Eleanor Nursing and Social Care Limited

Eleanor Nursing & Social Care Ltd - Brent Office

Inspection report

87 Wembley Hill Road
Wembley
Middlesex
HA9 8BU

Tel: 02081381157
Website: www.eleanorhealthcaregroup.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Eleanor Nursing & Social Care Ltd – Brent Office is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were 41 people using the service. 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.

The service did not always ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. People told us staff did not always arrive on time or stay for the duration of the visit. As a result, people did not always receive care that consistently met their needs.

There were no robust procedures to follow in an emergency to make sure sufficient and suitable staff were deployed to cover both the emergency and the routine work of the service. However, at the time of the inspection the service had made some improvements to their system for monitoring late and missed calls.

A new plan for responding to missed or late visits had been put in place. However, it was too early for the provider to be able to demonstrate that these processes were fully embedded and that these improvements could be sustained over time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks. Care workers had been recruited safely and they knew how to identify and report concerns.

People had care plans that identified how their personal priorities and outcomes will be met. These showed people had been involved in the assessment process. Their care files contained meaningful information that identified their abilities and the support required.

Care workers were knowledgeable about people's needs. They had completed essential training and we saw from records they were up to date with it. They could describe to us how people liked to be supported.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There were systems in place which were regularly reviewed. A complaints procedure was in place, which people's relatives were aware of.

Quality assurance processes such as audits and spot checks were in place. We found the regional operations manager to be knowledgeable about issues and priorities relating to the quality and future of the service.

Rating at last inspection
This service was registered with us on 18/08/2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on our inspection scheduling.

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

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified one breach in relation to staffing at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made two recommendations, one about person centred care and the other about continuous improvements.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was well-led.

Details are in our well-led findings below.

Eleanor Nursing & Social Care Ltd - Brent 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and two Experts 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
Eleanor Nursing & Social Care Ltd – Brent Office is a 'domiciliary care service' where people receive care and support in their own homes. Therefore, the CQC only regulates the care provided to people and not the premises they live in. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 28 July 2022.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us

without delay. We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with people's relatives to help us understand the experience of people who could not talk with us. We spoke with nine relatives and 11 people who used the service. We spoke with the regional operations manager, executive assistant to the chief executive (CEO), branch manager, care coordinator and five care workers. We reviewed seven care records of people using the service, five personnel files of care workers, audits and other records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment
• The service did not always ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. People told us staff did not always arrive on time or stay for the duration of the visit. Their feedback included, "The care is OK. There is a problem with lateness. It is very difficult if I have an appointment", "Sometimes the agency sends someone new, [which is confusing for a relative with an impaired memory]", "I don't feel safe. My [care worker] is meant to come at [specified time early in the morning]and is still not here (we spoke with the person in the afternoon)."
• There were no robust procedures to follow in an emergency to make sure sufficient and suitable staff were deployed to cover both the emergency and the routine work of the service. We reviewed the timekeeping log from April to July 2022 and noted there were incidents of late visits recorded. For example, on 3 July 2022, a staff member arrived at 2pm instead of 1pm. This was repeated several times during the course of July 2022.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of harm and abuse. There were policies covering adult safeguarding, which were accessible to all staff. They outlined clearly who to go to for further guidance.
• Care workers had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. They were aware they could notify the local authority, the Care Quality Commission and the police when needed.
• People's relatives told us people were safe in the presence of care workers. One person raised concerns of a safeguarding nature and this was immediately resolved by the service.

Assessing risk, safety monitoring and management
• There were adequate systems to assess, monitor and manage risks to people's safety. Comprehensive risk assessments were carried out for people. People's care files contained a range of risk assessments. In all examples, the assessments provided information to mitigate risks.
• One person had epilepsy and their care plan contained specific instructions to reduce risk. The same approach was repeated across the range of risk assessments in place. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately.

Using medicines safely

• There were systems in place to ensure proper and safe use of medicines. There were policies and procedures in place. Medicine administration records (MAR) were completed appropriately and regularly audited.
• Care workers had received medicines training. They told us they had been assessed as competent to support people to take their medicines and records confirmed this.
• People told us they received their medicines on time. A relative of one person told us, "Care workers give me my medication on time, and it is all recorded."

Preventing and controlling infection
• People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection prevention and control.
• People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness.

Learning lessons when things go wrong
• There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed by the registered manager for any emerging themes. There were no incidents recorded at the time of the inspection. The regional operations director confirmed late or missed calls will be recorded as incidents.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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
• People's needs were assessed, before a care plan was drawn up. This set out the support that the service and the person had agreed would be delivered. It included details of both personal care and practical support.
• Agreed goals of care were delivered in line with standards and guidance. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE).

Staff support: induction, training, skills and experience
• Care workers had the appropriate skills and training. We were able to view training matrices and documentation that confirmed the required competencies had been achieved.
• New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
• The regional manager told us newly employed care workers also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
• We saw records confirming that supervision and support were being provided. Care workers who had been at the service for longer than a year also received an annual appraisal, including monthly spot checks to monitor their performance when supporting people.
• Relatives of people receiving care told us the care workers were skilled at their jobs and knew what to do. Their feedback included, 'Well trained and the care is really good" and "Care workers are well trained. They know about my condition."

Supporting people to eat and drink enough to maintain a balanced diet
• There were arrangements to ensure people's nutritional needs were met. This included a nutrition and hydration policy to provide guidance to care workers on meeting people's dietary needs.
• People's relatives or friends mostly supported with food and eating. One person told us, "The care workers help me cut up my food." A relative told us, "The care workers prepare my food and prepare it well."

Supporting people to live healthier lives, access healthcare services and support
• People's health needs were met. Their care plans identified their needs and input from a range of professionals, including GP, palliative care team, district nurses and occupational specialists.
• People's relatives told us care workers accompanied people or arranged visits to hospitals and appointments with GPs.

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 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.

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.
• The service was working within the principles of the MCA. People told us care workers obtained consent before they could proceed with any task at hand.
• People or their representative signed care plans. These showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made to provide support.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
• People's relatives told us care workers were kind and caring. They said, "The care workers are very nice to me and very caring. If I ask them to do something, they will do that", "The care workers talk to [my relative] quite nicely. They respect her privacy" and "They treat me like their own mother."
• People's privacy was respected. The care plans described how people should be supported so their privacy and dignity were upheld. People could describe how the service protected their dignity. For example, for reasons related to dignity or specific cultural traditions, some people preferred to be supported by care workers of their own sex, which was supported. One person told us, "I only want female care workers and it is in my care plan. The service is aware."
• People were supported to maintain their independence. People's relatives told us about how care workers took time to support people to participate as fully as they could. A relative told us, "They are trying to help him wash himself. They assist him to the kitchen to make a cup of tea instead of relying on them all of the time."
• Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Ensuring people are well treated and supported; respecting equality and diversity
• The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
• People felt that care workers treated them fairly, regardless of age, gender or disability. Relatives told us that people were supported with their religious and cultural needs. One person told us, "The care workers are respectful of my religion and when I am fasting. I need to wash my hair before prayer, and they help with that."

Supporting people to express their views and be involved in making decisions about their care
• There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
• The service maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care. A relative told us, "The manager is good and helpful. Manager came to my house to discuss how I like

things and was very helpful. I completed a satisfaction survey then. They always check what's gone out of date and clean my fridge."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

• We could not be confident that people's personal priorities and outcomes were consistently met. The primary cause for this was related to late visits. For example, one person told us, "The care workers come out at [a specified time] which is too late for me. I would prefer [time specified]." Another person said, "The care is OK, only a bit of a problem with lateness. It is very difficult if I have an appointment, but only happens occasionally." A third person told us, "I need support with transfers. This morning one care worker came instead of two. They do not always turn up together. One care worker will turn up half an hour after the other. One morning I was lying in bed until 9am and they never phoned." A fourth person told us, "I should have two care workers but sometimes only one care worker comes."

We recommend the provider consider current guidance on person centred care and take action to update their practice accordingly.

• People's care assessments showed they had been consulted and involved. Care plans reflected their choices, likes and dislikes.
• People's care files contained meaningful information that identified their abilities and the support required. People's relatives confirmed people received support that met their individual needs.
• Care plans were regularly reviewed. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. A relative told us, "I have had calls from the management in terms of reviewing [my relative's] care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred.
• People were matched with care workers on grounds of a mutual language. People spoke a range of languages, and the service employed staff who spoke as many languages.

Improving care quality in response to complaints or concerns

• There was a clear procedure in place to receive and respond to complaints and concerns. There was a

complaints policy and people's relatives confirmed they could complain if needed to. There were no pending complaints at the time of the inspection.

End of life care and support

• The service did not have anyone receiving end of life care at the time of the inspection. However, care workers had received end of life training, so they were skilled if the need arose.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care
• The provider's systems around monitoring the punctuality of calls and that staff stay the length of time for the calls were not effective. This is because whilst missed and late calls were recorded, these were not treated as incidents. As a result they were not subjected to a comprehensive analysis to make sure data was acted upon in a timely manner and suitable interventions put in place to prevent a recurrence of the similar incidents. Furthermore, there were no robust procedures to follow in an emergency to make sure sufficient and suitable staff were deployed to cover both the emergency and the routine work of the service.

We recommend the provider consider current guidance on continuous improvements and take action to update and embed good practice accordingly.

• At the time of the inspection the service had made some improvements to their system for monitoring late and missed calls. A new plan for responding to missed or late visits had been put in place. This included how and when a missed or late visit will be communicated to people or their relatives, emergency contact details and what should happen if a visit was late or missed. We observed recruitment was an ongoing exercise and there were planned recruitment activities in the coming weeks.
• We concluded the provider had started to make improvements to manage late and missed calls. However, it was too early for the provider to be able to demonstrate that these processes were fully embedded and that these improvements could be sustained over time.
• Accidents and incidents were monitored for trends and learning points. They were appropriately investigated by the registered manager and escalated. The results were shared with staff to raise awareness. The service shared with us an improvement plan for managing and responding to missed or late visits.
• Regular audits were carried out and where any concerns were found, action was taken to reduce reoccurrences and to help drive improvements. We found the regional manager to be knowledgeable about issues and priorities relating to the quality and future of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The regional operations manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As stated, there were practical provisions to support people's religious or cultural needs.
• There was a focus on empowering people as much as possible, by recognising what they can and want to

do. People told us they were offered choice and control. They were enabled to do as much as possible for themselves, including personal care.
• The provider understood people's opinions mattered. There were a range of formal systems to seek people's input to improve and develop the service. Regular meetings and care reviews took place and people were free to express their views. People received regular unannounced spot checks and telephone calls. This ensured they were consulted and given opportunities to comment about their care.
• The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service had a clear management structure consisting of the regional operations manager, registered manager, and care coordinator. Care workers were well informed of their roles and reporting structures. They described the management as compassionate, supportive and accessible.
• People's relatives also described the management in complimentary terms. One relative told us, "Management are doing quite a good job. They look after me and will keep me informed." Another relative said, "The manager is good and helpful. The manager came to my house to discuss how I like things done. I found this very helpful. They always check what's gone out of date in my fridge and clean my fridge."
• The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as, medicines management, safeguarding, equality and diversity, sexuality, communication, and end of life.

Working in partnership with others
• The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists, district nurses, pharmacists and occupational therapists.

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 18 HSCA RA Regulations 2014 Staffing There were no robust procedures to follow in an emergency to make sure sufficient and suitable staff were deployed to cover both the emergency and the routine work of the service.