

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Northumberland Office

Inspection report

Commissioners Quay
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Date of inspection visit:

09 February 2021

23 February 2021

24 February 2021

25 February 2021

Date of publication:

12 March 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 Ltd - Northumberland Office is a domiciliary care service providing personal care to 48 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staff and people told us they did not feel there were enough staff to meet people's needs. Staff's comments included, "I do not feel there is enough staff to cover the amount of customers we have. We've recently had a lot of staff leave and the staff that have been joining haven't been staying long. This makes it extra work for the other staff members such as myself and others who feel pressured to do more work and go to areas they wouldn't usually go to for just one job because there isn't enough staff." People's comments included "I don't like new staff. I mostly get the same staff but sometimes get new staff due to sickness and annual leave There have been lots of changes recently. Staff get lots of different rotas they are constantly changing. I think they could do with more staff."

People spoke positively about the care staff and the support they received. Their comments included, "The girls are nice, and I have no complaints. I feel safe with the girls. The girls know what they are doing and do everything I ask" and "I am very happy with care I have no complaints. The carers know what they are doing, and I feel safe with them. I am happy with the carers." One relative explained that their family member, due to their dementia, didn't always recognise staff when they were wearing their masks. They said "She gets confused but staff are very good about reassuring her about who they are and comforting her."

Staff had received training in the safe management of medicines and had their competencies assessed to ensure they were administering medicines correctly. Staff worked with other health and social care professionals to meet people's needs.

People were supported with their dietary needs if required. People said they were supported with meals and staff always asked what they would like to eat or drink.

The service worked in partnership with other agencies to ensure people's needs were met. People's health was monitored during each visit and any concerns reported to office staff for action.

People and their relatives said they felt involved in planning their care and were able to share their preferences for how they wished care to be provided. Care plans recorded people's care requirements and preferences for how they wished to receive care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Systems were in place for the management of infection prevention and control. Staff were able to explain how they put on and took off their PPE. People we spoke with confirmed staff always wore PPE.

Quality assurance systems had been effectively implemented to assess the quality of the service and identify actions for improvements. The manager had an action plan in place to support this.

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

Rating at last inspection

This service was registered with us on 27/05/2020 and this is the first inspection.

Why we inspected

This was the first inspection of the service. The inspection was prompted in part due to concerns received about the service. A decision was made for us to inspect and examine all domains.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Eleanor Nursing and Social Care Ltd - Northumberland Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed 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. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service did not have a manager registered with the Care Quality Commission. The current manager had submitted their application to become registered manager. 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 a short period notice of the inspection. This was because we needed consent from people to allow us to contact them and we requested some information and documentation be shared with us.

Inspection activity started on 09 February 2021 and ended on 25 February 2021. We visited the office

location on 25 February 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

We used all of this information to plan our inspection.

During the inspection

We spoke with five people and four family members about their experience of the care provided. We received feedback from staff including care staff and office staff. We spoke with the manager.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and induction. We reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- People we spoke with said they did not feel that there were enough staff. Whilst calls were not missed people said carers were often running late and they did not know who would be arriving to provide their care. People felt they received their care from a lot of carers and would prefer a consistent team of staff.
- Staff told us they did not feel there were enough staff. They said due to staff shortages they were expected to work long hours. They told us there was no travel time between calls and therefore they often missed their breaks to ensure they didn't run late for people's care.
- People and their relatives told us staff were at times were a little late. People, and their relatives told us there were no missed visits.
- Safe recruitment practices were followed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been reported appropriately and analysed to identify any lessons to be learned.
- Staff had received training in safeguarding and said they felt people were provided with a safe service.
- People told us they felt safe when receiving care from staff. One person told us, "The girls know what they are doing, and I feel safe with them."

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

- Assessments were in place to identify risks. These included information on actions to be taken by staff to minimise those risks.
- When people had accidents or incidents these were recorded and monitored to identify any developing trends. When accidents or incidents had occurred, these were reflected upon and actions recorded where lessons had been learned.

Using medicines safely

- People's medicines were managed and administered safely.
- Staff had received training in safe medicines management and had their competencies assessed.
- Medicine administration records (MARs) were in place. These were reviewed regularly to ensure any errors were identified and acted upon.

Preventing and controlling infection

- The provider had an up-to-date infection prevention and control policy Staff had received training in the

prevention and control of infections and were provided with appropriate PPE. People we spoke with said staff always entered their home wearing their PPE.

- The provider was accessing testing for staff and where needed was supporting service users to be tested.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them commencing with the service.
- Care plans contained information on people's preferences for how they wished to receive their care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The manager said they currently did not support anyone who had been assessed as lacking capacity.
- People's ability to consent to care was assessed as part of the pre-admission procedure.
- People told us staff sought consent before providing care. Their comments included, "They always check that she is ok with what they are doing. They talk to her all the time, keeping her well informed of what they are doing."

Staff support: induction, training, skills and experience

- There was a training matrix in place which recorded when staff had completed core training. This showed staff had completed the necessary on-line training.
- Most staff felt they had received appropriate training to support them to provide care and support to people.
- People had confidence in staff's competencies and felt staff knew their care needs well.
- A discussion took place with the manager about ensuring that appropriate training was in place to support staff to understand the needs of the diverse service user group they are expected to support. This included training in supporting people with learning disabilities and mental health needs. The manager agreed to source this training.

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

- People were supported with their dietary requirements as identified in their care plan.
- People said staff always asked what they would like to eat or drink when supporting them at mealtimes.

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

- The service worked alongside other health and social care professionals to meet people's needs.
- People's health was monitored during each visit and any concerns reported to office staff for action. One staff member told us, "People's health and well-being is monitored on each call and if we feel it is necessary we will inform the office if we feel they need to be seen by any other healthcare professionals, such as district nurses."

Is the service caring?

Our findings

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

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

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

- People and their relatives were involved in making decisions about their care. One person told us "I have a care plan in place, and I have been able to talk about my likes and dislikes." They went on to say the care plan contained information on "my support needs and I can discuss any changes if I wanted to."
- People and their relatives said they felt able to contact the service to discuss any changes to their care and support needs.
- Some people and their family members said they weren't always told which staff members would be visiting to provide their care. The manager informed us that people could have rotas if they requested and they would follow this up.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff treated them with dignity and respected their privacy when delivering care and support. One relative told us, "They [staff] maintain her dignity and privacy by keeping doors closed when delivering personal care and telling her what they're doing at all times."
- People and their relatives told us they were happy with the care provided. They said they had been able to choose whether they wanted a male or female carer to provide their care. This was also recorded in people's care plans.
- People told us they were supported to maintain their independence. One person told us, "Where they can, staff promote my independence. For instance, I manage my own medication."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care and support plan to which contained information on their care and support needs. Care plans covered areas such as; communication needs, medical history, medication requirements, moving and handling, nutrition and personal care. People's preferred routines were documented to show how people liked things to be done. Some staff felt care plans were not up to date. The manager explained that new care planning documentation was being implemented and all care plans were being updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was not aware of the Accessible Information Standards (AIS). They explained that all information was available in different formats. They have been signposted to information on AIS.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware of who to speak to and how to raise a concern if they needed to. However, two people told us that when they had raised some concerns these had not always been listened to and action taken to address them.
- Formal complaints were recorded and investigated. Outcomes of complaints included lessons learned where appropriate. There had only been one formal complaint since the service had registered.

End of life care and support

- The service was currently not providing end of life care. The manager stated this was a service they wished to develop in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was managed and well-led. Leaders and the culture they created promoted quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager was aware of their legal responsibilities once they become registered. They submitted notifications of incidents to the Commission in a timely manner.
- Quality assurance systems and governance arrangements were in place to identify improvements and the actions needed to address them. The manager shared their current action plan to address the improvements they had identified. This included the recruitment of staff to address the concerns raised by staff in the feedback during inspection.

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

- Staff and relatives told us they felt involved in planning their care. One relative told us "I have a care plan and I was able to let staff know my preferences for care I wanted. They [staff] went through the care plan with me and I can read it anytime I wish."
- People and their relatives spoke positively about the management team. They told us they felt listened to when they had raised concerns.
- The manager said she monitored the culture of the service through feedback from people and their relatives. A survey had been sent to people and their relatives January 2021. These were still awaiting analysis to identify any changes the service needed to implement.
- Staff we spoke with felt they would benefit from team meetings where they could share their views. Not all staff felt they had the opportunity to feedback their views on what was happening in the service. The manager has agreed to review this.
- Most staff we spoke with felt supported by the manager. Their comments included, "I know the office door is 'always open' if we want to chat or have any concerns" and "We have supervision meetings with an Office Manager so we can discuss all matters and concerns and we can always telephone the office for ongoing support as and when required." Some staff felt communication with the manager and office staff could be improved. This has been discussed with the manager for action.

Working in partnership with others

- The service worked with other health and social care professionals to ensure people's care needs were met. During our inspection we observed the manager liaising with a care manager to identify how best to support someone who was in crisis.

- The manager had worked closely with the local authority since registering.
- Where required referrals had been made to health professionals such as occupational health and SALT to ensure people's needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager investigated incidents fully and was open and honest with exploring lessons to be learned.