Eleanor Nursing and Social Care Limited

Ealing 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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 14 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available.

The last inspection took place on 30 October 2015, when we found breaches of Regulation. In particular people were not always supported to take their medicines in a safe way, the provider did not always make adequate checks on the suitability of staff they employed, the staff did not always have the support and training they needed, people's needs were not always recorded or met and there had been no registered manager in post since 2014. At this inspection we found improvements had been made in all areas.

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 1,200 hours of care each week to about 77 different people. The majority of people had their care funded by the local authority or local clinical commissioning groups.

There was a manager in post. They had not applied to be registered with the Care Quality Commission, but they had started this process. 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.

We have made a repeat requirement for the provider to ensure a registered manager is employed at the service.

People using the service were happy with the care they received. They told us care workers were kind, polite and trustworthy. They felt safe and their needs were met. Care workers arrived on time for the majority of the time and people generally did not mind if they were late because of traffic. People using the service told us the care workers stayed for the agreed length of time and made up any extra time if they were late. Everyone told us they had the support they needed with medicines, meals and meeting personal care needs. People were involved in planning their care and had consented to this.

The staff told us that they felt well supported and had the training they needed. They were recruited in a safe way and had the information they needed to care for people. They had regular meetings with their manager and opportunities to review and appraise their work.

The records used by the agency were accurate and up to date. The provider had systems for monitoring the quality of the service and these identified areas for improvement. The provider had taken action to make

improvements since the last inspection. People found the office staff approachable and felt their concerns were listened to and addressed. People were able to contribute their opinions about the service.

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 received their medicines in a safe way.

There were enough staff to meet people's needs and they were recruited in a safe way.

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

Safeguarding procedures were designed to protect people from the risk of abuse and act swiftly if people were abused.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well trained and supported.

People had consented to their care.

People were given the support they needed with meals.

People were supported to stay healthy.

Is the service caring?

Good

The service is caring.

People were cared for by staff who were kind, supportive and polite.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and recorded in care plans. The staff met these needs and provided care which people

wanted and reflected their preferences.

People received care on time from the same regular care workers.

People were able to make complaints and felt these were responded to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

There had been no registered manager in post at the service since 2014. The provider had employed a manager however this person had not applied to be registered with the Care Quality Commission at the time of the inspection.

The provider had taken action to improve the service and these improvements continued. The systems for auditing quality included asking people who used the service for feedback.

People were happy with the service.

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 was 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 14 June 2016. 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 to speak with us.

The inspection visit was conducted by one inspector. Before the inspection visit an expert-by-experience telephoned people who used the service and their representatives to gather feedback about their experiences. 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 supporting this inspection had personal experience of caring for an older relative.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, the action plan from the provider, notifications of significant events and safeguarding alerts. We also spoke with representatives from the London Borough of Hounslow and the London Borough of Ealing who monitored the service and the contracts they held with the provider. In addition, the provider sent us a Provider Information Return (PIR). The PIR 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.

We spoke with eight people who used the service and ten representatives of other people using the service. We contacted the care workers employed by the agency and received feedback by telephone or email from six of them. During the inspection we spoke with the manager, the training and development manager, the operations director, the quality assurance manager, two care coordinators and a field care supervisor. We looked at the records used by the provider to manage the service. These included the care records for five people who used the service, records for six members of staff, the provider's records of complaints, accidents, incidents and quality monitoring.

Good

Is the service safe?

Our findings

At the inspection of 30 October 2015 we found that 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. At the inspection of 14 June 2016 we found improvements had been made.

People told us they had the support they needed to take their medicines. One person said, ''They ask me if I have taken my medicine, they prompt me and usually I take my own medicine.'' Another person told us, ''They help me with my medication, and I'm happy with this.'' A third person said, ''They make sure I take them before they go it's once a day and it's in a dosset box.''

All the staff had received updated training regarding the administration of medicines. Their competency was then assessed and, if needed, they had received individual training sessions with the training manager to review their knowledge. Information about medicines was recorded in people's care plans and the staff completed administration records. The provider collected and audited medicine administration records. Where problems with medicine administration had been identified they investigated these. We saw evidence of completed administration charts and the provider's audits of these.

At the inspection of 30 October 2015 we found that the recruitment checks on staff did not ensure they were suitable to work with vulnerable people. At the inspection of 14 June 2016 we found improvements had been made.

The provider had improved the way in which they monitored the information they obtained about employees. At the time of the inspection the manager was undertaking all recruitment checks for the new staff. However the provider had employed a recruitment officer for the branch who was due to start work shortly after the inspection. Their role would be to obtain and check references and other required information for new staff. The manager told us they would continue to interview all new staff as they felt this was an important part of their role.

We looked at a sample of staff files and saw these contained application forms with evidence of employment history, checks on identification, reference checks, criminal record checks and information on eligibility to work in the United Kingdom. The provider had a computerised system where information about the checks was registered. Staff were not able to start work until the checks were complete. The system also flagged up when renewals were needed. Staff who did not renew criminal record or other checks when needed were suspended from the system and unable to be given work until they completed these. The manager interviewed potential staff at the branch office and they were required to complete written tests of basic knowledge and to show their literacy and English language skills.

The staff told us that they had visited the agency offices and been invited for an interview. They had been asked to provide various documents and details for references from a previous employer.

People told us they felt safe with the agency and the care workers. Some of the comments people made

included, ''I feel safe, they are very nice people'', ''Yes I feel safe, [my care worker] is very good. She is the same regular carer. That makes me feel safe'', ''Absolutely feel safe, I have a shower twice a week, I need them with me as I can't do it alone and I'm grateful for them for this support'', ''Oh I definitely feel safe'' and ''The carers are nice and they make me feel comfortable and safe.''

There was a procedure for safeguarding adults and the staff had been trained in this. The staff were able to tell us what they would do if they were concerned someone was being abused or at risk of abuse. We saw that the provider had taken appropriate action to notify the local safeguarding authority and the Care Quality Commission about allegations of abuse. They had worked with the safeguarding authority to investigate these and help protect people in the future. There were records of safeguarding alerts and the action taken following these.

The risks to people's safety and wellbeing were assessed by senior staff when they first started using the service. These assessments included risks associated with their physical and mental health, with their mobility, skin condition, nutrition and risks associated with the environment they lived in, including chemicals and equipment used. The assessments included actions for staff to minimise risks. The assessments had been regularly reviewed and updated.

There were enough staff to meet people's needs. The manager told us they recruited more staff than were needed for all the care visits in order to allow for staff absences and other emergency situations. In the past the provider had sometimes found it difficult to ensure that call visits were made on time. They had introduced a system to assign staff to work with people who lived close together and close to where the member of staff lived. This meant that they reduced travel time between visits and enabled the care workers to arrive at the agreed time. The provider had computer systems to help them plan this and to monitor if calls took place as expected. They were able to use live data to track where the staff were and whether they would be late for any calls.

The provider was continuously recruiting new staff. The systems they used to match care workers to people who used the service meant they had an overview of where potential staff shortages were. They therefore planned recruitment drives to target these areas.

There were contingency plans for emergency situations. These included risk rating each person so that those who lived alone, had medical conditions or timed medicines were prioritised if care workers were unexpectedly absent and during adverse weather conditions. The office staff and manager were trained to carry out care visits so were able to undertake these in emergencies. There was a 24 hour on call telephone number which people who used the service and staff had access to.

Good

Is the service effective?

Our findings

At the inspection of 30 October 2015 we found that the staff did not always have the training, support and supervision they needed to care for people and meet their needs. At the inspection of 14 June 2016 we found improvements had been made.

The provider had employed a training manager for the branch. They conducted classroom based training and assessed the staff knowledge and competency. Staff records showed that all new staff had completed, or were in the process of completing, a range of training in different areas, which included health and safety, safeguarding adults, safe manual handling techniques, infection control and first aid. New members of staff completed training for the Care Certificate, (this is a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support). We saw evidence of staff training in their individual files. The provider also had an overview of staff training which identified when training updates were needed. All branch staff had been required to undertake updated training in the areas covered during induction in the past year. We saw evidence of this.

The staff told us they were supported to undertake qualifications in health and social care and that the managers and senior staff supported them with their learning. The staff said they had received an induction into the role which included classroom based training at the agency offices. They also told us they had shadowed experienced members of staff and had regular contact with the senior staff in the office for guidance and support.

The staff told us they were given a handbook and a range of other information to help them understand their role and the provider's policies and procedures. One member of staff told us, ''Yes I have all information and support I needed. I had also the hand book about the policies and procedures of my company.''

The staff had regular meetings with their manager which included formal supervision and appraisals in the office and being supervised delivering care during their visits to people who used the service. During these sessions, the senior staff assessed their competency in the work place. These were recorded and records identified areas for improvement and good practice. One member of staff told us, ''I have kept my weekly meeting with the office staff in case I need extra help I am in touch with the office anytime.'' Another member of staff said, ''I have an appraisal and this is very important by my opinion.'' Other comments from the staff included, ''I meet with the manager in the office for the update when the need arises'', ''The superior always comes to visit us at work and I always inform her of any concerns I have'' and ''Since I have joined the service last year I had one appraisal and it's very useful.''

The manager arranged for team meetings and opportunities for the staff to visit the office for informal support. There were newsletters which were sent to all the staff each quarter. The provider had introduced a system of formal recognition of good work when they received feedback from people who used the service or through their own observations.

People had consented to their care and treatment and we saw evidence of this in their care plans. Where people did not have the capacity to consent to their plan, this had been discussed with their representatives or next of kin. The manager told us that even when people did not have the capacity to understand the care plan the staff still made sure they obtained consent for the care they provided at each visit.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The staff told us they had received training about consent and the MCA. Their understanding of this varied. However, we saw that the manager and training manager had taken further steps to improve the staff's understanding of this. This included providing the staff with some basic written information which they could take with them whenever they were at work. The manager told us they planned to discuss the principles of the MCA further in team meetings and showed us they had provided information in the last staff newsletter.

The provider showed us a new form they were introducing which would help the senior staff carrying out assessments to assess people's capacity in different areas of their care, including their level of understanding and how they communicated choices.

People's nutritional needs were assessed as part of their initial assessment and when their needs were reviewed. There was clear information about dietary needs which included likes and dislikes for people who the staff supported with meals.

People who were supported with meals told us they were happy with this support. One person did not feel the care workers were very good at cooking and they were unhappy with the food they were offered. However, the majority of people told us they were satisfied. Some of their comments included, ''The carers ask me what I want, they give me a choice'', ''They help with all my meals, I am happy with these. They ask what I want and heat up my food in the microwave'', ''They will cook what I want, sandwiches or a hot meal usually'' and ''I am happy with the meals. My tea is made, my lunch and dinner, it's warm and okay.''

People's healthcare needs were assessed. There was information about their individual health conditions for the staff. Details of the person's GP and other healthcare professionals were recorded. There was evidence that the staff had responded to medical emergencies and changes in people's health, by notifying the office staff, the person's next of kin, GPs and, when needed, calling emergency services. We saw examples of this in people's care notes and in reports of accidents and incidents.

Good

Is the service caring?

Our findings

People told us the care workers were kind, polite and respectful. They had good relationships with their care workers. Some of the comments people made were, ''They are really good, [my care worker] will come on the weekend too in the mornings if they are short staffed. She is lovely'', ''They are very kind, my regular carer does her duty and then goes. I don't talk much anyway; she does everything I need that has to be done. I'm not much of a talker so I don't really chat with her'', ''We chat after the chores are finished; I regard them as friends now. I feel comfortable with them. They do everything that I ask, shopping, cooking, cleaning and tidying up. They are a godsend'', ''I have the same carer, she is particularly nice, we have a lot in common. They are very friendly; she's kind and goes to a lot of trouble for me. They are quite chatty and nice. They have a good sense of duty'', ''They are very caring'', ''I can't fault the carers'', ''They do what I ask and are very helpful'', ''They are very kind and polite, like friends really'', ''They talk to me and are caring, very nice'' and ''They are lovely people, they do what is needed. Very pleasant.''

People told us the care workers respected their privacy. Some of the comments people made were, ''I feel comfortable, I would prefer to do it myself though but I can't so I am happy with the way they care for me'', ''They always close the door to the bathroom'', ''Yes they always respect my privacy'', ''I feel comfortable. The carers always cover me so that I'm not totally naked'' and ''They close the door, they make sure I am happy and they do not rush me.''

The staff told us they enjoyed working with people and caring for them. They told us they had developed positive relationships with the people who they cared for. One member of staff told us, ''Everyone must be treated as human individual with respect and care.'' Another member of staff said, ''''I like the work because I have passion for elderly.''

Information about people's background, religious and cultural needs, interests, likes, dislikes and things that were important to them were recorded in their care plans.

Good

Is the service responsive?

Our findings

At the inspection of 30 October 2015 we found that 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. At the inspection of 14 June 2016 we found improvements had been made.

Not everyone could remember if they had a care plan and what this said. However, the people who were aware of the plan told us they had been involved in developing and reviewing this. Some of their comments were, ''I have a care plan, I have been involved with this, it is reviewed regularly'', ''There is a folder which the carers write in. Someone from the office comes once a year to see how I am'' and ''My family deal with it and they are involved with this.''

People's care needs were assessed when they first started using the service and they were involved with this assessment. Care plans included information on their likes, preferences and interests. The care plans reflected individual needs and how the staff should meet these. The information was complete and up to date. There had been regular reviews of people's care. The staff completed care notes which explained how they had supported the person each visit. The senior office staff audited these care notes each month to ensure people were receiving care as planned.

The provider undertook regular monitoring of the service by contacting people by telephone and visiting them. We saw that each person had received regular visits and telephone calls. Through this monitoring the senior staff had asked people what they felt about the service. When people were visited by senior staff, the way in which they were cared for was assessed. The senior staff had recorded the person's views and any areas where changes or improvements were needed. We saw that they had responded by implementing changes. For example, changing the timing of some visits.

Most people told us that care staff usually arrived on time. However, some people felt that the weekends and evening visits were not always on time. One person told us, ''They are not always on time, the weekend is sporadic but the usual carers during the week are on time. They are short staffed on the weekend. I have the same carers during the week, weekends are different carers.'' Another person said, ''Usually in the evenings it's too early, the meals are then too early and I don't feel hungry at that time.'' However, other people felt that the timing of visits had improved. They acknowledged that the care workers were sometimes delayed by traffic but they did not regard this as a problem. Some of the comments from people included, ''They are on time, traffic can be a problem and the buses can be late but they phone if they are going to be late'', ''Mostly they are on time, sometimes they are late as most of them use the buses to travel'', ''They use the log in and log out system, so yes they are on time, my carer doesn't live that far from me too. She does everything and stays for the whole time'', ''The timing is okay, they have a log in call to make so the time gets noted. Yes everything is done'', ''The carers do everything and if they are late they always make up the time'', ''They can be late, but it's the traffic mostly, they will call if they are coming late'' and ''The carers come mostly on time. They are good, always asking if there is anything they can do.''

People told us that if the care workers were running late they apologised for this. Some people told us the agency or care worker telephoned them to tell them they would be late, other people said they did not always get a call. The provider's system for call monitoring identified where care workers were late and they were able to take action if there was a consistent problem with lateness. We looked at the records of care visits and saw that these took place at the same regular time each day for people and reflected their planned care.

The care workers who we spoke with told us they generally were assigned the same regular people to care for. They said that when they needed to cover another member of staff's absence the agency gave them information about the person they were caring for. They told us that the agency contacted the person to let them know a different care worker would be visiting them.

The care staff told us that they did not always have enough time to travel between calls. They said that sometimes this meant they were late. They told us they spoke with the agency office and with the person over the telephone to let them know they were running late and when they would arrive. The care staff said that if they were running very late the agency rearranged visits to make sure people who were most vulnerable received care on time from another member of staff.

People told us they knew how to make a complaint and who to speak with if they were unhappy about the service they received. They said that they felt able to speak with the managers and office staff. Some of the things people told us were, ''I have their number but I don't need to speak to them about anything'', ''I have no concerns but I can call them if I need'', ''I did call the office and requested a change of time, they listened to me'', ''The office are very good. Yes they do listen, I can talk to them about anything and they are easy to get hold of'', ''I can speak to them if I want to, I have their number'', ''Yes they are very easy to speak to'', ''If I leave a message they ring back'' and ''The office are good, they listen.''

Some people told us they had made formal complaints and that these had been acted upon. One person said, ''I have made a complaint. The attitude of one carer was not suitable. They didn't send her again, they listened.'' Another person told us, ''I made a complaint about timekeeping. It was resolved. The current carer is punctual.''

The provider's record of complaints showed detailed information about how the complaint had been investigated and the action taken following these. There was evidence the provider had contacted the complainant and explained how they had undertaken their investigation and the outcome. Senior managers were able to track the progress of complaints investigation and make sure that these were comprehensive. We saw evidence that action had been taken when complaints were upheld. For example, retraining staff and making changes to people's care arrangements.

Requires Improvement

Is the service well-led?

Our findings

At the inspection of 30 October 2015 we found that there had been no registered manager in post at the service since 2014. The provider had employed a manager but they were not registered with the Care Quality Commission (CQC). There had been regular changes in the management of the service and managers who had been employed had not stayed working at the service or applied to be registered with CQC.

At the inspection of 14 June 2016 we found a manager was in post. They had started work at the branch in January 2016. They had previously managed a project in a different branch of the organisation and had worked as a senior member of staff in the Ealing branch. They told us they had started the process of applying to be registered with CQC; however they were waiting for checks to be completed before they submitted their application.

Therefore this is a repeat breach of Regulation 5 of the Health and Social Care Act 2008 (Registration) Regulations 2009

At the inspection of 30 October 2015 we found that 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. At the inspection of 14 June 2016 we found improvements had been made. The provider's systems for monitoring the quality of the service were comprehensive, risks and failings had been identified and acted upon.

The provider had created an action plan which considered requirements made at the last inspection, the requirements of the local authorities who commissioned the care and findings from the provider's own audits. The action plan was regularly reviewed. Targets for improvement were realistic and the provider was meeting these.

People told us they thought the service was good. We asked them if they felt there needed to be any improvements. Some of the comments we received were, ''I can't think of any improvements'', ''They need to improve time keeping, my weekend carer is inconsistent'', ''They are jolly, jolly good, it's very helpful. It helps you especially when you are living on your own; it's nice to see someone every day'', ''I can't fault them, they are very good'', ''Everything I need, they do it for me. Care is what they do well. I am very happy with them'', ''I think its better now, my carer is good now, it's a good thing. I can't think of any improvements needed. They run it the way they want it and my carer gets everything done for me properly'', ''It is a good service, I would recommend it'', ''I am satisfied with the service, the carers are nice'', ''It is a service I am glad to have. Some carers have initiative which is good but some do not always respond quickly when needed'' and ''Overall I am quite happy, the care is good now.''

The care workers told us they enjoyed working for the agency. One member of staff said, ''I love this job so much. At the end of the day I look in the mirror and say to myself that I have achieved something important.'' Another member of staff told us, ''I really enjoy the work, it is a lovely feeling.''

The care workers told us the managers at the service were supportive and available when they needed

them. One care worker told us they had contacted their manager when they had a problems and the manager had taken time to respond to them straight away. In addition to the new manager, some of the senior staff working at the branch were also new in post. These included field care supervisors, who visited people to undertake assessments, and care coordinators who booked and planned how care needs would be met. We spoke with these staff. Some of them had worked previously at the branch as care workers. They told us they felt well supported. The senior staff said they worked well as a team and found the manager approachable and helpful. They had received role specific information and training. The training and development manager at the branch had worked there as a registered manager several years before. Their role at the time of the inspection included offering support and guidance to the current manager. The provider's operations director and quality assurance manager told us they felt the management team at the branch had improved the way the branch operated and they were happy with their work.

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 provider's records were well maintained, accurate and up to date. Information was clear and accessible. There were a range of policies and procedures and these were regularly reviewed.

The provider employed a quality assurance manager who was external to the branch. Their role included carrying out audits of the service. They had undertaken three such audits since January 2016. The branch had shown improvements in all areas. The most recent audit was 8 April 2016. The audits included looking at the operational systems, how the branch was led, how they were meeting requirements from the last inspection report and the safety of people using the service, staff and the office environment. The report of the audit included information about improvements which needed to be made.

The provider had developed a bespoke on line computer system which allowed them to remotely audit the service. The manager, senior staff and senior managers working for the provider could access information from this system. The system flagged up when areas required attention. For example, when the staff criminal record checks needed reviewing. The provider was uploading information to this system and at the time of the inspection was able to view staff information, information about the progress of complaints, safeguarding alerts and information about how the branch was performing. The provider had another system which monitored the care provided, timing and length of calls. This relied on staff logging in and out of care visits. The senior office staff could use this to monitor the service as it happened and therefore could see when staff were running late or there was a potential hold up. They told us they used this system to arrange emergency cover when problems arose.

The provider had registered with external agencies who carried out checks and audits in relation to their equality and health and safety policies and procedures. As part of this registration the external agencies assessed the provider annually and made recommendations where improvements were needed.

The provider asked people who used the service and their representatives to complete satisfaction surveys about their experiences. They shared the results of these with people. The most recent survey results showed that the majority of people were happy with the service and their care worker. The told people that they had taken action where people had raised concerns and wrote to people asking them to give other feedback and to raise further concerns if they wanted. In a letter to people who used the service, the provider said, ''We note that a small number of you said you don't currently get to choose your care and support plan at present. We will review your care plans and if necessary contact social services about your needs and wishes.'' They also said, ''We very much welcome any further comments or suggestions that you

may have about this survey or the care that you are or will be receiving.''

The provider had a record of accidents and incidents. These included the action the staff had taken at the time of these, how and when they were reported to the managers and any other action which had been taken. The provider's computerised system was able to detect trends in accidents and incidents so that they could look at ways to prevent reoccurrence of these.

The provider sent notifications of significant events, including safeguarding alerts to the Care Quality Commission (CQC), so we were being kept informed of the information we required.

The London Borough of Ealing conduct their own quality monitoring visits to the service. They shared the report of their most recent visit with us. This took place on 13 May 2016 and they found improvements had been made at the service. There were still a number of actions they had asked the provider to complete in order to meet the obligations of their contract with them, although they acknowledged most actions were met or partly met. In their report they commented, ''It is evident that Eleanor have made drastic changes and improvements to their Ealing branch and followed up on actions and recommendations from the Council's previous visit in July 2015.'' The London Borough of Hounslow told us, ''We don't receive any complaints about the service from service users. The one real area for concern from Hounslow's point of view was the turnover of branch management. '' They also shared their last contract monitoring report with us. This had taken place on 3 March 2016. They had outlined actions they had asked the provider to complete and agreed timescales for this action.

The provider was improving the office environment at the branch. They were in the process of creating a training room which included a mock up shower room and bedroom where the staff could practice moving people safely and using equipment.

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. Regulation 5 (Registration) Regulations 2009