

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Dorchester Office

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eleanor Nursing and Social Care Ltd - Dorchester Office is a domiciliary care service that provides support and personal care to people 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. At the time of our inspection 70 people were receiving support with personal care. Eleanor Nursing and Social Care Ltd- Dorchester was registered with CQC in October 2020.

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

People told us the care they received made them feel safe and they were confident they were well looked after. Staff knew what support people needed and understood their roles and responsibilities in keeping people safe from harm.

Risks to people had been assessed and personalised care plans supported staff to help people manage these risks effectively. Staff supported people to access any equipment they needed to ensure their homes remained safe. A new system was being implemented to ensure more robust oversight of the administration of people's medicines.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's needs. Staff told us they received training and support to enable them to carry out their role safely and effectively. People told us they received the right care and support from staff who knew them well. People also told us staff usually arrived on time and they were also usually informed if there was a delay.

People received personalised care as described in their care plans. Care plans were clear about the outcomes that mattered to people and how they were to be met.

People told us they received the help they needed and that staff were kind and caring. People and relatives also told us staff were respectful. People received the support they needed to maintain good food and drink intake and access to healthcare was supported.

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.

People and family members knew how to make a complaint and were confident their complaint would be listened to and acted upon.

People and family members spoke positively about the management of the service and described the registered manager and staff as approachable. Staff felt supported in their role and were committed to

delivering person-centred care. This approach was promoted by the senior team. Effective quality assurance systems were in place to monitor key aspects of the service.

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 9 October 2020 and this is the first inspection. Prior to this date some people had received support in Dorchester from the Poole branch of the provider organisation.

Why we inspected

The inspection was prompted in part due to concerns received about infection control, staffing and meeting people's assessed needs. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and responsive sections 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eleanor Nursing and Social Care Ltd - Dorchester 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

This inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 April 2021 and ended on 4 May 2021. We visited the office location on 20 and 29 April 2020.

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. The provider had not yet been required to complete the required Provider Information

Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with four people who used the service and three people's relatives about their experience of the care provided. We also received written feedback from four further relatives. We spoke with, or received written feedback, from seven members of staff, the registered manager and a representative from the provider organisation. We also received feedback from two social care professionals who worked with the service regularly.

We reviewed a range of records. This included documents related to 11 people's care and support. We also reviewed records relating to the management of the service, including 13 staff records, time sheets, carer allocations, policies and procedures, complaints and quality assurance documentation.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with during our inspection told us they felt safe with the staff. Comments included, "I am reassured if there are any problems, I can phone day or night." and "I have never come across staff who have been rude or abusive."
- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff were able to describe indicators of abuse and were confident that they would be able to report any safeguarding concerns within the organisation and that these would be acted on. They made comments such as, "Any issue at all it gets dealt with." Staff did not all know which other organisations they could report safeguarding concerns to. We discussed this with the registered manager and a representative from the provider organisation and they told us they would ensure staff all had this information readily available.

Staffing and recruitment

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. One person expressed a concern that staff were working long hours. Some staff had worked long hours in the weeks prior to our visit. The registered manager explained that they checked on the welfare of staff who took on additional hours and monitored this. Recruitment was in place to ensure the service had the capacity to meet people's needs.
- People told us that the staff usually arrived when they expected them and said that they knew the staff who came out to them.
- Safe recruitment processes were in place. Staff who had been employed recently described how their references were taken up and records showed that all appropriate checks had been carried out before they commenced employment.
- Most people told us they were supported by regular staff which they valued. One person told us: "I have asked to see the same girls and I do." Another person told us, "I do have the same carers." A relative observed that new staff never arrived alone. Staff told us they liked having regular runs so that they got to know people well.

Assessing risk, safety monitoring and management;

- Individual risks to people and the environment had usually been assessed and were managed appropriately. Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm. Staff were confident in describing these risks and how people liked to be supported to stay safe.
- A new electronic system was being implemented that enabled staff to have quick and easy access to updated risk assessments. Paper records were being maintained to support a safe transition to this system. We discussed the benefit of important risk management information, such as if a person was taking blood

thinning medicines that would impact on how staff should respond if they fell or knocked their head, being available in the summary staff read when they first met people. The registered manager and office staff assured us they would check this was in place.

- A contingency plan was in place for staff to manage situations such as adverse weather or family members becoming unwell to ensure people continued to receive safe care.

Using medicines safely

- People were confident their medicines were managed safely. Staff felt confident that their training and competency assessments provided them with the skills to manage medicines safely.
- Records showed that where people needed their medicines administered at specific times there were systems in place to support this.
- We discussed the plans that were being implemented to improve the medicines administration system. There was a clear rationale behind the roll out of an electronic system and this system would address risks inherent in the current system including how medicines were added to the person's medicines administration record. This was currently done by hand by one member of staff which increased the risks that an instruction would be incorrect. This would not be the case in the new system.

Preventing and controlling infection

- People all told us that the staff wore their personal protective equipment (PPE) when they visited. People made comments such as: "The staff always wear their PPE when they visit me."
- Staff had received training around preventing and controlling infection and had access to relevant government and Public Health England guidance and information. Their handheld records detailed Covid-19 information on the first screen.
- Staff all described appropriate use of PPE, maintaining space when possible and hand washing techniques to minimise the spread of infection. Staff told us they always had access to this equipment.
- Staff were taking part in Covid-19 testing and most staff had taken up the offer of vaccination.

Learning lessons when things go wrong

- The service kept a record of any incidents; this would include any accidents that occurred within people's homes. These incidents would be reviewed by the registered manager to look at patterns and trends and to ensure appropriate action had been taken. There had not been any such accidents since the service was registered.

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

- Assessments were completed prior to people receiving support to ensure the service was able to meet their needs. This had been carried out remotely due to the pandemic and then an experienced member of staff had provided early care to ensure the care plan was accurate.
- People and family members told us they were involved in the assessment process. Comments included "The manager took the time to talk to me and find out what they needed to know about my relative, their likes and dislikes and their general well-being."
- Assessments were completed in enough detail to plan care and outlined people's wishes.

Staff support: induction, training, skills and experience

- People and family members told us staff had the skills and knowledge to provide the right support. They made comments such as: "It is very complex care they are providing. The care they provide is very good." And "The carers are all very good."
- Staff were assessed as competent to carry out their roles. Discussions and feedback indicated they carried out their roles effectively. Newly recruited staff had completed an induction and shadowing period. New members of the team told us they felt very supported and were able to phone the office, or on call support, if they had any queries.
- The manager and coordination staff understood what moving and handling equipment individual staff had been assessed as competent to use. This was not clearly recorded which increased the risk of staff using equipment they had not been trained to use. We discussed this with the registered manager and staff in the office and they implemented a robust system immediately.
- Staff had access to specialised training that was specific to people's individual needs. This included training such as catheter care, continence support and end of life care.
- Staff felt supported in their role. They all told us the support made them feel like part of a team and confident to address any learning and development issues.

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

- People's needs associated with safe eating and drinking were assessed and care plans reflected the support they needed. When people had plans developed by a Speech and Language Therapist to ensure they ate and drank safely this information was referred to in their electronic care record and held in their home.
- People were protected from risks associated with poor nutrition; where required, staff completed records to monitor people's food and drink intake. Care records detailed the risks people faced and supported staff to identify concerns, for example by outlining the signs of dehydration.

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

- Support from health and social care professionals was described in people's care records.
- People told us staff had supported them to make/access health appointments and relatives described how information was shared with them if they supported their loved one with this aspect of their life. One relative described how staff had acted quickly to ensure their relative received input from paramedics.
- During our inspection staff were liaising with professionals to try and ensure that a person got the support and equipment they needed.

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 (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice. Staff were clear about how they checked with people what they wanted during each care visit.
- No one using the service could not provide consent for their care. There were systems and processes in place to ensure that such decisions would be made lawfully if a person lacked this capacity.

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.

Ensuring people are well treated and supported; respecting equality and diversity

- People and family members spoke positively about the caring nature of the staff and the support they provided. Comments included "Everyone who visits is polite helpful and courteous." And "I am of the opinion that they are a responsible, caring and kind agency."
- People told us staff got to know them well and this made them feel well supported and cared for. The importance of developing rapport and having a laugh together was commented on by people, relatives and staff. Staff spoke about people with genuine affection. Relatives also felt this care with comments about staff checking how they felt and carrying out additional tasks that made their lives easier.
- Equality and diversity support needs were considered as part of the assessment process; the registered manager had a clear understanding of their role in ensuring people received appropriate and respectful care.

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

- People and family members told us they were given the opportunity to share their views about the care they received. People told us that when they had not gelled with a member of staff and preferred not to have them provide care, they had fed this back and it had been respected..
- Regular calls were held with people and family members to discuss care and obtain people's views. Reviews had just started as infection control restrictions were eased. The registered manager and senior staff had prioritised these and had started to visit people in their homes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and provided care and support in a way that made them feel comfortable. One relative observed that "They are all very mindful it is our home which means so much in our difficult times."
- People's care plans reinforced people's wishes to stay living safely in their home. Staff described with pride the impact of the support they provided to help a person regain their mobility following ill health.
- Staff understood the importance of respecting people's confidentiality.

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 Good. 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

- People's individual care needs and preferences were met by staff who followed person centred care plans. These plans were reviewed as necessary with the involvement of the person and their loved ones where appropriate.
- Electronic devices were being used by staff to access relevant information regarding people's care. A new system was being introduced and the information available to staff was being developed. Staff spoke positively about the care plans saying they were an accurate reflection of what people needed. They told us they were also guided by people as to how they wanted their care to be provided at the time.
- Daily records were completed regarding the care and support provided to ensure staff had access to up-to-date information about people's care and support needs.
- The electronic records and messaging systems allowed for both office staff and care staff to send immediate messages about changes in people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff liaised with other professionals and families to highlight concerns about social isolation. Staff described how they were seeking to improve people's access to their communities now that Covid-19 restrictions were lifting.
- A calendar of social events was being planned for people to attend at the office. These events would afford people and their relatives the chance to meet each other, and staff, in an informal setting and enjoy a wide range of activities.

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 service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- The registered manager explained that information was made available to people in a way they would understand, such as large print for those with sight impairment, should they require it.

Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with. We heard examples of requests regarding the choice of staff that had been made and responded to. Comments included, "I have no complaints at all and if I did I am sure the office would sort it out for me." And "If we have any problems we just ring up the office and they sort it out."
- The service maintained a record of complaints to show how complaints had been dealt with; those recorded had been dealt with appropriately.
- The registered manager also reviewed informal concerns and grumbles regularly to ensure that any themes would be identified.
- The provider had implemented a complaints system that staff and people access using a range of methods including a QR code. This meant people and staff could raise concerns directly with the senior management of the provider organisation.

End of life care and support

- The service was not currently supporting anyone with end of life care, however, they had staff who had received additional training to provide this care.
- People were asked about their wishes in a sensitive manner and where people chose to share these wishes they were recorded as part of people's care plans.

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 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 registered manager and provider promoted a culture of person-centred care which was reflected in the positive comments received by people using the service and the comments made by staff.
- People were encouraged to share their views and told us they felt listened to. They spoke highly of the staff and registered manager.
- People and family members told us they were happy with the service they received. We received comments such as, "I've no complaints at all, Eleanor Care are brilliant." And "In a nutshell (we) are very pleased that we have Eleanor Care as my (relative's) care company."
- Social care professionals were positive about the service's ability to support people. One commented that they found, "Eleanor Care is always very flexible and adaptable to meet people's needs and they are the care agency I would approach if I need services put in place in an emergency situation because they will always try their best to accommodate the request." Both social care professionals also highlighted that the service were achieving positive outcomes for people with complex needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff understood their roles and responsibilities; staff spoke very positively about their communication with the registered manager and other office based staff.
- The provider ensured policies and procedures were reviewed regularly and accessible to staff. This had included policies and procedures related to the Covid-19 pandemic.
- The registered manager ensured the Care Quality Commission was notified of events related to the running of the service, as required by regulation.
- The registered manager and the provider organisation understood their legal responsibilities including those related to the investigation of incidents/events that occurred and the need to comply with duty of candour responsibilities.

Continuous learning and improving care

- Effective quality assurance systems were in place to monitor the service; checks and audits were completed regularly by the registered manager and senior care staff. Where the need for improvements was indicated actions were taken.
- Improvement actions identified in other branches of the provider were shared to improve the quality of

care people received.

- The registered manager was supported by the provider organisation who had regular oversight of the audits and checks being completed. A representative of the provider supported the registered manager and office staff team during the inspection.
- People and family members were asked their views about the service; information gathered was used to make improvements to the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service they received.
- A 'compliments' record was kept to show many of the positive comments people had made about the service. Compliments were shared with staff to ensure they were told when someone reflected positively on their work. Comments received related to kindness provided by individual staff and general praise for the whole team.
- The registered manager and staff worked closely with other health and social care professionals to ensure good outcomes for people. One social care professional highlighted that there had been some glitches in communication however the service had provided an explanation and commitment to improvement.