

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Northumberland Office

Inspection report

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Date of inspection visit:

08 July 2022

15 July 2022

28 July 2022

Date of publication:

06 September 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

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 23 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

People were safeguarded against the risk of abuse. People told us they felt safe and said that no-one had ever made them feel uncomfortable or nervous.

We received mixed feedback about staffing. Some people and relatives told us that staff were sometimes late or did not stay for the full length of time. We have made a recommendation that the provider keeps staff deployment, including the length and times of calls, under review to ensure staff deployment meets people's assessed needs. The registered manager told us that an electronic monitoring system was being introduced which would enable management staff to monitor calls and any issues in 'real time'.

Recruitment checks were carried out before prospective staff started at the service to help ensure they were suitable to work with vulnerable people. Recruitment was ongoing. The registered manager had introduced an employee referral, recognition and reward scheme to help them find and retain staff.

Safe infection control procedures were followed. People and relatives told us that staff wore PPE to help reduce the risk of infection. Staff undertook regular testing to check for COVID-19.

There was a system in place to manage medicines safely. Staff had completed training and competency checks were carried out.

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.

There had been a delay in the provider sending us requested information regarding concerns which had been raised anonymously. This information was supplied at the time of the inspection. We have made a recommendation that the provider reviews their communication systems to ensure information requested by CQC is submitted in a timely manner.

Audits were carried out to monitor the quality and safety of the service. The provider was reviewing and strengthening their electronic quality monitoring system to support management staff access information and produce reports in a timely manner.

There were systems in place to involve people, relatives and staff in the running of the service. Anonymous surveys were carried out. Some people and relatives told us that more communication would be appreciated. The regional manager explained they were reviewing the effectiveness of the anonymous surveys.

There was a cheerful atmosphere at the office when we visited. Staff spoke positively about working at the service and the people they supported. People and relatives were complimentary about the care staff and said they were polite, friendly and willing to help. Comments included, "Staff are very friendly and [person] gets on with them very well," "I am really glad to see them when they arrive" and "They treat both of us with dignity and respect and we are very grateful for what they do."

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

Rating at last inspection

The last rating for this service was good (published 12 March 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made recommendations in the safe and well-led key questions in relation to staff deployment and provider communication. Please see these sections for further details.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection because we needed

to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 7 July 2022 and ended on 28 July 2022. We visited the location's office on the 8 and 15 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people, three relatives, one visiting professional, the registered manager, care planner, two recruitment officers and four support workers. We also spoke with the regional manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records, medicines' records and one staff file in relation to recruitment. We also viewed a variety of records relating to the management of the service, including policies and procedures, training information and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded against the risk of abuse. People told us they felt safe and said that no-one had ever made them feel uncomfortable or nervous.
- Staff had undertaken safeguarding training and raised no concerns about staff practices at the service.

Assessing risk, safety monitoring and management

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The provider followed the principles of MCA. The registered manager told us that no one using the service was subject to any restrictions placed upon them by the Court of Protection.
- Risks were assessed and monitored so action could be taken if any issues were identified.

Staffing and recruitment

- The provider's arrangements to monitor staff deployment were not always effective. We received mixed feedback about staffing. Some people and relatives told us that staff were sometimes late or did not stay for the full length of time.

We recommend the provider keeps staff deployment including the length and time of calls under review to ensure staff deployment meets people's assessed needs.

The registered manager told us that an electronic monitoring system was being introduced which would enable management staff to monitor calls and any issues in 'real time.'

- People and relatives told us that most of the staff were the same and therefore had a good understanding of their individual needs. One relative said, "The staff are great and its often the same team. I have no issues with the carers at all."
- Recruitment checks were carried out before prospective staff started at the service to help ensure they

were suitable to work with vulnerable people.

- Recruitment was ongoing. The registered manager had introduced an employee referral, recognition and reward scheme to help them find and retain staff.

Using medicines safely

- The provider had a system in place to manage medicines safely. Staff had completed training and competency checks were carried out.

Preventing and controlling infection

- Safe infection control procedures were followed.
- People and relatives told us that staff wore PPE to help reduce the risk of infection. Staff undertook regular testing to check for COVID-19.

Learning lessons when things go wrong

- Lessons learned were identified and shared with staff during meetings or supervision so appropriate action could be taken to help prevent any recurrence.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a friendly, family-orientated culture. There was a cheerful atmosphere at the office when we visited. Staff spoke positively about working at the service and the people they supported. One staff member told us, "I love the staff, I love the clients and I love the job, I wouldn't go anywhere else."
- People and relatives were complimentary about the care staff and said they were polite, friendly and willing to help. One person told us, "The staff are very nice and treat me well. I don't have any concerns with them."

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

- Staff were clear about their roles and responsibilities. Staff spoke positively about the registered manager and deputy manager. One staff member told us, "[Name of managers] are absolutely amazing."
- There was a training and supervision system in place. Staff told us they had undertaken induction training and ongoing training, most of which was online. Some staff told us more face to face training would be appreciated.
- People and relatives told us that staff knew what they were doing and had received training. One relative said, "I think they have been properly trained and keep her safe." Another relative suggested that dementia training would be beneficial for staff.
- We spoke with the registered manager about specific training such as dementia care and learning disabilities. From 1 July 2022, all health and social care providers registered with CQC must ensure that their staff receive training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role. The registered manager told us this training was being organised and staff had been enrolled onto dementia care training and further face to face training was being planned.
- There had been a delay in the provider sending us requested information regarding concerns which had been raised anonymously. This information was supplied at the time of the inspection.

We recommend the provider reviews their communication systems to ensure information requested by CQC is submitted in a timely manner.

The nominated individual told us they had changed their management structure and included an additional regional management role to help improve communication and ensure any issues or concerns could be dealt with in a timely manner.

- Audits were carried out to monitor the quality and safety of the service. The provider was reviewing and strengthening their electronic quality monitoring system to support the provider and management staff to access information and produce reports in a timely manner.

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

- There were systems in place to involve people, relatives and staff in the running of the service.
- Anonymous surveys were carried out. Some people and relatives told us that more communication would be appreciated. One relative said, "I have sent in feedback forms but nothing ever comes from it." The regional manager explained they were reviewing the effectiveness of anonymous surveys.

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 registered manager understood their responsibilities in relation to the duty of candour. There had been no incidents at the service which required them to act upon this duty.

Working in partnership with others

- Staff worked with health and social care professionals when required to help ensure people's needs were met.
- The registered manager told us how Eleanor Nursing and Social Care Limited was involved in the local community. The service sponsored a local football team. The registered manager told us, "It's nice to help the local community."