

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Greenwich Office

Inspection report

10 Falconwood Parade
Welling
Kent
DA16 2PL

Tel: 02083030898

Date of inspection visit:
23 May 2016
24 May 2016

Date of publication:
27 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 23 and 24 May 2016. We told the provider two days before our visit that we would be coming, as we wanted to make sure the office staff and manager would be available. At our last inspection on 24 March 2014 the service was meeting all the legal requirements we inspected.

Eleanor Nursing and Social Care Ltd – Greenwich Office provides personal care and support services to people living in their own homes in the boroughs of Greenwich, Bexley and Bromley. At the time of our inspection there were approximately 137 people using the service and there was 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.

We checked whether the service was working within the principles of the MCA. Care plans contained some information on people's mental health and capacity where appropriate through the provider's generic assessments; however the provider did not have systems in place for staff to assess people's mental capacity in line with the MCA. These issues required improvement and we recommend that the provider follows best practice in relation to working within the principles of the Mental Capacity Act 2005.

There were systems in place that ensured people received their care on time and people were kept safe. There were policies and procedures in place for safeguarding adults from abuse. Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service.

Risks to people were identified and assessed and there were suitable arrangements in place to manage foreseeable emergencies. Where people required support with their medicines, we saw there were robust arrangements in place to ensure medicines were managed and administered safely.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

People's nutritional needs and preferences were met and people had access to health and social care professionals when required. People told us they were treated with respect and they were consulted about their care and support needs. People were provided with information about the service when they joined and we saw that people were provided with a copy of the provider's 'service user guide'.

People's support, care needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint in a format that met their needs. The service worked with health and social care

professionals and with local authorities who commissioned the service to ensure people's needs were met.

People told us they thought the service was well run and staff told us they received good support that enabled them to do their jobs effectively. There were systems in place to ensure consistency and quality was maintained and there were effective processes in place to monitor the quality of the service. People were provided with opportunities to provide feedback about the service.

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 systems in place that ensured people received support when required and people were kept safe. The service had policies and procedures in place for safeguarding adults from abuse.

Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service.

Risks to people were identified and assessed and there were suitable arrangements in place to manage foreseeable emergencies.

Where people required support with their medicines, we saw there were robust arrangements in place to ensure medicines were managed and administered safely.

Is the service effective?

Requires Improvement ●

The service was mostly effective.

Care plans contained some information on people's mental health and capacity where appropriate through the provider's generic assessments; however the provider did not have systems in place for staff to assess people's mental capacity in line with the MCA. These issues required improvement.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively.

There were processes in place to ensure staff new to the service were inducted into the service appropriately.

People's nutritional needs and preferences were met. People had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with respect and they were consulted about their care and support needs.

People were provided with information about the service and we saw people were provided with a copy of the provider's 'service user guide' which was kept in people's homes.

People told us the care and support they received respected their wishes and met their needs.

Is the service responsive?

Good ●

The service was responsive.

People's support, care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint and who to refer to if they were unhappy with the outcome.

The service worked with health and social care professionals and with local authorities who commissioned the service to ensure people's needs were met.

Is the service well-led?

Good ●

The service was well led.

People told us they thought the service was well managed and staff told us they received good support that enabled them to do their jobs effectively.

There were systems in place to carry out staff spot checks to ensure consistency and quality.

There was a registered manager in post at the time of our inspection.

There were effective processes in place to monitor the quality of the service provided.

People were provided with opportunities to provide feedback about the service they received.

Eleanor Nursing and Social Care Ltd - Greenwich Office

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 23 and 24 May 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager and staff would be in when we inspected.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also spoke with the local authorities that commission the service to obtain their views.

The inspection team consisted of one inspector, a specialist advisor 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. We also visited two people using the service in their own homes to obtain their views. The expert by experience spoke with 12 people who used the service or their relatives and or carers by telephone.

We visited the office for the service and spoke with the registered manager, coordinators who are responsible for running the office, team leaders, care workers and the provider's compliance manager. We looked at 10 people's care plans and records, five staff files as well as records related to the management of the service such as the provider's policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they had confidence in the service and felt safe with their care workers. One relative said, "I have been looking after my relative for years. Yes we feel safe with the service. We had a few hiccups at first but it is now all sorted." Another person said, "I feel very safe with my carer." A third person commented, "My carer is perfect." A fourth person told us, "Yes I feel very safe. Not 100% but 1000%."

There were systems in place that ensured people received their care on time and that care workers stayed the required amount of time to ensure people were safe and their needs were met. One person told us, "They are very good and always come to me when they should." Another person commented, "There is one particular carer who comes most of the time. But they are all nice." We spoke with the registered manager who told us that the service does not currently have a call monitoring system in place but are implementing one soon. They advised that this will allow office staff to see when care workers are at people's homes and to check that staff stay the required call time. They told us of the current systems in place which ensured people's visits and needs were met as assessed. These included care workers announced and unannounced spot checks at people's homes, service user home visit reviews, service user telephone reviews, frequent staff meetings and supervisions and in cases where people may not be able to contact the office to advise that their care workers are running late senior care workers completed these calls as they are in constant contact with the office. There was also an out of hours on call system in place to help maintain continuity at weekends and during the night. Staff told us there was always a prompt response from the on call person if they rang for any advice or support.

People told us they felt there were enough staff at the service to meet their needs. One person said, "There is enough staff as I never go without". Another person commented, "My carer is always on time and I'm never left". People confirmed that they had a regular group of care workers that visited them and care staff told us they thought there were sufficient staff working to ensure that people's needs were met. There was a staffing rota in place which was sent to staff on a weekly basis and staffs requested availability was also documented in recruitment files. Team leaders told us they encouraged staff to work some weekends to ensure sufficient cover was in place and coordinators told us there was sufficient capacity for when staff called in sick. The provider had a management system in use which measured the hours of care provided against the staffing capacity in place. The compliance manager told us the provider aimed to have 30% over and above the required care hours to ensure sufficient staffing cover was in place.

Staff told us appropriate recruitment checks took place before they started work. Staff files we looked at contained a completed application form with employment history, interview notes and tests with the candidate's response retained, health declarations, evidence confirming references had been obtained and proof of identity and criminal records checked. Upon successful recruitment staff were provided with an identity badge, uniforms and a staff handbook which included information on the provider's key policies and procedures.

There were policies and procedures in place for safeguarding adults from abuse and contact details for staff reference. Staff demonstrated a clear understanding of what constitutes abuse and the action they would

take to ensure people were kept safe and well. We saw that staff had completed up to date training in safeguarding adults and understood their responsibilities. The provider logged and retained all safeguarding records on their computer system. We saw that records of safeguarding concerns were managed and acted on appropriately and analysed by the provider on an annual basis to ensure safe practice. Some staff were aware of the provider's whistleblowing policy and others were not that familiar. We spoke with the registered manager who informed us that they would speak with the members of staff and ensure further training on the provider's whistleblowing policy was sought.

Risks to people were identified and assessed to help reduce the risk of reoccurrence. Care plans provided guidance for staff on how to reduce identified risks, for example risks relating to poor mobility or if someone required support with transferring from room to room. However we found some risk assessments were not fully documented on individuals risk profiles and required fuller details that would support carers when delivering care in people's homes, although this information could be found within peoples support plans. We spoke with the registered manager who told us they were in the process of implementing new care plans which were more detailed. Other care plans and records we looked at confirmed this. We looked at care plans and risk assessments that were kept in people's homes to see if guidance for staff on how best to deliver care in their home was available to care workers. We saw that risk assessments were in place and were reflective of people's needs. Risks to people within their home environment were also identified and assessed. We saw that risk assessments were reviewed on a regular basis in line with the provider's policy to ensure people's needs and risks were managed safely.

There were arrangements in place to manage foreseeable emergencies. Staff had received training in emergency aid, health and safety, fire safety and infection control. Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required.

Where people required support with their medicines, we saw there were safe appropriate arrangements in place to ensure medicines were managed and administered safely. People told us they received support from staff to take their medicines when needed. One person said, "They always ask if I have taken my medication." A relative told us, "My relative is now being fed through 'peg feeding' and some carers were not familiar with this procedure. I spoke with the service and they provided training. We are extremely happy and the carers are very competent."

We saw that where people needed assistance or prompting to take their medicines this was recorded on medicines administration records which detailed the medicines people were prescribed and when they had been taken. We saw that MAR records were returned to the office on a monthly basis to be checked for any errors or omissions. The registered manager informed us they completed medicines audits on a regular basis to ensure medicines errors and risks were minimised. Staff had received appropriate regular medicines training to ensure the safe support and administration of medicines.

Is the service effective?

Our findings

People told us they thought staff were competent and skilled and knew their job. One person said, "My carers are wonderful and know exactly what I want." Another person said, "I could not ask for better carers, they are very good and I know I can trust them 100%." A relative commented, "The carers are really good. My relative gets on so well with them, it is amazing."

Staff told us they received training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. They told us the provider had a trainer in place to support them in completing the care certificate during their induction into the service and who delivers the providers training programme to them at the provider's larger office where there was a dedicated training room and space for moving and handling training to take place. Staff told us they had access to regular updated training and could also access specialised training when requested for example when supporting people who need stoma care or support with feeding regimes. Training records we looked at confirmed this. Training provided included topics such as fire safety, medication, moving and handling, safeguarding and mental capacity amongst others.

Staff new to the service were provided with a detailed induction period. The provider's five day induction programme included mandatory training which covered the 15 standards as set out in the care certificate standards (CCS) and a period of shadowing experienced members of staff in which time they were assessed for example, in moving and handling techniques and for the management of medicines competency. The CCS was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers. We saw staff records contained a completed induction checklist and completed mandatory training workbooks covering a range of topics.

Staff confirmed they received regular supervision and had an annual appraisal of their performance. One member of staff told us how they had been supported through supervision and training to develop in confidence to undertake a senior role position. Records showed that supervision was conducted on a regular basis and provided staff with the opportunity to feedback on their performance and progress and to identify any training and development needs. In addition we saw that spot check visits were undertaken by senior staff within the community and these acted as part of a direct observational supervision session. Staff and people using the service confirmed that spot checks were undertaken on a frequent basis and were either announced or unannounced by the provider.

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 whether the service was working within the principles of the MCA. The registered manager told

us that most of the people using the service had capacity to make decisions about their care and treatment. However if they had any concerns regarding someone's ability to make decisions they would work with the person, their relatives, if appropriate, and any health and social care professionals. Care plans contained some information on people's mental health needs and capacity where appropriate through the provider's generic assessments that were undertaken. However the provider did not have systems in place for staff to assess people's mental capacity issues and needs in line with the MCA. The registered manager told us they would address this issue with the provider. These issues required improvement.

We recommend that the provider follows best practice in relation to working within the principles of the Mental Capacity Act 2005.

People told us their nutritional needs were met and people who required support with shopping for food or with cooking meals, we saw this was recorded in people's care plans to ensure the correct support was provided. Care plans included guidance for staff about people's nutritional requirements and any known risks. People told us that care workers prepared meals for them, and they were happy with the way in which care workers cooked their meals. One relative said, "The carers cook at lunch time and cook the food my relative loves, in fact they cook eggs in a particular way that my relative really likes. Sometimes they take my relative out for lunch to a Café that they like." Another relative told us, "The carers visit at lunch time and support my relative as they always try to be independent. They let her do as much as she can do for herself safely." During our visit to people's homes we noted that people had drinks prepared for them and left within reach and carers provided people with hot drinks at their request to promote good hydration.

People had access to health and social care professionals when required and we saw that staff worked well with professionals to ensure people's health needs were met. Assessments of people's needs were undertaken and included in their care plan to inform staff. Care records contained details of how to contact relevant health and social care professionals and their involvement in people's care.

Is the service caring?

Our findings

People told us that care workers showed understanding and compassion whilst providing support and that they had a regular group of care workers who knew them well. One person told us, "The carers are careful and they listen to me." Another person said, "My carers always talk to me and find out what I need." A third person commented, "My carers are lovely. They are like my family."

People told us they had been consulted about their care and support and their individual needs were identified and respected. Care plans contained a personal account of people's history; preferences about their care and guidance for staff on how best to meet people's individual needs. During our visit to people's homes we noted care workers spoke kindly to people telling them about the care they were providing whilst seeking consent. Care workers took time to socialise and engage people in a conversation. Staff told us they knew where to locate important information about people and their needs within their own home's and had access to people's identified care needs and risk assessments. They told us care plan records were updated regularly and were reflective of people's needs. We saw that care plans were located in people's homes and included a copy of the provider's 'service user guide' to the service, information on how to make a complaint and how to contact the service at any time.

People told us staff treated them with respect. One person said, "They are always polite." Another person told us, "They treat me well and know how I like things to be done." Staff we spoke with provided us with examples of how they respected and promoted people's dignity during personal care and how they maintained people's independence as much as possible. Staff also demonstrated good knowledge of people's needs and preferences and commitment in recognising what was important to them.

There was a strong person-centred culture at the service that was demonstrated by the way the registered manager and staff behaved and spoke with us about their work with commitment and passion. The service's mission statement and customer charter which is referred to in the service user guide and on the provider's website states "We will ensure that you are able to make real choices and have control over your person-centred care plan." The registered manager gave us examples of the practical ways in which they promoted the providers principles and values to staff in every day practice, for example by providing training in the principles of person centred care and by discussing these areas in regular team meetings and supervisions.

Staff were knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes. Staff received training in equality and diversity and we saw the provider was awarded a certificate for their equality policies that were in place.

Is the service responsive?

Our findings

People and their relatives told us their needs were assessed and a plan of care was developed with them and or their relatives where appropriate to meet their identified needs. One relative said, "The local authority put me in contact with the agency. They came out to see us. I am able to call them outside office hours if there is an emergency which is incredible and very responsive." Another relative commented, "My parents needed the help and the local authority put us in contact with the service. We have the care plan at home and know what's in it." People confirmed their care plans reflected their needs and were used by staff on a daily basis so they were aware of the support they required and could record any changes in their needs. One person said, "The carers write in the care record every time they come."

Assessments of people's needs and risks were conducted when people joined the service. The registered manager told us that senior staff visited people in their homes on initial request and undertook an assessment of their needs and risks. They told us that care plans and records were kept both on the providers' computer system and in paper files so staff located in the office could access people's information quickly and updated them when required. We saw that where appropriate local authority assessments were also conducted and contained within people's records for staff reference.

People's care needs and risks were identified and documented within their care plan. Care plans were organised and easy to follow with clear index guides. The registered manager told us they were in the process of implementing a new care plan which was more comprehensive and person focused covering areas such as health, living skills, activities and hobbies and diversity and equal opportunities. Care plans detailed information and guidance for staff on how best to support people. We saw care plans were reviewed on a regular basis and kept up to date to ensure changes in people's needs were met. The provider had several systems in place for reviewing people's needs which included formal review visits to people in their homes, spot checks which were announced and unannounced and telephone reviews. During our visit to people's homes we saw that care plans were available and present and people were aware of their plan and its contents. We also saw daily comments sheets which were kept by staff and detailed the care and support delivered to people on a daily basis. Care plans demonstrated that people using the service and their relatives, where appropriate, had been consulted about their needs and plan of care.

People told us they knew about the provider's complaints procedure and felt able to tell staff if they were not happy or if they had any concerns. One relative said, "We did have an issue with a carer and the agency sorted it out quickly. The agency was very good in sorting it out and we have had no further problems other than this." Another relative told us, "I would call the office. They are good and considerate with us. I can ring them and talk, plus they will come round to see me." Another person commented, "The service has been excellent. I would call the office but I have no reason to complain." The provider's 'service user guide' provided people with information on how to make a complaint and who to refer to if they were unhappy with the outcome. We looked at the provider's complaints records which were recorded on the computer system and saw that complaints were reported and recorded appropriately. Details of complaints were clearly documented and responded to in a timely manner.

The service worked closely with health and social care professionals and with local authorities that commissioned the service. The registered manager told us they worked closely with one local authority who commissioned the service and who commissioned the re-enablement service they provide. They told us that regular contact was made with them and feedback on people's progress was communicated to ensure the service's effectiveness in supporting people to regain their independence. In addition, we saw that people's care plans and records documented the involvement from other health and social care professionals. For example' if someone required equipment, contact was made with health and social care professionals to source appropriate equipment.

Is the service well-led?

Our findings

People we spoke with were complimentary about the care and support they received and the way in which the service was managed. One relative said, "They pop in to see my parents and pick up the paperwork, plus they call me from time to time as well. I would recommend Eleanor Care to anybody 100%; they would be the first name on my lips." Another person commented, "They are very user friendly. I am very impressed with Eleanor. They respond when I need them to and they go the extra mile, very impressed."

There was a registered manager in post at the time of our inspection and they demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008. They promoted a strong person centred approach to care delivery and had a clear vision they wanted the service to be person centred in its approach. They told us about the work the staffing team did to support local charities and other organisations such as raising funds for local hospices and making use of the provider's minibus to enable them to take people who use the service to social events arranged by them. Staff told us they felt well supported by the registered manager and senior staff and thought the service was well led. Care staff said that office staff were supportive and available for advice and support at any time. One member of staff said, "I feel very supported by the manager." Another member of staff commented, "It's a nice team of people and we all support each other." A third member of staff said, "This is the best agency I have worked for. They are very supportive."

Staff were provided with a staff hand book when they joined the service to act as a guide and to remind them about the provider's policies and procedures. Staff told us lines of communication were good which they felt was important for the running of the service. We saw office staff meetings were conducted on a weekly basis and meetings for all care staff were held at regular intervals. The provider produced a newsletter for people using the service and staff three times a year which provided information about the running of the service, local news, health related articles and any changes that may affect the way in which they service operated.

There were effective systems in place to monitor the quality of the service. The registered manager and the providers compliance manager showed us the systems in place which included staff spot checks, accident and incident reports, service user reviews held with people using the service including telephone reviews, care plan and care record audits, medicines audits, health and safety audits and accidents and incidents audits and analysis amongst many others. Audits confirmed that checks were conducted on a regular basis to ensure the standard of service delivery was good and had identified some areas that required improvements. We noted that records of actions taken to address any highlighted areas requiring improvement were completed. For example, gaps found on returned MARs were identified and followed up through the monthly monitoring system in place and as a result we saw evidence of further training being given to all carers as the monitoring audits had identified a pattern of non-compliance with fully completing the MAR charts as detailed in the provider policy. We saw that the provider also commissioned external auditors to ensure their internal systems were effective in identifying issues and enhancing good practice.

The service took account of the views of people using the service through annual service user quality

assurance surveys. We looked at the results and an analysis completed for the last survey conducted. Results were positive for example, 96% of people said they were very happy or happy with their care workers and 87% of people felt happy with the way the care workers treated them.