

Eleada Ltd

# Eleada Care Services

## 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

Eleada Care Services is a domiciliary care agency that provides care and support to people living in their own homes. The service is also registered to provide nursing care. However, the registered manager told us that nursing care was not currently being provided by the service. When we inspected 47 people were being provided with personal care by the service.

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

The care and support provided to people was person centred. People's care plans and risk assessments included information about their care and support needs and preferences. People's care plans were up to date and included guidance and information to assist staff in meeting people's needs and preferences and to reduce the risk of harm.

Staff had received training about safeguarding adults. They understood their responsibilities in recording and reporting any allegation or suspicion of harm or abuse.

The service ensured that staff were safe and suitable for the work they would be undertaking. New staff did not work with people until satisfactory references and criminal records disclosures had been received.

New staff received a comprehensive induction to the service before starting work. All staff received regular training to support them meet the needs of the people they supported. Training was refreshed regularly to ensure that staff were up to date with their skills and knowledge. Staff received regular support to assist them with their work with people.

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 had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People and family members said that staff asked for consent when carrying out care and support tasks.

Information about people's religious, cultural and communication needs and preferences was recorded in their care plans. These included guidance for staff on supporting people's individual preferences.

People and their family members said that they were regularly asked for their views of the care and support that they received. Spot checks of staff care practice had taken place in people's homes.

The service had systems to manage and respond to complaints and concerns. People and their family members were aware of the service's complaints procedure. They knew how to make a complaint if they were unhappy with the service.

The provider undertook a range of audits to check on the quality of care provided. These showed that people were satisfied with the care and support that they received.

Rating at last inspection:

The last rating for this service was good (published 6 January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

# Eleada Care Services

## 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 a single inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission (CQC). 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included eight people's care records and medicines records for people

receiving support to take their prescribed medicines. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance monitoring were also reviewed. We spoke with the registered manager and three office based staff.

After the inspection

Following our inspection we spoke with seven people who used the service and two family members. We also spoke with four care staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to ensure that people were safe from the risk of harm or abuse. Staff had received training in safeguarding adults. They understood their roles and responsibilities in ensuring that any suspicions or concerns were reported immediately. A staff member said, "I report anything I am worried about immediately even if it's something small."
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC. They told us, "It's important that we are clear and transparent about everything."

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as mobility, falls, health, eating and drinking, pressure sores and environmental risks. People's risk assessments included risk management plans with guidance for staff on keeping people safe.
- People's risk assessments had been regularly reviewed and updated when there were changes in their needs. However, the risk assessment for one person had not been completed. The registered manager told us that this was in progress and would be completed with the person within the next few days.

Staffing and recruitment

- The service ensured that staff were suitable for the work they were carrying out. Checks of criminal records, visas and references had been undertaken before staff started working with people.
- The services' rotas showed that staff had been provided with time to travel between each care visit. Staff were required to text or phone the service when they arrived at each care call. The registered manager told us that if a staff member had not logged in within 15 minutes of the due time a call would be made to the person to check if they had arrived. The provider had recently purchased an on-line system for monitoring of care calls to people. Staff training on using this was due to take place the day after our visit.
- People received support from regular staff members. People told us that staff were reliable. A person said, "I get the same care staff. They tell me if they are going to be late. It isn't a problem as it doesn't happen often." Another person said, "They always turn up. Sometimes I get another person if the carer is away, but they are all fine."

Using medicines safely

- Staff supported some people to take their prescribed medicines. Where they did so, they had signed peoples' medicines administration records (MARs). The service monitored peoples' MARs regularly to ensure that they were accurately completed by staff.
- Staff had received training in safe administration of medicines. The service had assessed staff competency

and knowledge in the safe administration of medicines.

#### Preventing and controlling infection

- The service had a policy and procedure in place to ensure that risk of infection was prevented and controlled. Staff were provided with disposable protective items such as gloves and aprons. Staff and people confirmed that these were used when providing care and support.
- Staff had received training in infection control and food safety.

#### Learning lessons when things go wrong

- Staff had reported and recorded accidents and incidents in a timely manner. People's care records showed that other professionals and people's family members had been contacted when accidents or incidents had taken place.
- People's risk assessments and care plans had been updated where there were any concerns arising from an accident or incident. For example, a person's care plan and risk assessment had been updated to provide staff with guidance on supporting a person following a fall.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 had been assessed before they started to receive care and support from the service. People's assessments included information about their individual health and care needs, personal preferences and religious and cultural requirements.
- People's care plans and risk assessments were person centred and linked to their needs assessments.
- People and family members said that they had been involved in developing and agreeing their assessments and care plans. Where people had been unable to provide consent, we saw that family members or health and social care professionals had been involved in any decisions about care.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their roles. This included mandatory training and 'shadowing' of more experienced staff. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff members in health and social care services.
- All staff received regular training. This included safeguarding, medicines administration, moving and handling, infection control and person-centred support. Training was regularly 'refreshed' for all staff members to ensure they remained competent and up to date in their roles. Staff spoke positively about the training they received. A staff member said, "I have worked for other agencies and this is the best training I have received."
- Staff also received regular supervision sessions where they could discuss issues in relation to their work and personal development. Unannounced spot checks of staff support to people in their homes had also taken place.

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

- People were supported by staff to eat and drink where this was needed. Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments. These included information about cultural and personal dietary preferences and the support people required from staff to eat and drink.
- Where people had specific eating and drinking needs these were included in their care plans. However, we saw that records of food and fluids taken by people were not always recorded in their care records. The registered manager said that they would speak with staff about the importance of accurately recording this information to show that people's dietary needs were met.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other healthcare and social care professionals involved with their support. People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met.
- Guidance provided by healthcare professionals was included in their care files. People's care records showed that staff had recorded that they had followed such guidance.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments. People were registered with GPs and received support from community nursing services where required. Staff members supported people to attend appointments with health professionals where required.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked whether the service was working within the principles of the MCA. People's care assessments included information about their capacity to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff had received training on the MCA. A staff member said, "One of my ladies has dementia. If she can't make the choices that she can now I will report this to my manager."
- People were involved in making decisions about their care and support. They had signed their care plans and risk assessments where they were able to. Family members and other professionals had also been involved in supporting people to make decisions where required.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- Staff understood their roles in ensuring people received caring and compassionate support. They spoke about the people they supported in a positive and respectful manner. People and family members also spoke positively about the care and support they received from staff. Comments included, "Some staff are better than others. However, I don't have a concern about any of them, They are all good."
- Staff understood the importance of supporting people's individual needs and preferences. Information about how staff should support people's religious and cultural needs and individual likes and dislikes was included in their care plans.

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

- People and their family members were involved in decision making. A person said, "They do talk to me about what they are doing and check if I am happy all the time." A family member told us, "The care workers are very good with [relative]. He seems to be very happy with them"
- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support. Information was provided in formats that promoted people's involvement in agreeing their care and support. The service provided staff who were able to communicate with people in their first language where possible. For example, one person who spoke Arabic received most of their care and support from an Arabic speaking staff member.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us that staff maintained people's privacy and dignity at all times. One person said, "I think they [staff] are very respectful. They do things just the way I want. They know what I need but they ask me anyway."
- Staff supported people to maintain their independence. People's care plans included guidance for staff on how to support them to do things for themselves as much as possible. A staff member said, "It's really important that we don't take over. One of my ladies likes to be independent so I do things with her as much as I can."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff members on how they should support people to ensure that their needs and preferences were met.
- Care plans were reviewed routinely and when people's needs changed. However, we found that two care plans contained information that was incorrect or out of date. For example, a person's care plan had not been changed when they no longer required nutritional support through a tube feed. The registered manager told us that they would review, and update people's care plans immediately.
- A person said, "They know what I need and they send me carers who understand this."

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.

- Some information, such as the complaints procedure was provided in easy to read formats The registered manager told us that the service would provide information in a range of formats and languages should people require this.
- People's care plans included information about their communication needs. Staff were provided with guidance on ensuring that people's communication needs were met. The registered manager told us that, where possible, people were matched with staff who could communicate with them in their preferred language.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people and family members when they started using the service. People and family members told us that would contact the registered manager if they had a complaint. A person said, "I will tell the manager if I have a complaint, but I haven't had any so far."
- The service had a system for monitoring of complaints. The complaints log showed that complaints had been addressed promptly and to people's satisfaction.

End of life care and support

- No-one was receiving end of life care and support when we inspected the service. The registered manager said that staff had worked with professionals such as palliative care and district nurses to support people

who were nearing the end of life in the past.

- Some people's care plans included information about their end of life preferences. The registered manager said that sometimes people or their relatives were unwilling to provide information about this. They said that they would continue to encourage people to discuss their end of life wishes.

# 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 the last inspection this key question was rated as Good. At this inspection this key question 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

- Information about the aims and objectives of the organisation was provided to new staff members during their induction. Information about service changes and up-to-date good practice was regularly circulated to staff and discussed with them during their supervision sessions and team meetings. A staff member said, "I can't fault the information we get. It's really helpful and makes me feel part of a team."
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- People and family members spoke positively about the service. A person said, "It's a really good service." A family member told us, "We had another agency before. This is much better. They make sure we are involved."

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 had ensured that concerns had been recorded and reported to appropriate bodies such as CQC and local authorities where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular monitoring checks of the safety and quality of the service had taken place. These included checks of people's care records, medicines records, complaints, accidents and incidents and staff records. Actions had been taken to address any concerns arising from monitoring checks.
- People, family members and staff said that the service was well-managed. A person said, "[The registered manager] is lovely. She comes out and listens and she changed my care times." A staff member said, "I have worked for other agencies and this is the best managed. We get regular information and I feel I am helping to develop the care that [people] get."

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

- People had been asked for their views of the service on a regular basis. The records of these surveys showed high levels of satisfaction. People and family members confirmed that they had been asked for their views about their care and support. A person said, "[Registered manager] or someone from the office ask me what I think about staff. I'm always happy."

- Meetings with staff took place to share information and provide opportunities for them to share and discuss issues related to their care practice. Staff said that they could discuss ideas and concerns with their manager at any time. A staff member said, "We have many opportunities to talk about our work and I can phone [registered manager] at any time."

#### Continuous learning and improving care

- There was a culture of continuous improvement and learning within the service. The registered manager kept up-to-date with best practice and circulated information to staff. An ongoing programme of staff learning and development was in place to ensure that staff maintained and developed their skills.
- The provider was in the process of introducing an electronic recording and monitoring system. This had been discussed with staff at a recent team meeting. Training on use of the system was due to take place on the day after our inspection of the service. The registered manager told us that the service had provided staff with smart phones to enable them to use the new system effectively.

#### Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were fully met. Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. Information about referrals and contact with health professionals was included in people's care notes. Where people had been admitted to hospital the registered manager had ensured that contact was maintained with hospital staff to ensure that appropriate support was in place when they returned home.
- During our inspection we heard staff speaking with health and social care professionals on the telephone to ensure that people's needs were being met.