Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Leegate Office

Inspection report

15 Leegate
Burnt Ash Road
Lewisham
London
SE12 8SS

Tel: 02086901911
Website: www.eleanorcare.co.uk

Date of inspection visit:
04 December 2019
05 December 2019
06 December 2019

Date of publication:
23 January 2020

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 - Leegate Office is a domiciliary care service. It provides care to people living in their own homes. At the time of our inspection they were supporting 480 people. The agency is registered to provide services for younger adults and older adults with a range of needs including physical disabilities, autism and dementia.

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, 466 people were receiving personal care.

People's experience of using this service
People and relatives that we spoke with were generally satisfied with the service and many spoke highly of their regular care workers. Most people told us they had continuity of care from caring staff who knew them well and usually arrived as expected.

Risks faced by people were assessed and documented and staff understood how to mitigate them. However, some risk assessments did not contain enough detail and people's medicines had not always been correctly documented.

People told us they felt safe and they were cared for by staff who were well-trained and understood how to protect them from abuse and report any concerns.

People and their relatives told us that when things went wrong they were comfortable in contacting the office and confident they would be listened to. People who had raised concerns in the past said their concerns had been dealt with appropriately.

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.

The service had taken steps to address the issues raised at the last inspection, and there had been significant improvements. There was a dedicated quality team and the service was committed to making ongoing improvements.

Staff told us they enjoyed their work and most felt well-supported by the office team.

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 requires improvement (published 25 January 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 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 - Leegate 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 carried out by three inspectors and one 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 homes.

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 48 hours' notice of the inspection. This was because we needed to be sure that the management team would be in the office to support the inspection.

Inspection activity started on 4 December 2019 and ended on 3 January 2020. We visited the office location on 4, 5 and 6 December 2019.

What we did before the inspection
We reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. We received feedback from local

commissioners. 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 spoke with the service support manager, the registered manager, the operations director, branch auditor and 14 care workers. We spoke with 18 people and 9 relatives. We reviewed a range of records, including 25 people's care records and medicines records. We looked at six staff files and various records relating to the running of the service, including safeguarding and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures. We sought feedback from professionals.

Requires Improvement

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 requires improvement . At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess all risks and do all that was reasonably practicable to mitigate against such risks in the delivery of care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

● Risks to people's safety were identified and assessed before the service started, and then regularly reviewed. Since the last inspection a plan had been implemented to completely review and rewrite each person's risk assessments. We could see that this was well underway and many risk assessments we saw were detailed and well-written, including for people at high risk and those with complex needs. However, some other risk assessments we looked at were not as good and contained only basic or incomplete information. The service manager showed us a spreadsheet on which she tracked reviews to be completed and this included assessments which had been identified as low quality by the company's internal quality processes, including some that we had seen. Care workers told us that people's risk assessments were now much improved and they felt more confident that they were working safely.
● The equipment used by staff when supporting people in the homes was regularly serviced. The due date of the next service was noted in people's assessments.
● Risk assessments were documented and shared with care workers using an app on their mobile phones. This meant that staff working in the field were able to access the most up to date information as soon as it was available. Staff told us this worked much better than the old paper-based system and they felt they were now able to easily access the information they needed to support people safely.
● Staff usually visited the same people regularly and so were able to routinely monitor their safety on a day to day basis. They told us they were confident in reporting any safety concerns to the office and felt that they would be dealt with appropriately.

Systems and processes to safeguard people from the risk of abuse
● People were supported by staff who were aware of the signs of abuse, and knew how to report their concerns to the office. However, several staff we spoke with were unaware of how to take their concerns further if needed. They were unfamiliar with how to escalate concerns internally to the organisation's management or did not know they could raise concerns externally, such as to the local authority or the CQC.

The service manager told us they would remind all staff of these processes in an immediate memo and follow this up in the next staff meetings.

● There were procedures in place to protect people from potential abuse by staff. For example, staff who assisted people by shopping for them told us kept records and receipts to help protect them from financial abuse. Photos of receipts were sent electronically to the office at the end of the shopping trip and the paper receipts were routinely audited by supervisors during spot checks and service reviews.

Using medicines safely

● The support people required with their medicines was assessed and documented. There was clear guidance for medicines being taken 'as required' and homely remedies. However, in several of the files we reviewed the list of people's medicines in their assessment was not always up to date compared to the list of medicines on the care plan, or potential risks had not always been assessed and documented. The service manager told us these would be fully reviewed as soon as possible and immediately addressed any urgent concerns.

● People were supported with their medicines by staff who had been trained in the safe administration of medicine. Many told us they had been recently trained by a pharmacist. Staff knew the agency's procedures and told us they adhered to them.

● Staff completed medicine administration records (MAR), using the app on their mobile phone, each time they supported someone with their medicines. These records were monitored in the office and audited regularly. Where mistakes were identified, these were followed up with staff and records kept of action taken.

Staffing and recruitment

● Safer employment checks had not always been fully completed before care staff began work. We saw that recently recruited staff had verified references but some did not have a complete employment history, including explanations of any gaps. The service manager showed us that this would be impossible when the new HR management software was fully implemented, and advised us she would request that the missing employment histories were gathered as soon as possible.

● Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

● Most people told us they usually had continuity of care. This meant they were usually supported by staff who were familiar with their needs and knew how to keep them safe. However, some people told us the service was less reliable at weekends, or when their regular care worker was away. One person said, "I don't know the carers at the weekends. It makes me feel very uncomfortable." The service manager told us they were already addressing this issue through changing the way it scheduled people's visits so they were familiar with more staff but still had continuity of care.

● Electronic call monitoring (ECM) was in place, and the records were routinely reviewed by the management team. People told us their care workers usually arrived on time and staff told us they had enough travel time between visits. Rotas and monitoring reports we saw confirmed this. As far as was practicable, staff were given visits close to their home and in a limited area. This meant they were less likely to be significantly affected by transport or traffic issues.

Preventing and controlling infection

● People were supported by staff who had been trained in infection control. Staff correctly described for us when and how to use personal protective equipment (PPE) such as gloves and aprons. People told us that staff were clean and tidy and disposed of waste appropriately. One person told us, "[Care worker] is very fastidious and always wears shoe covers."

● Where people had been assessed as being particularly at risk of infection, the steps care workers should take to prevent this were clearly recorded. For example, one person ate with their hands and it was emphasised in their care plan that care workers should make sure they reminded and supported the person to wash them before eating.

Learning lessons when things go wrong

● The service had a proactive culture of learning from its mistakes and near-misses. There was a dedicated quality team who monitored and reviewed incidents. Learning from these was shared throughout the organisation appropriately, for example in staff meetings and supervisions.

Good

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

At our last inspection the provider had failed to ensure that care was provided with the consent from the person using the service. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- People's capacity to make decisions relevant to their care and support were assessed and documented. Where a relative or representative had signed on a person's behalf the reason for this was noted. Where people had capacity but needed support to make a decision, the support required was documented. For example, where a person communicated their consent (or lack of it) in non-verbal ways these were clearly described.
- Staff knew and applied the principles of the MCA. They told us they assumed people had capacity unless they had been specifically assessed otherwise and looked for this information in people's care plans. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care, such as what to wear and what to eat.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff received appropriate supervision and

appraisal. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

● People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Following their induction staff shadowed more experienced members of staff.
● Staff we spoke with were experienced and confident, and most told us they felt supported in their role and had regular supervision and appraisal with their supervisor. There were regular spot checks of care workers. Staff told us, "I have regular supervision, and spot checks as well. They can come at any time."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were assessed prior to receiving support or as soon as possible afterwards, and a care plan was drawn up. The format of these care plans was clear and in line with current guidance and best practice. We saw several which were written in detail, in a person-centred way, with lots of information about people's preferred routine including important details like oral and denture care. However, we saw some which were not composed to such a high standard and did not contain detailed information about people's personal care preferences and routines. The service manager showed us a spreadsheet on which she tracked reviews to be completed and that this included care plans which had been identified as low quality by the company's internal quality processes, including some that we had seen.

Supporting people to eat and drink enough to maintain a balanced diet
● People's needs around eating and drinking were assessed and documented, including their preferences and special diets. For example, we saw detailed instructions for someone who required a puréed diet because they were at risk of choking and aspiration.
● People we spoke with who were being supported with food preparation were happy with the service they received. Some relatives mentioned that occasionally there had been issues with staff not following the care plan, such as leaving food with a person instead of supporting them to eat it, but that these had been resolved when they contacted the office.

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 with other organisations and services to promote people's health and wellbeing. Care plans and records showed effective liaison with other health and social care professionals and services. For example, we saw that when care workers called in to report concerns about people's health then timely contact was made with district nurses or GPs.
● People we spoke with told us they were confident that their care workers would notice if they were not well and would seek help appropriately. People and staff gave us examples of times when this had happened. For example, one person told us that a care worker had noticed they weren't "talking properly" and took immediate action to get them to hospital. Staff described for us the signs and symptoms of common threats to people's wellbeing, such as dehydration and urinary tract infections.

Good

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 requires improvement. At this inspection this key question has now improved to 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

- All of the people we spoke with said their care workers were kind and caring. One person told us, "There's one particular carer that will do anything she sees needs doing. For instance, she'll replenish the sugar bowl, fill up the cereal container, get milk out of the freezer. I don't need to ask. She's very good."
- Staff told us they enjoyed their work and spoke of the people they supported with warmth and kindness. They told us, "I get to go home every day and know I've literally made a difference to a lot of people's lives" and "This is a really rewarding job, you see your people getting better."
- People's diverse needs, including religion, culture and language, were assessed and included in their support plan appropriately. People's protected characteristics under the Equality Act were identified and any related needs were assessed. Several people had been matched with staff who were able to speak their language and understood their cultural needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- All of the people we spoke with said they were comfortable being supported with their personal care, and that their care workers supported their dignity and preserved their privacy. Staff described the ways they ensured people maintained their dignity during personal care, such as using towels to cover them and making sure people did everything they could for themselves.
- People's support plans promoted their independence at home. Staff spoke in detail about how they supported people, including those living with dementia, to remain independent. People told us they were encouraged to be as independent as possible.

Good

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 requires improvement. At this inspection this key question has now improved to 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

● Care workers had a good understanding of the needs and preferences of the people they supported, but this knowledge was not always reflected in people's care and support plans. People we spoke with confirmed that they were involved in the development of their care plan and that they took part in reviews routinely and when their needs changed.

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.

● People's communication needs were assessed in line with the AIS and recorded in their support plans. Staff described for us the different ways they communicated with people, such as speaking clearly and facing the person when they have hearing loss.

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

● People's care visits were planned in accordance with their social needs, for example, by scheduling morning visits at an earlier time so that people were able to attend day centres.

● Staff supported people to access the community and take part in activities where it was part of their agreed plan of care.

Improving care quality in response to complaints or concerns

● The service had a culture of improving care quality and there was a dedicated quality assurance team. Complaints and concerns were recorded in detail and records were analysed for trends. Where complaints were upheld, appropriate action was taken.

● The service ensured that people and their relatives were aware of the complaints procedure. Several people we spoke with had made complaints in the past, which they told us were resolved quickly and to their satisfaction. People who had not complained were confident that if they called the office to complain that it would be dealt with.

End of life care and support

● At the time of the inspection, the service was not supporting anyone at the end of their lives. Policies and procedures were in place and staff had been trained in end of life care. People's end of life wishes and preferences were noted where known.

Good

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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;
Continuous learning and improving care

At our last inspection the provider had failed to notify the Care Quality Commission (CQC) about significant incidents. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider was now meeting this regulation.

● The CQC had been notified of all significant incidents in line with the regulations. The service regularly audited records of all complaints, safeguarding investigations and quality concerns and this included checking that we had been notified correctly.
● Managers and quality staff understood their duty of candour. Records were kept of all complaints and concerns, even minor concerns which were resolved immediately. We could see that where complaints were upheld the service responded to complainants appropriately.
● Managers and staff were clear about their roles within the organisation. Co-ordinators were responsible for specific areas and staff teams, and care staff knew who their supervisors were. However, we did find that some care staff were unsure about who was acting as the care manager since the previous manager had recently left.
● There was a strong culture of learning from past mistakes and ongoing improvement at the service. The service had addressed the issues identified at the last inspection and had an ongoing programme of quality assurance. Action plans were realistic and considered both quality and risk. For example, the programme to completely rewrite everyone's care plans and risk assessments had prioritised people at higher risk, such as those with moving and handling needs or complex conditions. This meant that we found that some people at low risk still had less detailed plans, but overall this number was now very low.
● Quality assurance systems were robust and managed by a dedicated quality team. There was a comprehensive system of checks and audits, with a further system of checking the audits to ensure they had been carried out correctly. Quality staff we spoke with understood that their effectiveness had significant

impact on the potential wellbeing of many people.

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

● We received negative feedback from many people and care workers about how well the office communicated when there was an issue with the service, such as a care worker running late or a person cancelling their calls. People told us, "They very rarely phone. That's their downfall. Not good at communication" and "They don't keep in touch. They are very approachable though if I needed to know anything." The annual quality survey had identified this as a theme in people's comments and improving this was in the service's action plan. Recent on-call records we reviewed showed that the duty workers usually called people and staff about changes but sometimes they had been unable to in a timely manner.

● The service was mindful of the potential impact being a larger provider could have on the quality of its care and the morale of staff. One way they had addressed this was by dividing care staff into smaller teams with team leaders, field supervisors and a co-ordinator. Most staff told us this worked well and they found their co-ordinator to be supportive and approachable.

● There was dedicated recruitment staff and the service was proactive in reaching potential recruits, such as by having a stall at job fairs held at local colleges. Most recruits who completed induction remained in employment with the service.

● Care staff told us that their conditions were good. Those who had ever had questions about their pay or other employment queries told us their queries were resolved quickly.

Working in partnership with others

● As a large provider, the service worked closely with many local professionals and services. We saw examples of this in people's care plans and records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals, such as district nurses and occupational therapists.