

Nurtrio Limited

# The Eleanor Centre

## Inspection report

21 Eleanor Street  
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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Eleanor Centre provides care and support through a domiciliary care service and a supported living service to people who live in their own homes. The service provides support to people with a learning disability or autism spectrum disorder, older people, people living with dementia, and mental health needs. It also supports people with a physical disability, sensory impairment, and younger adults. At the time of our inspection there were 84 people in receipt of domiciliary care and 48 people in supported living receiving a service from this provider.

Not everyone who used 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

#### Right Support:

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff did not understand and demonstrate a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. Information about risks was not always up to date and safety concerns were not consistently identified or addressed quickly enough. There was not always enough staff to support people. The service was not always clear in its responsibilities and role in relation to medicines. National guidelines were not always followed, this also applied to non-prescribed medicines. Recruitment systems were robust and ensured the right people were recruited. People were supported by staff to pursue their interests, had a choice about their living environment and were able to personalise their rooms.

#### Right Care:

People's care treatment and support plans did not always reflect their range of needs. However, we observed positive interactions between people and staff and people were treated with dignity and respect. Staff had received safeguarding training and knew how to keep people safe, however, further training to support staff to manage people in the least restrictive way was required. People were supported to attend regular health checks and systems and processes were in place to ensure continuity of care. People could make choices and were supported by staff. People told us they were supported to plan menus' and could have snacks when they wanted.

### Right Culture:

The service did not have well developed statements of its vision and values. Support from managers was inconsistent and staff and managers did not share an understanding of the risks and issues facing the service. Staff did not have regular opportunities to discuss best practice in a learning and supportive environment and there is limited evidence of learning, reflective practice, and service improvement. Staff supervision and support systems were not consistent and did not meet their needs. Lessons were not always learned and shared with staff. People and those important to them were not always involved in the planning of care or decisions about their care and treatment. People, their families and staff received regular updates about the service and questionnaires to support further improvements.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 30 January 2019.

### Why we inspected

The inspection was prompted in part due to concerns received about risk, staffing and culture. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Eleanor Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to the need for consent, safe care and treatment, good governance, and staffing. We have made a recommendation the provider ensures staff have received the appropriate training to care for people safely and in a way the person would want.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Eleanor Centre

## 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 2 inspectors. An Expert by Experience also made phone calls to relatives. 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

The Eleanor Centre is a domiciliary care agency providing personal care to people living in their own houses and flats. It also provides care and support to people living in 13 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post for domiciliary care and a registered manager in post for supported living.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 3 April 2023 and ended on 20 April 2023. We visited the location's service on 3 April 2023 and 13 April 2023.

#### What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 5 people who use the service and 7 relatives about their experience of care provided. We spoke with 15 members of staff including the chief executive officer, head of quality and operations, both registered managers, 2 coordinators and 9 support workers.

We reviewed a range of records. This included 10 care records and multiple medication records. We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

# 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 good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had not always been managed effectively.
- The provider did not always keep people safe in their own home. 2 people had access to the community and a busy main road despite risk assessments being in place regarding road safety.
- Missing persons protocols for people in supported living were not in place to guide staff if someone went missing in the community.
- People's current community risk assessments had not always been updated to support staff to reduce future risks.

The failure to robustly manage the risks relating to the health, safety and welfare of people is a breach of regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated activities 2014).

The provider responded during the inspection and established missing persons protocols and ensured the outside gate in one property was secure.

### Using medicines safely

- Staff did not always manage people's medicines in a safe way. Medication audits were not effective and did not identify errors.
- Handwritten medication administration records (MARs) were not signed by 2 members of staff to ensure they had been transcribed correctly.
- Staff did not always have the appropriate training and competencies assessed. One person was prescribed a fortnightly injection, which was administered by staff who had not completed formal training or had their competencies assessed.
- The provider did not have a process in place for recording and monitoring 'over the counter' medication to ensure it was safe to take with prescribed medication. One person said, "Staff give me my medication, but I buy my own paracetamol and just tell them when I have taken it."

We found no evidence that people had been harmed, however the failure to ensure the safe management of medicines is a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider responded immediately and developed action plans to address the concerns raised.

## Staffing and recruitment

- There were not always sufficient staff on duty. The provider did not have sufficient staff to meet the funded care hours. Staff told us care hours were 'put into a pot' and shared out equally between people to ensure everyone got some hours.
- Visits could not take place at night in 1 person's accommodation due to a shortage of staff. There was only 1 member of staff on duty on a night shift which restricted people who required 2 staff to support visits. Comments from staff included "It is a struggle on a night when there is only 1 member of staff," and "There are times we need more staff, even if it is to make sure everyone gets their allocated hours."

We found no evidence that people had been harmed, however, the provider failed to ensure there were sufficient numbers of suitably qualified and skilled, competent staff to meet the needs of people, this is a breach of regulation 18 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider had a safe system in place to recruit staff. This included full employment checks before staff started work in the service.

## Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Accident and incidents were reviewed by the registered manager, however there was not always evidence that lessons had been learned.
- Although the provider had a system in place to review safeguarding concerns, there were no records within each service. Staff were not always aware of safeguarding concerns that had been submitted and did not receive any feedback.

Systems were not in place to share information with staff at service level and promote learning. This is a breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People were protected from the risk of abuse. Staff were trained to help them identify and respond to any safeguarding concerns.
- People told us the service was safe. Comments included "Yes, I feel safe here," and "Staff keep me safe and look after me."

## Preventing and controlling infection

- Infection prevention and control practices were in place. Staff used personal protective equipment to help prevent the spread of healthcare related infections.



# 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 good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were not consistently followed. Assessments of people's capacity to make specific decisions, for example finances or medicines, had not always been completed and best interest meetings had not been arranged in line with MCA principles.
- Appropriate systems were not in place to monitor applications made to deprive people of their liberty. Staff in one accommodation told us they did not know who was subject to a Deprivation of their Liberty in the community and there was no paperwork within the care files to refer to.
- Staff told us they had received MCA training. However, they were unsure of the process to make sure decisions were made in a person's best interests.

Failure to follow the principles of the MCA (2005) is a breach of regulation 11 (2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People confirmed staff asked for consent before they provided them with care and support. A staff member said, "I would always give them a choice and never just assume it is what they [people] want."

Staff support: induction, training, skills and experience

- Staff had not received appropriate training to prevent, de-escalate and manage challenging situations.
- The provider did not promote reflective practice and de-briefing to consider improvements in care. Staff told us they did not have the opportunity to de-brief after any incidents.
- There were mixed comments from staff regarding support and supervision. Staff in the supported living service described staff moral as low and felt unsupported, staff working within the domiciliary care agency told us moral was good and they felt supported by the management team.

We recommend the provider reviews their systems and processes for staff training and supervision and updates their practices accordingly to ensure consistency across the staff team.

- The provider had recruited a training co-ordinator to oversee the training schedule and address any gaps in training.

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

- People, their relatives and health and social care professionals were involved in the assessment of people's needs. However, relatives told us they were not involved in the formulation and review of care plans and risk assessments within the service.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Comments from relatives included "Absolutely, they have supper together with chocolate biscuits" and "[Person's name] has never complained to me that he cannot have snacks and believe me he would."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend annual health checks, screening, and primary care services. A relative told us "[Person's name] has regular blood checks every month for some medication they are on."
- People were referred to health care professionals to support their well being and help them to live healthier lives.
- The service ensured people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events. People were provided numerous opportunities to attend social events. Staff had also supported 2 people to obtain an increase in education days to enhance their quality of life.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported, respecting equality and diversity

- Staff did not always have the skills to recognise when people required compassionate personal support.
- Staff did not always deal with challenging behaviour consistently and some staff believed there should be consequences to a person's behaviour rather than looking at strategies to support and improve a person's quality of life.
- We observed some kind interactions, and people seemed comfortable when interacting with staff. One person said, "The staff are amazing."
- We received positive feedback from family members. A relative said, "We are happy with the care [Person's name] receives."

We have made a recommendation in the effective domain about staff receiving further training and support to improve their skills in caring for people with learning disability and autism.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider did not ensure people and their relatives were involved in decisions about their care and restrictions were placed on people without their involvement.
- Staff took time to understand people's individual communication styles and develop a rapport with them. One person said, "The staff are amazing, I would not want to be anywhere else."
- People had the opportunity to try new experiences, develop new skills and gain independence. One person said, "Because of the support I receive from staff, I am able to live independently in my own home."

# 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 good. The rating for this key question has remained 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not involved in decisions about their care, treatment and support. Support plans were not always updated to capture people's assessed needs.
- The level of support people received to participate in social and leisure activities was mixed. One person regularly had an activity cancelled due to the lack of staff to support them whereas staff regularly took one person swimming.
- People were encouraged to undertake voluntary work and vocational courses in line with their wishes.

### 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.

- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

### Improving care quality in response to complaints or concerns

- The provider had a policy and procedure in place around making a complaint.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Relatives told us they knew who to complain to if they needed to.

### End of Life Care

- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.

# 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 good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The organisation had a comprehensive governance system in place at provider level. However, this did not improve the quality of the service people received. The management team had failed to identify the concerns and shortfalls found at this inspection.
- Staff did not always feel able to raise concerns and did not feel valued by senior managers in the organisation. Comments from staff included "If we raise anything they [senior managers] shut you down" and "I have tried to tell them, but they don't listen."
- The provider did not always invest in staff to provide them with the quality training required to meet the needs of individuals in the service.
- The provider had a clear vision for the direction of the service; however, staff did not feel involved in this and were unclear what the service values and visions were. Staff told us, they did not feel involved in the service direction.
- The provider was not able to establish how lessons had been learned from incidents and how investigations had been used to drive quality and improve outcomes for people.

Systems were not effective to ensure the provider had oversight at service level. This placed people at risk of harm. This was a further breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us morale had started to improve and found the registered managers helpful, fair, and supportive. A relative said, "We know who the managers are now, and the team leaders are very good, you need someone to oversee things and it was not happening, but I am happy with the situation now."

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 provider demonstrated an open and transparent approach and understood their responsibilities under the duty of candor.
- The provider was aware of their obligations for submitting notifications to CQC, as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service. People and relatives also received newsletters informing them of events in the service.
- Staff told us team meetings had improved recently and they were having them more regularly.
- The service regularly worked in partnership with other health and social care professionals to improve people's experience of care. A professional said, "staff liaised with them when incidents happened, and risks changed."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not always followed the principles of the Mental Capacity Act 2005
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Failure to robustly manage the risks relating to the health, safety and welfare of people
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Failure to ensure there are sufficient numbers of suitably qualified and skilled, competent staff to meet the needs of people.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to demonstrate safety was effectively managed

### **The enforcement action we took:**

Warning Notice