

Eliona Healthcare Limited

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Inspection report

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01 June 2023

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Eliona Healthcare Limited is a domiciliary care agency that provides personal care to people living in their own homes. The service provided support to older people including those living with dementia.

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. At the time of this inspection 4 people were receiving support with personal care.

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

Staff recruitment needed to be strengthened to ensure all appropriate checks had been completed before staff commenced employment.

We have made a recommendation about improving recruitment procedures to ensure it is more robust.

People receiving care and support felt it was delivered safely by staff they felt safe with. Systems and processes were in place to support people's safety. There was a consistent and stable staff team of 5 and people told us their care staff were reliable, punctual and they saw the same staff.

People received the support they required with their medicines. Staff worked consistently within the provider's policy and procedure for infection prevention and control.

People had their needs assessed and reviewed as required. People's health care needs were documented, and staff knew when to liaise with health care professionals as required. Staff had the experience, knowledge and training to meet people's needs.

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.

Feedback we received confirmed people were supported respectfully and with dignity, they had their independence promoted and were able to develop good relationships with staff members.

Complaints procedures were in place and staff told people how to use them. The provider's systems and processes monitored the quality of the service being provided. People's views were sought through surveys, which were analysed and used to identify where improvements were needed.

The management team ensured that checks and audits were in place and used effectively to drive improvements. Staff were supported through ongoing monitoring and good communication. Staff felt well supported and valued. Information was shared with staff to support in the delivery of good quality care.

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

Rating at last inspection and update

The last rating for this service was Good (published 28 October 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Eliona Healthcare Limited

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.

Service and service type

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

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. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

Notice of Inspection

This inspection was announced. We gave the service 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.

Inspection activity started on 25 May 2023 and ended on 01 June 2023. We visited the location's office on 25 May 2023.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives of people who received support for feedback on their experience of the care provided. We spoke with the registered manager and a member of the care and support team. We also received feedback via email from 2 members of care staff.

We reviewed a range of records. This included 2 people's care records and 2 people's medication records. We looked at a variety of records relating to the management of the service. This included quality assurance processes, training records and meeting minutes.

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.

Staffing and recruitment

- Staff recruitment procedures needed to be strengthened to ensure all appropriate checks had been completed before staff commenced employment. For example, the application form did not ask for people's employment history. However, 1 person did provide a CV with this information included. Evidence of ID had not always been checked and 1 person had not completed an application form. We discussed this with the registered manager who said they would take steps to address the gaps identified.

We recommend that the We recommend the provider reviews its recruitment practices and take action to update their practice accordingly.

- People and their relatives told us they were very happy with the staff who provided their care and support. One relative said, "We get to see the same carers, and this is very important to [family member]. They know my [family member] so well and how they want their care."

- There was a small team of 5 staff, including the registered manager, who provided care and support for people. This ensured consistency and meant the staff got to know people well and understood their needs and preferences. One staff member commented, 'We have the privilege to have enough staff so that it also allows us time to work effectively, safely and support clients and each other.'

Using medicines safely

- Where people needed support with their medicines this was done in a safe way by trained staff. One staff member commented, "I had medication training a competency assessment during the orientation weeks."

- Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from the risk of potential harm. A relative told us, "[Family member] is very safe with the carers. They have built up relationships so there is trust."

- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew how to report concerns. One staff member informed us, 'I would recognise abuse by recognising how relatives or other carers are treating the client, the language used when the client is being spoken to, how the client responds or acts if a relative or carer enters the room, and the way the client acts if stressed.'

- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk. For example, risk management plans were in place regarding falls and how to mitigate those risks.
- Staff informed the registered manager when they had concerns about people's health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.
- Care plans were reviewed regularly so any changes to their needs and risk management strategies could be implemented swiftly.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Measures were in place to control and prevent the spread of infection. Staff completed training in relation to the control of infection and they had sufficient personal protective equipment (PPE).
- People and relatives told us staff always washed their hands and wore PPE when carrying out personal care. One relative told us, "They always wash their hands and wear their gloves and aprons."
- The provider had an infection control policy in place that was up to date and accessible to staff.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety.
- The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.

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. The rating for this key question has remained 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

- An assessment of people's needs was completed before they started to receive care. These were used as a foundation for people's plan of care. Care plans provided staff with the guidance they needed to support people.
- People confirmed they had been involved with their care planning to ensure they received the care they wanted. A relative said, "I know my [family member] has a folder and it does get updated. I have been involved from the beginning when they came to see us to find out what we wanted."
- The assessment tool looked at people's physical and mental well-being, level of independence, social circumstances, communication needs and dietary requirements.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. Records confirmed they had received an induction and training relevant to their role.
- People and their relative's felt staff were well trained. One relative said, "They all know what they are doing, and they have very good knowledge about caring for people."
- There was a rolling programme of supervisions and direct observations. This was monitored by the registered manager to ensure staff were working in line with best practice.

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

- People were supported to eat and drink enough to meet their dietary needs, and this was done in a safe way. One relative said, "The carers make [family member] whatever they ask for. They know what they like and don't like. If they are worried [family member] isn't eating or drinking enough they will contact me."
- Staff training records showed staff had completed food hygiene training so knew how to handle food safely.
- We saw people's nutritional and hydration needs had been assessed and guidance put in place for staff to follow.

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

- People were supported with their healthcare needs and staff worked with families to ensure people received the care they needed. A relative told us, "The carers would contact a doctor for my [family member] if they thought they were unwell. They have done this before, and they would also call me."
- Staff knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns. Care plans provided an overview of the persons health needs and

the involvement of health care professionals where applicable.

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 told us the staff always asked for their consent and permission before they completed any tasks. A relative commented, "The staff do always ask for permission, and they explain what they are doing which puts [family member] at ease."
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary. Mental capacity assessments were completed at the pre-assessment stage and kept under review.

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. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. A relative told us, "The staff are lovely and very good at what they do. They help to keep my [family member] relaxed and comfortable when they are helping with personal care. They go out of their way to minimise any embarrassment."
- Records included information about people's preferred name and other important details about their spiritual and cultural beliefs where required.
- There was an 'About me' sheet that had information about people's likes and dislikes and any specific cultural needs. Staff used this information to get to know people and build positive relationships with them.
- Staff understood the way each person communicated and provided the care and support they required.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were involved in making decisions about their care and these were reviewed to ensure they remained up to date. A relative said, "Yes, we as a family are all involved, and everything is discussed. Communication is very good. We have been involved since the start."
- People's communication needs were assessed before they started using the service. This detailed the person's preferred way of communication to ensure information was shared effectively.
- Records showed that people's care was reviewed regularly and that people and relatives where appropriate, were involved in the process.
- The registered manager said they would support anyone who wanted to use the service of an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and do as much as they could for themselves where appropriate. A relative told us, "[Family member] is no longer independent but staff do try to maintain the little independence they have left. They are very good at encouraging [family member]."
- People told us that staff treated them with respect and always made sure their care was carried out in private. A relative commented, "The carers are very respectful, not just of [family member] but all the family and our home."
- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely.

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

- Relatives told us the registered manager was responsive when things needed to be changed. One commented, "We are consulted about any changes, and we are always asked for our input. If we want something changing the manager acts swiftly and talks it through with us."
- A needs assessment was completed and used to develop a plan of care. This had been reviewed regularly and when the persons care needs changed.
- The care and support plan we looked at was reflective of people's current needs and provided staff with information they needed to provide care and support in line with people's preferences.
- People received person centred care from a regular, reliable and consistent staff team, which helped to build trust and support.

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 assessed, and details of any specific needs were recorded. The registered manager said they would consider each person individually and would provide any support they needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and policy in place that had been provided to people and their relatives, so they knew how to make a complaint. A relative told us, "I know how and who to make a complaint to, but I have never had to. It's a small staff team so communication is very good, and concerns are dealt with straight away. It's a two-way conversation."
- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal, verbal and written would be dealt with appropriately.

End of life care and support

- At the time of our inspection staff were providing palliative care to 1 person. The registered manager told us that staff had received the appropriate training in relation to end of life care and records we looked at confirmed this.

- Appropriate care plans were in place to support the delivery of good palliative care and staff were working collaboratively with the palliative care team, GP and district nurses. There was an end-of-life policy in place that staff could refer to if they needed.

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. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had a positive ethos and relatives expressed their satisfaction with the care provided. One said, "The care is just what we need. We had a care company before, and Eliona Care is far better. We are so lucky to have found this company." Another told us, "The staff will go above and beyond. We couldn't be happier or more satisfied."
- Staff were clear about their roles and responsibilities and felt listened to, valued and supported. One staff member commented, "We do it with, passion, respect, integrity, dignity and expertise. The company believes in a long-term service and building consistency for all their clients."
- The registered manager also provided care and support to people and was passionate about delivering good quality care. The registered manager and staff team worked with other professionals when required to ensure the service developed and people remained safe.

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

- Staff informed us they felt well supported and the management were approachable and contactable. One staff member commented, "The management are very helpful and approachable at all times, and always want us to learn more and be ambitious."
- The provider had a system of checks in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff.
- Systems were in place to manage staff performance including supervisions, appraisals and a training programme. A staff member informed us, "Yes, we have regular training and supervisions. Sometimes spot checks, to check on our performance."
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

characteristics; Continuous learning and improving care

- A transition to an electronic system was in progress. The staff team were getting used to the new system, which needed time to become fully embedded.
- People and their relatives were involved in the improvement of the service where possible. We saw satisfaction surveys that were sent out to people so the provider could gain their views. One relative said, "I have completed a satisfaction form but to be honest we are in constant communication we don't really need the surveys. If there's something I want them to change or discuss they will do it."
- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- There were systems in place to learn lessons when things went wrong, so that improvements were made to enhance the care people received.