

Eleanor Nursing and Social Care Limited

# Eleanor Nursing and Social Care - Redbridge 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

This inspection took place on 13 October 2016 and was announced. The provider met all the regulations related to the areas we checked when we last inspected on 11 February 2014.

Eleanor Nursing and Social Care - Redbridge Office provides help and personal care to people in their own homes. At the time of our inspection 220 people from three London boroughs, Redbridge, Waltham Forest, and Barking and Dagenham were receiving care and support from this service.

The service did not have a registered manager in post because they had resigned a few weeks before this inspection. However, the service was being managed by an acting manager who was yet to apply to register with the Care Quality Commission. 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.

People told us they received a safe service. They told us they never felt insecure because staff were kind and polite. People's care files contained risk assessments which identified possible risks and how to manage them. Staff were clear about risks to people and had training in adult safeguarding. This ensured that staff knew how to manage and report incidents.

The service had a robust staff recruitment system in place. All staff who worked at the service were appropriately checked and provided with training before they started work. We noted that there were enough skilled staff to deliver care and support. People and their relatives told us staff never let them down and always stayed for the whole time allocated to complete tasks.

Staff told us they received appropriate support and training. They said they had various training opportunities and regular supervision. We noted staff had training in Mental Capacity Act (2005) and were knowledgeable about their roles and responsibilities to ensure people's privacy and treat them with respect and dignity. Records showed that refresher training courses were planned before they were due to expire. We saw the service had introduced a training room and equipment which was due to be used. This would make it easier for staff to attend training.

A complaints procedure was in place and information about this was provided to people who used the service. Feedback from people and relatives was obtained through spot checks and annual surveys. There was a clear management structure in place.

## 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. People had risk assessments which explained possible risks and the actions staff needed to take to reduce them.

Staff were knowledgeable about child and adult safeguarding and knew what to do to ensure people were protected from abuse

There were enough staff working at the service to meet people's needs. Records showed that staff were appropriately checked to ensure they were suitable to work with people.

Medicines were managed in a safe manner.

### Is the service effective?

Good ●

The service was effective. Staff were provided with training relevant to their roles and felt well supported by the registered manager.

The service followed the principles of the Mental Capacity Act 2005.

Staff supported people with meals and drinks if this was part of their agreed plan of care.

The service supported people to access health care services where this was appropriate.

### Is the service caring?

Good ●

The service was caring. People staff were kind and caring.

Staff treated people with respect and dignity. Staff knew how to maintain people's privacy.

Staff ensured people had choices and were able to make decisions about their care.

### Is the service responsive?

Good ●

The service was responsive. People received care and support when they needed it. Staff completed assessments of needs and developed care plans so that people received appropriate support.

There was a complaints procedure which people and their relatives could use if they had a concern. The people's views to make improvements.

### **Is the service well-led?**

**Good** ●

The service was well-led. People and their relatives were happy with the service. They felt that they were listened to and their views were sought by the service.

Senior managers followed the procedures and took actions when necessary to improve the service.

The service had systems in place for monitoring and assessing the quality of the service.

# Eleanor Nursing and Social Care - Redbridge 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 was planned to check 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.

The inspection took place on 13 October and was announced. We told the provider two working days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of one inspector and an 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.

Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We also reviewed details of the provider's registration and notifications they had sent us and safeguarding incidents. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During our inspection we spoke with a care worker, two administrative staff, the acting manager and the quality assurance manager. We examined 10 care plans, 11 staff files and a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with 11 people using the service or their relatives and three more staff members.

# Is the service safe?

## Our findings

People and relatives told us that they felt safe. One person said that staff were "kind" and they were "happy with the service. A relative told us, "Oh yes, [the person using the service] is very safe and has very good care. We have never felt insecure with [staff] coming in." Another relative told us that the person using the service was "100 per cent safe" and said, "[Staff] are always good, caring and polite. We didn't expect such a good service."

Care files we checked contained risk assessments. We noted that the risk assessments had been reviewed to ensure risks to people were identified and managed appropriately by staff. Staff told us they had read the risk assessments and knew what to do to reduce risks to people.

The acting manager told us staff visited people and completed risk assessment. Each person had a risk assessment which was developed with them and their representatives. We noted the risk assessment included environmental and equipment risks, and risks to the health and support needs of the person. The risk assessments were specific to people's needs which meant that people's needs were identified and they were treated as individuals. This showed that each person had a risk assessment based on their individual needs.

There service put arrangements in place to ensure people were protected from abuse. Staff files showed that staff had attended training in adult safeguarding. Staff confirmed that they had attended training in adult and children safeguarding. They discussed examples of different forms of child and adult abuse, and were able to explain their responsibilities to record and report incidents of abuse. Staff told us they would report incidents of abuse to the manager, the police, social services or CQC as appropriate. They confirmed that they were aware of the provider's whistle blowing policy. This showed that staff had appropriate knowledge of how to identify and report an incident of abuse.

The service had a robust staff recruitment processes which ensured that appropriate checks had been carried out before staff were employed and started work. Staff files contained records of criminal checks, employment references, completed application forms, interview notes and a proof of identity. We noted that right to work in the country were checked as required. The acting manager told us that all staff had to complete application forms, attend interviews and provide the necessary documents including references and proof of identity before they started work. This showed staff were appropriately checked before they started work at the service.

People told us the service had enough staff. One person said, "Yes, I believe so. I have never been let down." The acting manager said that there were sufficient numbers of staff to provide care. We were informed that the service continuously recruited staff to replace staff who had to leave due to various personal reasons. The acting manager said the service did not have a shortage of staff or an incident where a service had to be cancelled due to lack of staff. We were told that an on-call system was in place to manage emergencies by assigning a replacement staff when, for example, a regular member of staff could not carry out a visit because of traffic or ill health.

People told us they took their medicines. A relative said a nurse came to administer one person's medicine. We noted that the service has a medicine administration procedure. This provided guidance about the safe administration and recording of medicines. Staff told us that they were there to remind and prompt people to take their medicines based on their needs and risk assessments. We were informed that most people using the service either self-administered their medicines or had their relatives to administer for them.

# Is the service effective?

## Our findings

People and their relatives told us that staff were skilled and trained. One person said, "Yes, overall they are [they had the right skills]. They always seem quite efficient and skilled with what they do" Another person said, "I am happy with the staff." A relative told us staff were competent and said, "When there is someone new, [the provider] make sure staff know how to [care for the person]."

Staff told us they had attended various training programmes related to their roles. One member of staff told us they had attended training programmes including moving and handling, health and safety, medicine administration, adult safeguarding, first aid, and basic food hygiene. We saw evidence of training staff attended in the files we checked. We also noted from the provider's training matrix that staff were up to date with their refresher courses. A member of staff responsible for updating and checking the training matrix told us that refresher courses were planned in time to ensure staff attended them and were up-to-date with their training. .

Staff told us that they had an opportunity to shadow experienced staff when they started work as part of their induction programme. The acting manager said that staff were introduced to people or given information about how to support people when they were allocated. This was confirmed by people and relatives who told us that staff were introduced and matched to their needs. This ensured that staff were introduced and matched to ensure that they had knowledge and skills to meet their needs.

Staff told us the acting manager and senior staff supported them. One staff member told us, "I get support. I can talk to my manager." During the inspection we saw a member of staff who visited the office. We noted the office had hot drink making facilities and seating areas for staff who visited. The quality manager and the acting manager explained the service had two care co-ordinators and a field supervisor who could be contacted and provide on-going support, including supervision for staff. Staff we spoke with confirmed this and told us that they had they had regular supervision. We saw evidence of supervision in the staff files we checked. Supervision records showed discussions about staff training and support needs, and matters relating to care practices.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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.

The service did not carry out mental capacity assessments. We noted that, where required, these were undertaken by the relevant local authority. People were supported to make choices where they had the capacity to do so. Where they lacked capacity the service relied on family members to provide information about how to support them.

People told us that made their own decisions and that the service took their preferences into account when



providing care. They told us, for example, that they could decide when to be visited and how to be supported. They told us they could request for a member of staff who had the right skills and experience to meet their needs. The acting manager told us that they listened to staff and made sure that their preferences were respected.

When needed, staff supported people with their meals. Most of the people we spoke with told us they or their relatives made their meals and they did not need support from staff. However, one person told us staff supported them with their food and that they were happy. They said, "Yes, they help me with meals. I am happy with everything; the carers, the visit times, everything."

Most people who used the service organised their appointments with health care professionals when they needed medical care. We noted that staff also made referrals to healthcare professionals such as physiotherapists and occupational therapists when needed. People's care records included the contact details of their doctor and other relevant professionals so staff could contact them if they had concerns about a person's health. Staff told us that they knew medical conditions of people they supported and what action to take in medical emergencies including applying first aid.

## Is the service caring?

### Our findings

People and relatives spoke positively about the care and support staff provided. One person said, "[The staff] are too caring." Another person told us the staff were "very caring, patient and lovely". A relative told us, "[Staff] understand [the person's] needs. They chat with and read to [them]." Another relative told us that the staff "care for [the person] like their family." They told us they "cannot fault the staff". A relative of one person wrote a letter to the provider admiring "what a conscientious, kind carer [a member of staff] is.

The care plans we checked were up to date and detailed the needs of people including the support people needed and the times of visit. Staff recorded the tasks they completed in the daily log to ensure good communication between relatives, professionals and senior staff. The quality officer told us that daily logs would be changed to a booklet format to make it easier to use and store. Staff told us that they encouraged and prompted people to do as much as possible for themselves and to be more independent. They told us they gave people choices of how they wanted to be supported. This was confirmed by people and relatives we spoke with.

People and relatives were involved in reviews of their care. Staff told us that they discussed people's needs with them and made sure that their wishes were included in care plans. We noted that the care plans were 'person centred' reflecting the person's needs and how they wanted to be supported. This showed that people were involved in the decisions about how care was provided.

People told us that staff visited them "in the main on time but occasionally can be late" they told us that staff always rang and let them know if they were going to be late. We asked the acting manager how the service managed timekeeping, and late or missed visits. We were informed that care staff were allowed enough travel times between visits and were expected to arrive at people's homes in time. If staff were running late or could not attend a visit due to any reason, they were required to inform the on-call manager who would arrange for a replacement member of staff to visit the person using the service. The acting manager explained a system which they used to monitor whether or not staff visited people. We were told that this system was planned to be replaced with another system in the near future.

Staff treated people with respect and dignity. One person told us they never had a problem with privacy. Another person told us staff that they were treated with respect and dignity. A relative told us, "[Staff] are very good and respectful." Staff we spoke described how they maintained people's privacy and ensured people were treated with respect. One staff member told us that they asked people how they wanted to be cared for and ensured that the door was shut when providing personal care. Another person told us that they always listened to people and respected their views. This showed that staff knew that they needed to treat people with respect and dignity.

## Is the service responsive?

### Our findings

People and relatives told us staff supported people to be as independent as possible. One person told us they were able to do things for themselves but staff were there to encourage and prompt them to carry out certain tasks such as taking their medicine. Another person said that they were "happy" with the staff and how they responded to their needs. They told us staff "never rushed" when supporting them. This showed staff knew how to work with people by taking their needs into account.

People received care and support when and as they needed. People told us that although staff were sometimes not on time "they have never let us down" and always rang and let us know if they were late or couldn't turn up. People and relatives told us that staff were "reliable" in visiting them and responding to their needs. They told us that the service was flexible because they could tell staff how and when they wanted to be supported. The acting manager said people and relatives had the office contact number to ring and advise staff if changes were to be made to visiting times.

Each person had a care plan which was based on their assessed need. The acting manager explained how the assessment of needs and care plans were completed. We were told that following a receipt of a referral from a social or healthcare professional, a senior member of the service visited people at their home to complete an assessment of need, a care plan and risk assessment. The care plans included the tasks staff needed to complete and the times of visits to meet the person's needs. This showed that each care plan was specific to the person and was person-centred.

The assessment of needs and care plans were regularly reviewed to ensure that staff responded to people's needs. People and relatives confirmed that they knew and were involved in the review of assessments and care plans. One person said, "[staff] came in last week [to complete review of care plan]." A relative said that they were involved in the review of the assessment of needs which was "full and thorough".

The service had a complaints procedure, which contained information about how people and their relatives could make a complaint if they had a concern. The acting manager told us that information about the complaints procedure was kept in each person's file which was kept in their home. People and their relatives told us they were aware of how to make a complaint. One person said, "Yes, [I know how to complain] although there is nothing to complain about." Another person told us that they had complained once and were satisfied with the way it was dealt with by the manager.

The registered manager told us and records confirmed that the service had used independent consultants to conduct a survey to obtain people's views about the quality of the service. We noted that the outcome of the last survey had been collated and shared with people and a new one was being planned for this year. We also noted that senior managers visited people at least once a month to ask them about the quality of the service. The acting manager told us and staff confirmed that the outcome of the surveys were discussed at staff team meetings.

## Is the service well-led?

### Our findings

People and relatives told us that they were very happy with the service. One person said, "They are excellent and helpful." A relative told us that they could not compare this service to another as this was the only one they used. They said that they were satisfied with the service because staff and management "have been very understanding and helpful. They are excellent. They visit regularly and listen to our views".

The service was proactive in not waiting too long to replace the registered manager who had recently left. We were informed that the acting manager was completing forms to apply to and register with the CQC. The management structure of the service included the acting manager, two care coordinators, a field supervisor, a monitoring officer and three team leaders. Each of these had their own roles which included supervision and management of staff. The care staff we spoke with told us that they knew and were happy with the management.

The service had an on-call system which people, relatives and staff could contact outside office hours. Staff told us that the on-call system was useful to them as it meant that they could contact management when or if they needed to. A senior member of staff showed us the on-call staff rota and said that the service had no problems or issues using the system.

The service had quality assurance and monitoring systems in place. The quality assurance manager and an operations' manager visited the service to check samples of people's and staff files and made suggestions for improvement as needed. Annual surveys were sent to people to ask them about the quality of the service. People and relatives were also asked of their views of the service by telephone. The acting manager told us and records showed that senior staff carried out spot checks to see staff provided good quality of care.

We noted senior managers followed the provider's procedures. For example, staff supervision sessions and team meetings took place regularly. We also saw that complaints were investigated and appropriate action taken to improve the service. For example, records in staff files showed disciplinary actions were taken when necessary to address issues. The acting manager had 'exit interview' for collecting the views of staff who were leaving the service. The acting manager told us the purpose of the exit interview was to know why staff were leaving and to learn from it to improve the service.

The office was equipped with telephone lines, computers and filing cabinets. A staff meeting and training rooms were also made available to allow staff to attend training at the service. The acting manager also told us that the service had a plan to supply each member of staff with a handheld electronic gadget which they could be used for training and management purposes.