

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Oxford Office

Inspection report

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Date of inspection visit:
10 February 2023

Date of publication:
10 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eleanor Nursing and Social Care Ltd-Oxford Office is a domiciliary care service offering personal care to people living in Oxfordshire. The service provides support to people living with dementia, learning disabilities or autistic spectrum disorder, physical disabilities, sensory impairment, and mental health issues. At the time of our inspection there were 11 people receiving the regulated activity of personal care from the service.

Not everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Staff understood how to protect people from poor care and abuse, and the service worked well with other agencies to do so. There were enough staff, with the appropriate skills, to support people. People received the support they needed to take their medicines. Staff knew how to protect people from infection. The provider had systems to learn from incidents to ensure people were safe.

People received care that met their individual needs and preferences. People's care plans were reviewed and updated regularly to reflect their current needs. People were supported by appropriately trained staff and care records reflected the care they received. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice.

The service was responsive to people's needs and wishes. People could request changes to their care, and these were introduced where possible. People received person-centred care which met their needs. Complaints were addressed and feedback was sought from people and their relatives, including their involvement in decisions relating to their care. The provider ensured lessons were learnt from the areas of improvement identified at the last inspection.

The management team was accessible to their teams and encouraged staff to develop skills in order to progress within their work. The management team completed regular audits to ensure the quality of the service and identify areas for improvement. The provider forged positive working relationships with health and social care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 21 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this

inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We had carried out an announced comprehensive inspection of this service on 1 June 2022. Breaches of legal requirements had been found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check whether they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eleanor Nursing and Social Care Ltd - Oxford Office on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eleanor Nursing and Social Care Ltd - Oxford Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The service was run by a nominated individual who was in process of registering with Care quality Commission (CQC). The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service a 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed our last inspection report and an action plan. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people using the service and 4 relatives of people about their experience of the support and care provided. We spoke with the nominated individual. We reviewed a range of records. These included care plans for 3 people and multiple medicines records. We looked at recruitment checks for 3 staff members. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

After the inspection

We obtain feedback from 3 members of staff. We contacted 4 healthcare professionals to obtain their opinion on the quality of care provided by the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure care and treatment was always provided in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely. Care plans included information on people's medicines, risks related to administration of their medicines, alongside details of how and when the medicine needed to be given.
- Staff completed training in medicines management. Records confirmed that staff were assessed before they were authorised to administer medicines. Staff who were not administering medicines also completed the training and had their competencies assessed to be ready to step in when needed or to cover for their colleagues when they would be on leave.
- People told us that staff supported them in a personalised and dignified manner when administering medicines. One person told us, "They have helped me with medication. I know what I need so am able to tell them, but as I have current problems with my wrists in opening a packet, they will do this for me."

Preventing and controlling infection

At our last inspection the provider had failed to ensure staff were regularly tested according to a national guidance. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff told us the nominated individual had ensured they had appropriate PPE, including face masks, disposable gloves and aprons. They said they had been trained in how to put on, take off and dispose of PPE safely.
- People were protected against the risk of infection. Staff were trained in preventing and controlling infection and handling food safely.
- People and their relatives confirmed staff followed infection, prevention and control measures that were

in place. One person told us, "The carers are always wearing uniforms and also masks, aprons and gloves."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person told us, "They are very friendly and do the job well." Another person told us, "I have had no concerns at all. All of them are very nice and polite."
- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals. A member of staff told us, "If I witnessed or suspect abuse of one of our service user, the first thing to do is document the incident, make a verbal report immediately to my supervisor or manager so they can report it immediately to the social service or safeguarding team."
- Where safeguarding concerns had been raised, the provider and management team took steps to explore them and work in partnership with the local authority. Where needed, changes to practice were introduced as a result of the concern to help improve service delivery and people's experience of care.

Assessing risk, safety monitoring and management

- Risks were assessed and ways to reduce risks were identified. Risk assessments contained enough details to help care staff manage risks proactively. Any equipment people used to help prevent falls had been clearly identified with guidance for staff to follow.
- As people received support in their own homes, the provider had ensured the risk of fire and other environmental factors had been considered.
- The provider had developed a business contingency plan to ensure people would continue to receive their care in the event of an emergency.

Staffing and recruitment

- Staff recruitment was safe. Recruitment procedures ensured that staff members were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- We received mixed but mostly positive opinions from people and their relatives about the punctuality of staff. However, some people and their relatives complained about duration of the visiting slots. One person told us, "My only criticism would be that I have had a very wide window of time when the carers are meant to arrive in the evening." Another person's relative told us, "I did stop mum's evening visit because the time slot was vast and was between 5:30 and 9:30 pm. As a result, I never knew exactly when the carer was going to arrive within that time frame." We contacted the service provider who told us that due to contractual agreements they are not allowed to offer specific times and they are required by this contract to quote the slot times to all people prior to starting the care.
- Arrangements were in place to cover staff absence or provide extra care staff when needed. The provider was in the process of recruiting more staff prior to taking on any new care commitments to people. This helped to ensure the provider had sufficient care staff to meet people's needs.

Learning lessons when things go wrong

- The nominated individual had systems to identify and learn lessons to improve the service. These included sharing learning from incidents with the staff team to ensure the safety of the service.
- The provider discussed with us how learning from the improvements identified at the last inspection had helped them to develop the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we made a recommendation regarding monitoring pre-diabetic and diabetic condition. We saw the provider had followed up our recommendation and improved in this area.

- Monitor documents were in place to monitor specific medical conditions.
- The provider of the service carried out a thorough assessment of people's needs before they agreed to provide them with care. This helped to ensure the service was suitable to meet people's needs.
- People and those who knew them well were included in developing the needs assessments. One person's relative told us, "I have been involved in my wife's care ever since she had the accident and fell down the stairs. Right from the start, I have been making decisions about her care and what is best for her."
- Care plans covered all aspects of health and well-being, including pressure relief, falls, food and fluids, communication, personal care and mental health.

Staff support: induction, training, skills and experience

- People and their relatives spoke highly of the staff competency, experience and training. One person told us, "My impression so far is that they are well trained."
- Training and development of staff was a blend of face-to-face learning and online e-learning. Staff were also offered more specialist training when required. For example, training in catheter care and percutaneous endoscopic gastrostomy (PEG). PEG is a tube inserted through the wall of the abdomen directly into the stomach.
- The provider supported new care staff with an induction process and ongoing supervision meetings. Team meetings were held, and minutes showed care staff could raise any queries or issues for support.

Supporting people to eat and drink enough to maintain a balanced diet

- People who received support with meals told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted.
- People's nutrition and hydration needs were discussed at their initial assessments. Any needs identified in these areas were recorded in people's care plans and risk assessments.
- Staff completed training in food hygiene and ensured that where required people were supplied with meals and drinks according to their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The provider, management and staff team supported people to access healthcare services and assisted them with raising any emerging healthcare concerns as these arose. Information about people's health and wellbeing was included in their care plans.
- Staff told us they could identify if an individual was unwell and may need to call their doctor. They said they would share any concerns with the nominated individual who would seek advice from the person's doctor to ensure that person received support as they needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care needs assessments included information about their ability to make independent decisions. Staff members had received training about the MCA and had clear guidelines to follow to ensure that they worked in adherence to the act.
- The provider had policies and procedures in place so that the principles of the MCA could be followed.
- Staff understood and provided examples of how they applied the MCA in their work. A member of staff told us, "MCA is designed to protect and empower the people who may lack the capacity to make their own decisions about their care and treatment, due to either mental illness or learning disabilities or dementia or brain injury. This does not mean they lack capacity to make all decisions as they can have capacity in other places like what to eat or what to wear or where to go."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to have complete and contemporaneous records for people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People had personalised care plans which included information on their life history and what was important to them. Information was also documented on what people wanted staff members to do at each care call.
- The views of people who used the service and their relatives were listened to and incorporated in people's support plans. Any requests for changes in care provision were accommodated by the service. One person's relative told us, "My wife does not like to be woken up too early in the morning. We therefore had to have words with the carers about this and they agreed to come a bit later, so it was all sorted out ok."
- People had regular reviews of their care. One person told us, "Two days ago, 2 managers from the agency turned up to do an assessment and to make their own decisions as to what my current requirements are. Having done this, they decided to stop everyday visits and to make them every other day." Another person's relative told us, "The manager comes out to carry out reviews to see if mum needs extra help and to check the book that the carers use to sign in."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their assessment and care planning process.
- Staff demonstrated awareness, skills and understanding of people's individual communication needs and knew how to facilitate good communication.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the complaints the service had received. We

found they had been investigated and actions had been taken to reduce the reoccurrence of the issue raised.

- People were able to raise concerns and complaints easily. One person told us, "We have not had to raise any complaint other than the phone call we had with the office about a week and a half ago. This was to report the fact that a female carer had turned up and only stayed for 20 minutes, but signed the black book saying that she had been here longer. My wife spoke to the office and they said that they would have a word with her. The same woman came the next day and was absolutely fine and signed the book with the correct times."

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- The nominated individual had links with local and specialist services which they would work with if end of life care was required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have systems in place to assess, monitor and improve the quality and safety of the service and to mitigate the risks in the service placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were effective systems in place to monitor the quality and safety of the service. Key areas of the service, such as medicines, daily care notes and staff competencies were audited regularly. Spot checks were carried out to assess whether staff demonstrated safe working practices, communicated effectively with people and treated people with respect when providing their care.
- Risks were regularly assessed and reviewed, and the nominated individual and staff had a good understanding of how to protect people from harm.
- Staff were clear about their roles and responsibilities. Staff had received training which ensured they provided care and support to the required standard. One staff member told us, "The induction has helped me a lot and built my knowledge about the job."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had created a positive culture which achieved good outcomes for people. People told us they were always able to contact the service when they needed to and obtain any information they needed.
- People provided us with mostly positive feedback about the management of the service. One person told us, "I cannot fault anything at the moment, and it is well organised as far as I can see. The manager came to see me last Sunday evening and he seemed to be well prepared with all the relevant documents in a file."
- Staff spoke positively about the culture of the service and told us they found the management team approachable. Staff told us they felt listened to and when they had raised any issues, these had been resolved. A member of staff told us, "The manager is very lovely and supportive, always wants the best for workers. She ensures I have a comfortable workspace. She does her job very diligently."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was aware of their responsibilities under the duty of candour and the need to notify CQC about any significant events.
- Information had been correctly shared with other agencies, such as the local authority when concerns about people's safety had been raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service used telephone and written satisfaction surveys to collate feedback from the people and their relatives. As a result, necessary changes were introduced such as review of staff's allocation.
- Staff felt involved in the service. Care staff told us the management team was both approachable and supportive. Records showed the management team organised team meetings, regular supervision for staff and spoke with them regularly. This helped to create an inclusive positive culture.
- People's protected characteristics were considered within the assessments of their needs and care plans.

Continuous learning and improving care; Working in partnership with others

- There was a commitment to learning and improving care. We saw the service improved in areas highlighted during our previous inspection.
- The service worked in partnership with other professionals such as GP's, and occupational therapists to support people to access healthcare when they needed it which had improved people's outcomes.
- The provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.