily' records showed they had been consulted about decisions to do with their care and support.

Guidance was in place for staff to follow to support and effectively engage with people who had communication needs. One person's care plan included 'Care staff to use mono-syllabic words and questions [simple yes and no questions] that [Person] can understand and respond to and speak slowly and repeat as much as necessary.'

Management staff told us about the importance of continuity of care being provided to people by care staff. They told us they did their best to ensure people received the care and support they needed from a regular care worker who was familiar with the person's individual needs. The care co-ordinator told us that when a person started a package of care they were introduced to the care worker who would be providing the person with the care they needed on a regular basis. People using the service and if applicable their relatives then had the opportunity to discuss and agree the care they needed with senior staff and the care worker.

People using the service and people's relatives spoke of the importance of having a regular care worker to ensure continuity of care by care workers who were familiar with the person's needs. People using the service told us they had been able to develop a positive relationship between the care worker and themselves and their family members. People told us "Staff are consistent," "[Care worker] knows what to do," and "It is good there is consistency of carers." A written comment from a relative of a person included "We are really happy with the care [care worker] is giving [Person]." People told us the agency kept them informed of staff changes and informed them when their regular care worker was unavailable.

Care workers knew about the importance of treating people with respect and dignity and this had been discussed during their induction. The care co-ordinator told us that shadowing care workers and carrying out spot checks help them make sure that people were supported in a respectful and professional way. The

registered manager told us support had been provided by the service to family members of people using the service prior and following bereavement.

People using the service and people's relatives told us people had their privacy respected and dignity maintained when being assisted with personal care. Care workers had a good understanding of the importance of respecting people's dignity and privacy. People told us that time keeping by care workers was generally good and care workers or office staff called them if care workers were going to be late.

Care workers told us they encouraged people to be as independent as possible and supported them to do things by themselves or with minimal support. A person using the service confirmed this.

Management and care workers we spoke with had a good understanding of the importance of confidentiality. The service had a confidentiality policy. Staff knew not to speak about people other than to staff and those involved in the person's care and treatment. Written and electronic records were stored securely in the agency's office.

Management staff and care workers had a good knowledge of equality and diversity. Care workers spoke of the importance of respecting people's differences, customs, sexuality and religious needs. Part of the service mission statement included promoting people's individuality, rights and choice. Care workers were aware of the need to respect people's diverse needs, human rights and choices. People's care plans showed people had been asked about their religious and cultural needs, but little information about other equality and diversity needs. Management staff told us they would take steps to make sure it was evident that the six equality strands [age, disability, religion, race, sexual orientation and gender] were acknowledged and included in people's initial assessment and care plan.

Is the service responsive?

Our findings

People told us they were asked about their care needs and preferences and were provided with the care and support they required. They told us before they started receiving care from the service a senior member of staff had completed an assessment of their needs. People told us "I was asked lots of questions, they listened," and "They came and did an assessment." A person's relative told us "They ring me on my mobile if there are any changes to do with [Person]'s care."

Management staff and a care co-ordinator told us that they carried out a home visit before a person started the service. During the visit they completed a comprehensive assessment of the person's needs with involvement from the person and the person's relatives depending on the person's needs and wishes. People told us they had received a copy of their assessment and care plan and had the opportunity to sign the record. However, one person using the service told us they had received an assessment of their needs but was waiting to receive a copy of their care plan.

People's care plans were developed from the initial assessment of their needs and from the placing local authority care plan when the person was not privately funded. The care plans we looked at outlined the person's needs and the support they required from the service. People's care plans included detailed step by step guidance for care staff to follow when completing each care task. People using the service and relatives confirmed that care workers had a good understanding of people's needs.

Care workers recorded details of the support and care they had provided during each visit. A social worker told us a person using the service was fully involved in decisions about their care and received care that met their needs and wishes. During the inspection the registered manager discussed and agreed with a relative of a person using the service the times they wanted to receive visits from care workers.

Care workers were knowledgeable about people's care plans and told us they read them. They told us they would promptly report to management staff if they found a person's needs had changed. They told us they would call the person's doctor and other health professionals such as a district nurse if needed. A care worker provided us with an example of when they had suspected a person using the service had an infection and had contacted the person's district nurse.

Management staff told us care plans were kept under review, updated regularly and when people's needs changed. Care plans showed people and when applicable those important to them had been involved in the development of their care plan and in its review.

The provider had a complaints procedure, which included the system for logging and responding to complaints. Records showed that appropriate action had been taken by the service in response to complaints. We noted records of complaints were recorded in the office communication book and action taken recorded electronically. The recruitment manager and operations manager told us they would review the current arrangements for recording complaints and concerns to ensure there was a clear consistent record of their response that included details of whether the complainant was happy with the action taken

by the service. People told us they hadn't any complaints and were confident appropriate action would be taken by the service if they complained. One person said they had made a complaint and the provider had addressed the issue but had not spoken to them about the action they had taken in response to the issue they had raised.

People using the service and their relatives told us they had been provided with the information they needed about the service, including the out of hours contact details of the service. They all knew how to contact the agency and those that had contacted the office told us staff had been polite and responsive. We were shown a brochure about the service, which we were told by a manager, was provided to all the people using the service.

Is the service well-led?

Our findings

People using the service and their relatives were satisfied with how the service was run. They told us "I would certainly recommend it [the service]," "There is good communication," "They have been brilliant," "They keep in touch, nothing is too much trouble," "I give it thumbs up" and "I speak with [registered manager], she hears me and asks me if there is anything more they can do to help."

Care workers told us the registered manager and other management staff were approachable, supportive and responsive. They told us there was an on-call system for contacting senior staff and they could ring them for advice and support at any time, which they promptly provided. Care workers spoke very positively about working for the agency and told us there was good teamwork and communication between staff.

Care workers we spoke with were aware of the values of the service and spoke of the people using the service as being at the centre of the service and of the importance of being compassionate when meeting each person's individual needs.

Records showed management staff were responsive in developing their knowledge and skills. Three management staff had enrolled in QCF level 5 diploma in leadership and management, which was due to commence early 2017.

A care worker informed us regular staff meetings took place and they felt confident to raise any issues to do with the service. They provided us with an example of an issue they had raised about a way to improve the effectiveness of an area of the service and that this had been taken on board by management staff. Records of staff meetings showed a range of matters including best practice were discussed with staff. These included; medicines, diabetes, time keeping, spot checks, supervision and appraisals.

The service user guide included information indicating the service welcomed comments from people using the service whether positive or negative. It was recorded in the service user guide that 'comments are used either for reassurance that we are meeting client's needs or for identifying areas which need addressing or modifying.'

Records showed people using the service and people's relatives had been asked for feedback about the service, and had mostly described aspects of the service such as staff attitude, communication skills and quality of care as good or excellent. Written comments from people providing feedback about the service included; "Excellent personal connections are being made with my [relative] by the carers," "The carer has been very good to me and helpful" and [Person] has really enjoyed having [names of three care workers] as their carers."

Care workers and a person using the service told us that people were also asked for their feedback about the care and support they received during spot checks when care workers were observed providing care. A person using the service told us they would like to be regularly contacted by phone by the service and asked about their view of the service. Management staff told us they would develop a system for regularly

contacting people by telephone to gain their feedback.

Care plans were reviewed and checks of visit records, care workers performance, and medicines administration records were regularly carried out. Spot checks of care workers practice included checks of their time keeping, whether they wore protective clothing when carrying out personal care and whether they followed people's care plans. Management staff told us that there was learning from complaints. At the time of our inspection there had been no accidents recorded. A manager told us all incidents and accidents when they occurred would be reviewed and action would be taken to minimise the risk of them reoccurring.

Management staff and care workers told us and records showed the service worked closely with local authorities and health care professionals. During the inspection we noted that management staff frequently had contact with social workers about people's needs. A social worker was positive about the service. They told us they felt the service was well run and they were kept fully informed about any changes in a person's needs. A written comment from a social care professional was very positive about the care a person had received from the service.

A quality monitoring visit by the host local authority carried out 13 July 2016 had identified a number of areas where improvements were needed. A follow up check 1st November 2016 had determined that appropriate action had been taken by the service to address those issues. A social worker told us the service was proactive in making improvements to the service when deficiencies were found.

Management staff told us they would look at developing an annual development plan which would include review of all areas of the service and an action plan of how they would develop and improve the service.

Policies and procedures to ensure the service was provided in a safe and proper way were in place. However, they had not been reviewed recently. Following the inspection the care co-ordinator told us the policies were in the process of being reviewed. Care workers were aware of a range of policies and told us summaries of significant policies were included in their staff handbook.