

Eleanor Nursing and Social Care Limited

Ealing Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 30 October 2015 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available.

The last inspection took place on 22 July 2014 when there were no breaches of Regulation.

Ealing Office is a branch of Eleanor Nursing and Social Care Limited, a private organisation who provide personal care and support to people in their own homes. The organisation has ten branches in London and South England and manages two care homes. The Ealing Office provided care and support for people who lived in their own homes in the London boroughs of Ealing and Hounslow. The branch had been operating since 2006 and at the time of our inspection provided approximately 1,400 hours of care each week to about 80 different people. The majority of people had their care funded by the local authority or local clinical commissioning groups. The branch provided 24 hour support to one person.

There was not a registered manager in post and the previous registered manager left the service in 2014. 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 and associated Regulations about how the service is run. A manager had been appointed and they told us they were going to apply to be registered. They started working at the service three weeks before the inspection visit.

Medicines were not managed in a safe way because the staff administering these had not been trained or had their competency to administer medicines assessed.

The recruitment checks on staff did not ensure they were suitable to work with vulnerable people. The staff did not always have the training, support and supervision they needed to care for people and meet their needs.

People told us their care needs were met, however these were not always reflected in care plans and the records of care given. Some of the information about how care needs should be met was incomplete.

There had been no registered manager in post at the service since 2014.

The provider had a system of audits and checks and they had identified risks associated with the service. However, they had not mitigated these risks.

Risks to people's wellbeing and safety had been assessed.

The agency employed enough staff to meet people's needs and people told us care workers usually arrived on time.

People had consented to their care and treatment.

The agency worked with other professionals to ensure people's health needs were met.

People had good relationships with their regular care worker. They trusted them, and said they were kind, polite and caring.

People told us their privacy and dignity was respected.

People knew how to make a complaint and were satisfied that complaints were investigated and acted upon.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not managed in a safe way because the staff administering these had not been trained or had their competency to administer medicines assessed.

The recruitment checks on staff did not ensure they were suitable to work with vulnerable people.

Risks to people's wellbeing and safety had been assessed.

The agency employed enough staff to meet people's needs and people told us care workers usually arrived on time.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The staff did not always have the training, support and supervision they needed to care for people and meet their needs.

People had consented to their care and treatment.

The agency worked with other professionals to ensure people's health needs were met.

Is the service caring?

Good ●

The service was caring.

People had good relationships with their regular care worker. They trusted them, and said they were kind, polite and caring.

People told us their privacy and dignity was respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People told us their care needs were met, however these were not always reflected in care plans and the records of care given.

Some of the information about how care needs should be met was incomplete.

People knew how to make a complaint and were satisfied that complaints were investigated and acted upon.

Is the service well-led?

The service was not always well-led.

There had been no registered manager in post at the service since 2014. A manager had been appointed and had started work at the service shortly before the inspection.

The provider had a system of audits and checks and they had identified risks associated with the service. However, they had not mitigated these risks.

Requires Improvement 

Ealing 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.

The inspection took place on 30 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available.

The inspection team consisted of two inspectors 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. The expert-by-experience on this inspection had personal experience of caring for someone who uses a service.

Before the inspection we looked at all the information we had about the provider, including notifications of significant events and safeguarding alerts. We spoke with 22 people who used the service, or their representatives by telephone. We spoke with three care assistants who worked for the agency.

During the inspection visit we met the general manager who had been in post at the service for three weeks. We also met and spoke with two senior managers from the organisation who were supporting and overseeing the management of the branch.

We looked at the care records for five people who used the service, the staff recruitment and support records for five members of staff, the provider's record of complaints and the provider's records of audits and quality monitoring.

Is the service safe?

Our findings

People told us they felt safe and trusted the agency and care workers who visited them. They told us the staff knew how to move them safely and helped them with their medicines. People who were supported with shopping told us that the care workers were trustworthy with their money.

The majority of people told us that care workers turned up on time, or shortly after they were supposed to and they were informed if a care worker was running late. One person told us they required the support of two care workers and on one occasion one of the care workers did not turn up meaning they were unable to receive the care and support they needed. They had reported this to the local authority and this was being investigated.

Some people required support to administer their medicines. This was part of their care plan. The provider told us that not all staff had received training in medicines management. The staff we spoke with confirmed this and none of them had received training regarding medicines, apart from one member of staff who said, "the manager talked me through administering medicines." This was not a recognised or accredited training. The provider told us that initial assessments of competency to administer medicines were made when the staff started working at the service. However, the records of these were not clear and were just a small number of ticks on a general assessment to show the new staff member had shadowed an experienced staff member as part of their induction. There was no evidence to show that concerns regarding administration of medicine were followed up. We looked at the medication administration records for some of the people who used the service. Some of these were incomplete and did not always indicate whether people had received their medicines as prescribed. There was no evidence that gaps in these records were investigated or that any action had been taken to ensure the person had received their medicines. This meant that people were at risk because the staff did not necessarily have the skills and competency to administer their medicines and the provider could not be sure whether or not people had received their prescribed medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider told us that they had identified this risk. They had arranged for all staff to receive accredited training in safe handling of medicines and this was due to take place shortly after the inspection. We saw evidence of this.

The provider did not always carry out checks on staff suitability before they started working at the service. The staff told us they attended an interview at the branch office and we saw evidence of this in the majority of staff files we viewed. However, information about some staff members' employment history was incomplete and there was no evidence the provider had sought clarification about how the staff had spent their time before applying for the role. One staff member we spoke with told us the provider had not requested a criminal record check for them. We looked at five staff recruitment files. There was no evidence

of a criminal record check for two members of staff. The provider had not always sought suitable reference checks for the staff employed. Two of the staff files we viewed had only one character (personal) reference, one had three character (personal) references and one file had four character (personal) references but these had not been requested by the provider and had been supplied by the candidate before they were interviewed for the role. None of these four files contained references from previous employers, even though the staff had listed other employers they had worked for. In one case the reference requests had been made six months after the person had started work for the agency. Therefore the provider was not able to guarantee that the staff were suitable and fit to care for vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had assessed the risks to people's safety associated with the care they were providing and the person's environment. These assessments included information about how the person needed to be supported to move around their home, whether any equipment was used and any environmental risks. The assessments included a summary of needs and a management plan so the staff knew how to support people to minimise the risks. Risk assessments were agreed with the person when they started using the service and were reviewed and updated annually.

The agency had a procedure for safeguarding adults. The staff told us they were aware of this and had received training regarding safeguarding. The staff were able to tell us what they would do if they suspected someone was being abused or if they were worried someone was at risk of harm. The care workers said the office staff could be contacted at any time to discuss concerns.

The operations manager told us there were enough staff employed to meet people's needs. They said that the agency did not take on additional care packages if people's needs could not be met with the staff they had employed. The agency had a system of monitoring visits to make sure the staff arrived on time and stayed the agreed length of time. However, they were improving this system so that live information would be seen by the branch managers so they could identify potential problems if a care worker was running late.

Is the service effective?

Our findings

People were at risk of receiving treatment which was not appropriate or safe because the staff did not always have the training and support they needed to care for people safely. One member of staff told us, "the initial training was less than adequate and I started work feeling very insecure about my abilities." They then went on to say, "I was also never offered any additional training after the initial induction." Another member of staff told us they had shadowed experienced staff for one day and had one day's training when they started but had not had any training since. The staff files we looked at indicated they had an initial day's training in health and safety, safeguarding, first aid and moving people safely. However, with the exception of one member of staff, they had not had additional training in other areas such as caring for people with dementia or learning disabilities, safe handling of food, medicines management and the Mental Capacity Act 2005.

The staff told us they felt supported by the agency. They said that they could speak with managers if they had any concerns. Many of the staff visited the agency offices on a regular basis and they told us they felt supported by the managers. However, records indicated that they did not have regular individual supervision meetings or appraisal. One staff member had not received any formal supervision or been assessed in the work place since February 2015, one member of staff who had started work in March 2015 had only been assessed in the work place once in May 2015. They had not had any other formal meetings with managers. Two members of staff had no recorded formal supervision meetings or assessments in the work place. Therefore the provider could not assure themselves that the staff were working appropriately and safely. The staff did not have formal opportunities to discuss their work or have this appraised.

This was a breach of Regulation 18 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014.

The manager had identified that there needed to be improvements in staff training and support. They had started to plan regular team meetings and informal support opportunities. He had also reviewed the staff training needs. The operations manager told us they were incorporating the new Care Certificate into their training plan for all new staff.

People told us they felt the care staff were skilled and met their needs. People told us that where they had the same regular care worker they were happy with this. However, some people told us they had changes in care worker and they did not like this.

The agency staff were given a handbook detailing key policies and procedures. There was also a regular newsletter which kept them informed of changes. The manager told us they were hoping to introduce more information for staff at branch level, including sessions where they could spend time with branch managers and supervisors discussing their work and any general needs.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty

Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The operations manager and manager were aware of the legal requirements relating to this and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person's best interest and were authorised through the Court of Protection.

People's capacity to make decisions had been assessed as part of their care plan and there was evidence they had consented to the plans. Where people were unable to consent there was a record to show that care had been planned in their best interest by the agency, commissioners and the person's representative. The person's representative had signed these records.

The staff told us they monitored people's health on a daily basis and alerted the agency and other relevant people if someone's health needs changed. One member of staff gave us an example about a change they had noted in someone's health. They had contacted the GP and the next of kin and the person received the support they needed. The contact details for other healthcare professionals were recorded in care plans.

People told us they had the support they needed to prepare meals.

Is the service caring?

Our findings

People told us they liked the agency. They said that the staff were kind and caring. People had developed good relationships with their care workers. Many of the people we spoke with had used the agency for more than two years and some for up to ten years. They told us they were happy with the care they received.

Some of the things people told us were, "My wife is the most precious thing I have – and I trust them completely with her", "I have the same carers nearly all the time for my wife, they are gentle and kind and very reassuring – fortunately there have been few changes", "I really appreciate both the carers and the agency, once when I was very poorly the usual carer could not come and a lovely lady from the agency came to look after me instead", "I have already recommended this agency to a friend in similar circumstance", "we greatly appreciate the personal care given to (my relative) by both regular carers", "we have grown fond of the care staff", "the agency is careful with the staff they employ", "the carers are always polite and respectful – I've been with the Agency for 5 years – lovely carers – do anything I ask" and ". "I love my care to bits, I live by myself and she is such good company – I count the minutes until she comes!"

The provider's own feedback from people who used the service was positive. We looked at records of telephone conversations the agency had had to ask people about their feedback. We also looked at records of reviews of care and the responses the provider had received to their annual satisfaction surveys. The majority of feedback from people showed that they liked the staff who cared for them and thought they were kind, caring and polite.

People told us their privacy and dignity was respected. They said that care workers announced their arrival at the home, asked permission to provide care and made sure this took place in private.

People told us they did not have any specific cultural needs which the agency met, however they were happy with the support they had in this area. For example, some people told us the care workers came from the same cultural background as them and this helped make sure they understood their needs and could communicate with them. One person told us, "it does not matter what language you speak as long as you are kind and gentle, and the carers are."

The staff we spoke with told us they understood about privacy and dignity. They were able to give us examples about how they maintained people's dignity and promoted their choice and independence. Care workers who visited the same people regularly said they had built up good relationships with them. However some care workers told us they did not visit the same regular people and they, and the people they visited, did not like this.

Care plans included information on people's preferences and cultural needs.

Is the service responsive?

Our findings

People were at risk of receiving care which was not appropriate or safe because the assessments of their needs and care plans were sometimes incomplete. We looked at a sample of care plans. One of these contained detailed information. However, four assessments and care plans lacked detail about people's individual needs. For example, the care plan format included the headings, "what I can do for myself" and "what Eleanor can do for me" under different areas of care. These sections had not always been completed and it was difficult to see what strengths and needs the person had. In one care plan the person was identified to have "poor" communication. There were no details about how the person communicated and how the staff would understand the person's needs and communicate with them. Another care plan stated, "(the person) has had falls since leaving hospital." There was no additional information to give this statement context and no management plan to indicate the staff needed to act on this information. A document entitled "one page profile" in one care plan did not reflect the information recorded in the rest of the care plan. Some of the care needs identified by the local authority assessment which was given to the agency at the beginning of the care were not recorded in the agency's care plan. This may have been because the person's needs or preference had changed, however there was not record to confirm this so it appeared that the agency had planned care which did not meet the requirements of the commissioners.

Some of the language and wording used in care documents did not take account of people's individual preferences or respect their feelings without any explanation. For example, one care plan stated, "the family feel (the person) is slightly overweight." However, there was no care plan around weight management or nutrition and there was no other reference to this, therefore the inclusion of this statement was not necessary or appropriate. Some of the care plans and daily notes referred to "feeding" people rather than supporting the person with their meals. One care plan stated a person was a "difficult man." This statement had no context and was the judgement of the person completing the care plan rather than a fact about the person's needs. Some of the daily care notes written by staff to describe the care they had given referred to "the user" rather than the person by name and some of them identified women as "him." The daily care notes tended to list the tasks performed by the staff member not how the person was or if there was any variation in the care they received that day.

One member of staff told us they thought that care plans were not detailed enough for them to know how to care for people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014

The manager told us he had identified a need to improve care planning, in particular focussing on more person centred information about individual preferences and needs.

The agency undertook an initial assessment of people's care needs with the person and their representative, if necessary. They had developed a care plan based on this assessment. We saw that care plans were regularly reviewed and that people who used the service had opportunities to comment on the plan and the

care they received.

People told us they were happy with the way the agency planned and delivered care. They said that their needs were met. They told us they had regular opportunities to discuss their plans with the managers at the agency and that changes were made when they wanted these. One person told us, "my care plan is updated at least every six months." Another person said, "A representative from the Agency comes every six months to see if we are satisfied with the care given."

There was an appropriate complaints procedure and people told us they felt their complaints and concerns were listened to and acted upon. We looked at the provider's records of complaints. There was clear evidence of an investigation into these and response to the complainant. Where the complaint was upheld there was evidence of appropriate action, for example retraining staff. The manager told us he was creating a log of complaints in order to identify any recurring themes so that the agency could put in place measures to prevent the same problems occurring.

The agency asked people who used the service, their representatives and staff to complete annual satisfaction surveys. They collated the responses and had used these to help plan for improvements. The agency sent details of this to people using the service and the staff.

Is the service well-led?

Our findings

People told us they found the agency was reliable and "forward thinking." They found the agency was responsive when they wanted to change aspects of their care. One person said, "the agency is very open and accessible." Another person said, "managers and senior staff are helpful with the concerns I have." People told us that they found it easy to contact the agency and the majority of people felt the agency responded when they had concerns.

There was no registered manager in post at the service. The last registered manager left in 2014. The agency had recruited a number of different people to the role of branch manager since 2014 but none of these people had stayed in the role and no application to register with CQC had been made.

This was a breach of Regulation 5 of the Health and Social Care Act 2008 (Registration) Regulations 2009

People using the service were at risk of receiving care which was not safe or did not meet their needs because medicines were not managed safely, staff recruitment practices did not guarantee the suitability of staff to work with vulnerable people and the staff did not always receive the training and support they needed to care for people. The provider had identified these risks but had not mitigated them.

Some of the records at the service were incomplete or inaccurate. For example, some of the care plans we viewed gave inconsistent information in different parts of the document. Other care plans lacked detail about how the staff would meet people's individual needs. For example the care plan for meeting one person's mental health needs stated, "dementia" and another person's care plan just recorded the word, "memory." Some of the information was incorrectly filed, for example we found details of an investigation into staff conduct in a person's care plan folder. One care plan had been stapled so that half the pages were upside down or the wrong way round making it difficult to read. The records of staff recruitment were incomplete because they did not always contain full employment histories, reference checks or evidence of criminal record checks.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We met a person who had been recruited as the branch manager and who had started work at the service three weeks before our inspection. They told us they had started the process of gathering the evidence needed to apply to be registered with CQC. The new branch manager had created an action plan for the service which highlighted how improvements would be made. They told us they had discussed this with senior managers and would be sharing their plan with the local authority commissioners. Their action plan included improving medicines management by training and assessing the staff responsible for administering medicines, improving staff training and support and improving care plans.

Eleanor Nursing and Social Care Limited operated ten domiciliary care branches and two care homes in

South England. They had a senior management structure which included operational support overseeing the Ealing Office. The operations manager told us that she visited the branch several times a week.

The agency has a business continuity plan for the year which looked at ways to improve the service. There was also a quality manual and regular audits by senior managers. These audits looked at different areas of the service and incorporated feedback from the people who used the service. The agency showed us their action plan for making improvements which was based on the findings of these audits.

The operations manager told us they worked closely with the local authority commissioning groups to identify and act on concerns, safeguarding alerts and changes in need for people who used the service.

The provider had a folder of policies and procedures. The staff told us they had been made aware of these. These had been regularly reviewed and updated and the most recent reviews of policies and procedures had taken place in August 2015.

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 5 Registration Regulations 2009 (Schedule 1) Registered manager condition There was no registered manager in post. Registration Regulations 2009 Regulation 5
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not always ensure care and treatment of service users was appropriate, met their needs and reflected their preferences because care plan records were incomplete or inaccurate. Regulation 9(1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always provide care and treatment in a safe way for service users because there was not proper and safe management of medicines. Regulation 12(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The registered persons systems for assessing, monitoring and improving the quality of the service did not mitigate the risks relating to the health, safety and welfare of service users.

Regulation 17(2)(b)

Regulated activity	Regulation
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Personal care	
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Regulated activity	Regulation
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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
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The registered person had not obtained satisfactory evidence of the conduct in previous employment, full employment history or information relating to the criminal record of persons employed.

Regulation 19(3)
Schedule 3(2) and (4)

Regulated activity	Regulation
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Personal care	
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Regulated activity	Regulation
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	Regulation 18 HSCA RA Regulations 2014 Staffing
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The registered person had not ensured that the persons employed received appropriate support, supervision and training to enable them to carry out the duties they were employed to perform.

Regulation 18(2)(a)