

Eleanor Nursing and Social Care Limited Lewisham Office (Eleanor Nursing and Social Care Limited - Lewisham Office)

Inspection report

Eleanor Nursing and Social Care Limited,
404 Lewisham High Street, Lewisham,
London SE13 6LJ
Tel: 0208 690 1911
Website: www.eleanorcare.co.uk

Date of inspection visit: 4 June 2015
Date of publication: 06/08/2015

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?	Requires Improvement	

Overall summary

Lewisham Office, also known as Eleanor Nursing and Social Care Limited - Lewisham Office, provides people with support, which includes personal care, in their own homes. Our previous inspection of the service took place on 3 December 2013. The service met all the regulations we checked at that time.

We announced this inspection two days in advance. At the time of the inspection 198 people were using the service. Most people's needs had been assessed by the local authority who had then commissioned the service to provide a specific package of care.

Summary of findings

There should be a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The current branch manager of the service is not registered with CQC. We are reviewing the situation and will be taking action to ensure there is a registered manager for the service. At this inspection we found the branch manager had not informed CQC of safeguarding concerns. This may have put people at risk because we could not be sure that appropriate action to safeguard people had always been taken. There was breach of CQC regulations. Details of the action we told the provider to take are at the back of the full version of this report.

Staff assessed risks to people and took action to promote their safety. Staff clarified what support people needed with their medicines and planned and delivered appropriate assistance to them. There were enough staff available. People told us the service was reliable and they received their support visits as planned.

The service carried out recruitment checks to ensure staff were suitable. Staff were well trained and received support to carry out their duties. They gave people the support they needed to eat and drink and keep as healthy as possible.

Staff knew how to treat people with dignity and respected their privacy. People told us staff were kind and caring. Staff involved people in planning their care and support. Staff delivered people's support as planned. They regularly checked whether people's needs had changed so that, if necessary, their support arrangements could be amended. People understood how to make a complaint and the managers of the service had responded to complaints appropriately.

Staff asked people to complete questionnaires about the service to check whether there were any areas for improvement. Staff told us the branch manager was open and supportive. A local authority commissioner told us the service was reliable and effective in meeting people's support needs.

Summary of findings

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 safe. Staff assessed and managed risks to people to promote their safety. People received the support they needed to have their medicines safely as prescribed.

There were enough staff to ensure a reliable service. Recruitment checks were carried out to ensure staff were suitable. Staff understood how to recognise and report any concerns about abuse or neglect.

Is the service effective?

The service was effective. Staff received training and support which enabled them to give people appropriate support.

Staff supported people to eat and drink and to access the healthcare they needed.

Is the service caring?

The service was caring. People told us staff were kind and treated them with consideration. Staff understood how to treat people with dignity and respect.

People were involved in planning their care and support.

Is the service responsive?

The service was responsive. Staff assessed people's needs and planned and delivered effective support.

People knew how to make a complaint. Managers of the service responded to complaints.

Is the service well-led?

The service was not always well-led because there was no registered manager in post.

The branch manager had not sent the CQC notifications in accordance with health and social care regulations.

Staff and people's relatives told us the branch manager was open and approachable. A local authority commissioner told us the branch manager had ensured the service was reliable and effective.

Supervising staff carried out checks on the quality of the service and took action to improve the service.

Lewisham Office (Eleanor Nursing and Social Care Limited - Lewisham Office)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 June 2015. It was carried out by one inspector. The provider was given 48 hours' notice because we needed to be sure that managers would be available when we visited. We reviewed the information we had received about the service. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well and improvements they plan to make. The provider did not complete this form but did send us details of people who use the service. We sent out questionnaires to people who use the service and received 14 responses. We used this information to plan the inspection.

During the inspection we spoke with the branch manager and the operational manager for the service. We spoke with six members of staff. We read 10 people's care records and five staff records. We reviewed information on complaints, incidents and safeguarding. We reviewed records on the recruitment, training and supervision of staff.

After the inspection, we spoke with a local authority commissioner and three people's relatives about their experience of the service.

Is the service safe?

Our findings

There were enough staff available to meet people's needs safely. A person's relative told us, "We have every confidence in the staff and the service is very reliable."

People told us they always received their support visits. They said cover arrangements were effective if the regular staff who supported them were on holiday or off sick.

Staff told us they were only recruited after thorough checks were made of their suitability. Records showed the provider obtained, in relation to job applicants, details of qualifications and experience, an assessment of their performance when interviewed, two references and a criminal records check.

The provider had taken steps to reduce the risk of people experiencing abuse or neglect. Staff told us they understood the signs to look for and how to report any concerns. Records showed staff had reported concerns appropriately to the local authority so that action could be taken to protect people from harm. For example, a safeguarding referral had been made about a person who was at risk of financial abuse. Staff understood how to 'whistle blow' to other agencies to safeguard people if their managers did not act effectively to protect people.

Staff had assessed possible risks to people's health and safety and planned to reduce the likelihood of avoidable harm. Risk assessments included information about the hazards in relation to the person's environment and risks which were due to their specific health needs. Plans explained how staff supported people to keep safe. For example, a person was reported to be at risk of falls and their care plan explained how staff should support the person to move around and use the stairs in a safe way.

Some people's needs were such that, in order to reduce the risk of falls and accidents, staff used hoists to help them transfer from, for example, bed to chair. Records showed the service had ensured hoists were safe and well maintained.

Staff understood how to protect people from the risk of pressure ulcers. A member of staff told us, "We are trained to know when people may be at risk, how to look after people's skin and pressure areas and what to look out for." A person's records showed staff had appropriately involved the district nursing team at an early stage when there were concerns that they may be developing a pressure ulcer. This had promoted the person's safety by ensuring the district nurse could advise staff how to prevent any deterioration in the condition of the person's skin.

People received their medicines safely as prescribed. A person told us, "I am happy with the help I get with my medicines." Records showed staff had assessed people's needs for support with their medicines. Most people either managed their medicines independently or only required 'prompting'. Staff told us 'prompting' involved checking with the person whether they had taken their medicines, and if not, reminding them to do so. Staff recorded whether people who required 'prompting' had taken their medicines or not in their care records.

Some people had their medicines fully administered by staff. Staff told us, in these circumstances, they ensured people received their prescribed medicines at the correct time and recorded this on a medicines administration record (MAR) chart. Staff understood what action to take to ensure people received their medicines correctly. A member of staff told us, "For some reason [person's name]'s MAR chart showed the same medicine twice. I rang the office staff who contacted the GP and pharmacist to sort it out. So I was sure [person's name] received their medicines correctly." We saw that managers made regular checks to ensure MAR sheets had been completed appropriately.

Is the service effective?

Our findings

A relative told us, “[Person’s name] says all the staff who come to help them are very good. So I would say they must be well trained in caring for older people. I have seen the improvement in [person’s name] since they started, they are more relaxed, knowing they have the care.”

Staff told us they received ongoing training and support which meant they felt confident they were giving people appropriate assistance. A member of staff told us, “When I started work I attended an induction which covered areas such as safeguarding, record keeping, medicines and manual handling. Then I shadowed more experienced staff. I get regular supervision and we have a lot of training and discussions.” Records confirmed the manager had ensured staff received support to develop their skills and knowledge. Staff had received regular supervision and appraisal to check their competence and identify their training needs.

Supervising staff kept records of their observation of the practice of staff when they were caring for people. These reports showed staff skills were assessed and when necessary additional training and support was offered. For example, records showed a supervisor had identified that a member of staff required additional guidance on record keeping and had coached them on this.

A local authority commissioner told us the manager attended a local provider forum and was linked to local initiatives to improve people’s support. For example, staff attended training sessions on medicines organised by the clinical commissioning group (CCG). Some staff told us they had attended a course arranged by the CCG on

administering Warfarin, a medicine which is given at a variable dose. They said they had learnt how to ensure people’s safety by administering the correct dose of Warfarin.

The manager had ensured people consented to the support they received. Records demonstrated that people were involved in planning their care and support. Staff understood the key principles of the Mental Capacity Act 2005. They were able to explain how they involved people living with dementia in making decisions. They gave examples of how they supported people to choose what they wore and what they ate.

Some people received support from the service with eating and drinking. A person’s relative told us, “[Person’s name] has help from the service with the preparation of their lunch and evening meal. It has gone very well, the staff ask them what they want.”

Staff understood how to ensure people received the food and drink they needed. A member of staff told us, “We are trained to make sure people are eating and drinking well. We make sure people have drinks to hand, especially in hot weather.” Staff told us they were alert to the possibility that people may need specialist intervention if they were not eating or drinking well. A member of staff said, “If we notice a change, like someone going off their food, we ask the office staff to get in touch with the family or GP so their health can be checked.”

People’s day to day health needs were met. Records showed that staff were attentive to people’s health and took action to obtain appropriate healthcare for them. A member of staff told us, “I have had to call an ambulance for someone who was not very well. I waited with them until the ambulance came.” A relative told us, “The staff are very good and always let me know if [person’s name] is not too well and we can decide whether to call the GP.”

Is the service caring?

Our findings

People and relatives told us staff were polite and kind. Staff understood how to develop positive relationships with people. A member of staff told us, "I try find out as much about what the person likes as possible. I say 'How do you like your tea?' and show it to them to make sure it's right for them."

People told us staff listened to them and involved them in planning their care. A person said, "They asked me what I needed when I started with them." A member of staff said, "I always make sure I ask the person what they want. Although it's written down what I should do, I ask them what they need me to do on that particular visit."

Staff understood how to make sure people exercised their choice by following the instructions people gave them about how to support them. They told us most people were able to communicate exactly what they wanted them to do.

Staff said sometimes they used non-verbal communication with people if they could not talk easily, for example by showing them different types of food, so they could choose what they wanted.

People said staff were respectful of their privacy. Staff explained how they protected people's dignity when they gave them personal care. A member of staff told us, "I am sensitive to people's privacy. I always have a chat with people but I don't pry and only go to the parts of the person's house or flat where I need to." Another member of staff said, "Even though there may be a key safe, so I can let myself into the person's home, I still knock and call out rather than just go straight in."

The service had received several compliments which referred to the cheerfulness and kindness of staff. People had referred to staff "cheering them up" and "lifting their spirits".

Is the service responsive?

Our findings

People told us their individual needs were met by the service. In most cases, the local authority had assessed people's needs and had contracted with the service to provide a specific care package. The service received referral information with brief details of the person's circumstances and the amount and type of support the service was to provide.

Staff from the service visited people and undertook their own assessment of people's needs and completed a care plan which set out how people should be supported by staff. Records included information on people's individual health needs, preferences and how they liked to spend their time. For example, a person's record included information about their history of falls, how staff should support them with their personal care and details of their hobbies and interests.

A member of staff told us, "I support a very dependent person who relies on us for their support. We take their disabilities into account and there is a special arrangement to make sure there are always two members of staff to help them." Another member of staff said, "I work with a person living with dementia, I have learnt the best way of working with them to help them get the right support with their personal care."

People's diverse needs were met. For example, a member of staff told us the service had arranged information sessions on how to prepare culturally appropriate food for people.

Staff kept daily records which demonstrated that people received their support as planned. Reviews of people's needs were held regularly to ensure they received appropriate support. Staff communicated with local authority staff about any significant changes in people's needs so that changes could be made to their care plan.

People told us they understood how to make a complaint if they needed to. People had made a small number of complaints in the past year and they had received an appropriate response from the service. People and their relatives were encouraged to give feedback about the service. For example, each year people were sent questionnaires to complete. Most people reported satisfaction with the service. People were asked at review meetings about any changes they would like to the support they received. Records showed that adjustments were made in response. For example, the timing of a person's support visits were changed to improve their experience of the service.

Is the service well-led?

Our findings

The previous registered manager left the service in August 2014. The service is currently overseen by a branch manager who is not registered with the CQC. Leadership of the service requires improvement. We are taking action to ensure the service has a registered manager as soon as possible.

The current branch manager was unaware of the circumstances in which the CQC should be sent statutory notifications. The CQC had not been informed of safeguarding concerns as required by law. People may have been at risk because we could not ensure that appropriate action had always been taken to protect people. This was a breach of Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents.

Staff told us the branch manager and other members of the management team were friendly and open. They said they were encouraged to ring the office and speak to a manager

if they had any concerns about how best to support people. Staff said communication was good, there were newsletters and meetings were held from time to time to keep them informed about developments.

People told us the service communicated well with them. For example, a relative said, "We are kept well informed about what is happening if there are any changes to the staff."

Staff carried out checks on the quality of service people received. Records showed supervising staff made frequent 'spot checks' to ensure staff delivered people's care as planned and treated people with respect. The accuracy of staff record keeping was also checked. When necessary, further action was taken by supervisors to ensure that staff fully understood their responsibilities. For example, a supervisor had given a member of staff further training on completing medicines administration record (MAR) charts.

A local authority commissioner told us the branch manager of the service communicated well with them and their colleagues and had ensured people received the care and support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4) Notification of other incidents. How the regulation was not being met: The Commission had not been notified of incidents. Regulation 18 (1) (2) (e).