

Eleanor Nursing and Social Care Limited

Eleanor Nursing and Social Care Ltd - Bexley Office

Inspection report

10 Falconwood Parade
Welling
Kent
DA16 2PL

Tel: 02083030898
Website: www.eleanorcare.co.uk

Date of inspection visit:
24 February 2021
01 March 2021
02 March 2021

Date of publication:
16 April 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Eleanor Nursing and Social Care Ltd - Bexley Office is a domiciliary care service in the London Borough of Bexley, providing personal care and support to people living in their own homes. The service also supports people under a discharge from hospital scheme. Some people using the service have longer term packages of care and support.

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 the inspection the service was providing personal care to 92 people, most of whom were aged 65 and over.

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

Medicines were not always safely managed. Most risks to people were assessed. However, there were risks in relation to epilepsy and behaviour where staff did not always have sufficient guidance.

Systems and procedures to monitor the quality and safety of the service in relation to medicines, call scheduling, wearing of PPE and the monitoring of Covid-19 testing for staff did not always operate effectively.

There were enough staff to meet people's needs but call scheduling did not always allow for travel time between visits. We had mixed feedback from people about the timing of care and support provided and if staff stayed the full length of the call.

People told us they felt safe using the service and that staff were kind and caring and attentive to their needs. Staff were familiar with safeguarding procedures and where to raise any concerns.

Staff had received training on infection prevention. The provider had updated policies and processes in place to reflect current guidance on Covid-19 and developed initiatives to reassure and support staff during the pandemic.

Staff were positive about the registered manager and provider about the way they managed the service and supported them.

Most people and their relatives said they were consulted about their needs and wishes and thought the service was well run and that any issues they raised were addressed. Their views about the service were sought through telephone monitoring, spot checks and surveys.

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 Good (report published 14 December 2018).

Why we inspected

The inspection was prompted in part due to concerns we received from the local authority about a number of complaints they had received about the service. These related to short or late calls and some staff not wearing appropriate PPE. A decision was made for us to carry out a focused inspection of Safe and Well-Led to examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from the concerns found. The registered manager took action to address some of the issues highlighted following the inspection, including improving the systems to record staff Covid-19 tests and call scheduling.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eleanor Nursing and Social care Ltd – Bexley office on our website at www.cqc.org.uk.

Follow up

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

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Eleanor Nursing and Social Care Ltd - Bexley 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 Care Act 2014.

Inspection team

The inspection site visit was carried out by a single inspector. Two inspectors made calls to staff and two Experts by Experience made calls to people using the service and or their families. 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.

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 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. We also wanted the registered manager to seek consent for us to speak with people and their families.

What we did before the inspection

The inspection was prompted due to concerns received by the local authority which were shared with us.

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, a care coordinator and operations director on the site visit and with another care coordinator and two supervisors by phone following the site visit. The experts by experience made phone calls to six people and 13 relatives on the 1st and 2nd March 2021. A second inspector made calls to seven care staff on the 1st and 2nd March 2021.

We reviewed a range of records. This included 11 people's care records, 11 medication records and care notes. We looked at seven staff recruitment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested records such as risk assessments, care plans and quality assurance records to be sent to us for review.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- Medicines were not always safely managed. Medicines risk assessments we viewed did not always fully detail the arrangements for administering all of the medicines prescribed for people or assess all of the risks. For example, where administration was shared with family members. Medicines administration records (MAR) were not always legible and did not include the specific dose to be administered. This meant it was not possible to verify if medicines were administered as prescribed.
- Allergies were not always recorded on the MAR to alert staff. Lists of people's medicines were not updated in office records or care plans. So, there was not always an accurate list of the medicines being administered.
- Staff received training on medicines administration, and a competency assessment was carried out during the training. However, there was no direct observation carried out while care workers were in the field in line with NICE Guidance for Managing medicines for adults receiving social care in the community.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were supported with medicines, they and their families told us they were happy with the support they received. A relative commented, "What we really like is that the carers are proactive, for example when the prescriptions are getting low, they always let me know, yes they contact me about stuff like that."
- MAR records we viewed were completed to record medicines support. Checks were carried out on completed MAR records by office staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed and identified. However, risks in relation to some healthcare needs were not always fully mitigated. There were not always sufficiently detailed epilepsy risk assessments or guidance where people had a history of seizures. There was no risk assessment or guidance for a person whose care plan identified they could show distressed behaviours.
- There was no procedure to alert office staff to the risk of missed calls to a vulnerable person who may be unable to contact the office to alert them. We had no feedback and found no evidence of missed calls;

however, this posed a possible risk to people as there was no process to mitigate this risk. The registered manager explained the service was starting to introduce an electronic call monitoring system, which they identified, would help address this issue, but this had been delayed due to the pandemic.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks such as environmental risks, moving and positioning, mobility, nutritional risk or other health needs were assessed and guidance provided to care workers to reduce risks. Equipment service dates were recorded and monitored in care plans to ensure the equipment remained safe for people and staff to use. There was an on-call system for staff or people to access outside office hours in an emergency.
- People and their relatives said care workers knew what to do in an emergency. Training records confirmed they had first aid training and a relative told us staff had given emergency first aid, pending the arrival of an ambulance on one occasion. A relative said "They have had to call the ambulance for [my family member] in the past when they've [staff] spotted they had problems."

Preventing and controlling infection

- Some improvement was needed to ensure effective infection control procedures were maintained. Some concerns had been previously raised with the local authority in relation to staff wearing of PPE. Most people and their relatives told us that staff followed infection control practice and wore appropriate full PPE. One person remarked, "Yes the carers always have their masks and gloves on before they come in the house."
- However, one relative commented, "They do wear PPE most of the time but not always a mask." We discussed this with the registered manager. They showed us correspondence sent to staff and families in relation to staff wearing PPE. They had carried out spot checks and telephone monitoring checks to try and ensure that staff followed the guidance. Staff had also received training on how to wear PPE appropriately. However, improvement was needed to ensure all staff consistently maintained safe infection control practices. Staff confirmed they had access to enough PPE and were supported by office staff with delivery where needed.
- Covid-19 risk assessments had been completed for people using the service and staff to identify possible risks. There was an office risk assessment in place to minimise risk to staff and visitors. The office environment was small which presented challenges to infection control, but the service had adapted through the use of screens and home working. Staff wore appropriate PPE within the office. There was a plan to manage any outbreaks to minimise infection risks and the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- The service had grown considerably since the last inspection. We were aware of complaints made to the local authority in December 2020 about late or short calls. At this inspection we found there were enough staff to meet people's needs. However, analysis of staff rotas showed calls were poorly scheduled without always allowing sufficient travel time for staff between visits. This required improvement.
- Most people or their relatives told us that care workers usually arrived when expected and stayed for the duration of the planned call. One person commented, "They always come on time and spend the right length of time with me." A relative remarked, "[My family member] has to take their medicines at a certain time so it's important that the carers come on time which they do." However, two relatives said calls were shortened and rushed at times and not always at the right times.
- Staff told us they were usually on time for their calls and that there were enough of them to carry out their

roles. Two staff members told us they had arranged different times with families to support them other than the planned times, because the planned times were not in their view achievable, as they did not always allow enough travel time.

- Most people and their relatives received care from a small group of staff which they appreciated. However, two people and their relatives found the care less satisfactory when the regular care workers were not available. One relative commented, "Eleanor don't let me know. There is no system in place for planned care replacement and any adjustments are not notified."
- We spoke with the registered manager about the feedback and the concerns that had been raised prior to the inspection. She told us the service had experienced a difficult time during the pandemic due to staff needing to isolate at short notice. This had put pressure on the service. The situation had improved a lot recently and they were fully staffed. The registered manager told us she would act to address the scheduling issues identified to ensure sufficient travel time was included.
- Office staff all told us they thought there were enough of them to manage the workload and run the service effectively. An additional supervisor had been recruited recently to support with assessments and spot checks.
- Effective recruitment systems were in place. Staff recruitment records included completed application forms, applicant's full employment history, employment references, and details of all necessary checks including right to work, Disclosure and Baring Service (DBS) checks, health declarations and proof of identification.

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

- People were protected from harm and abuse. Everyone spoke positively about the care provided and told us they felt safe and well looked after. One person commented, "Yes I feel safe with them because I trust them completely. A relative remarked, "Safe, most definitely, I feel at ease knowing they are there helping [my family member]." People confirmed care workers wore uniforms and ID badges to confirm for people where they worked.
- Staff received safeguarding training. They were aware of the different types of abuse and the signs to look for that may indicate abuse may have occurred. Staff confirmed they would report any concerns they had to the registered manager. They were aware of the providers whistleblowing policy and where to go if they thought they needed to raise concerns outside the service.
- The provider had safeguarding policies and procedures in place for reporting any allegations to the local authority. The registered manager understood these procedures and knew to notify CQC of any abuse allegations, in line with regulatory requirements.
- Learning from safeguarding and complaints were discussed in office meetings and in communication with staff to try to reduce the likelihood of repeat occurrences.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Continuous learning and improving care:

- Systems to oversee quality and the safety of the service were not always effectively operated. Medicines audits recognised some issues but had not identified the concerns we found in relation to medicines.
- The quality monitoring system had not identified the gaps in risk assessments, or, risks in relation to call scheduling. The provider accessed regular Covid-19 testing for staff; however, the system for ensuring results were confirmed and recorded in a timely way was not fully effective and we found some staff had no recorded results over successive weeks.
- The registered manager and office staff had worked to address the issues identified with staff consistently wearing PPE through communication about expectations, telephone monitoring and spot checks on staff PPE. However, from the feedback received, this was not yet fully addressed. We found where telephone monitoring had indicated some issues with some staff not wearing PPE, this had not been explored fully with people, to understand the full extent of any problem.
- Accident and incident forms were not always completed when needed to detail staff involvement in people's care or support following an unwitnessed fall or unwitnessed injury or support in a medical emergency, to identify any possible learning and provide an accurate record of the care given.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager addressed the issues we found in relation to the recording of staff Covid-19 test results following the inspection.

- Some improvement was required to recruitment record audits. While recruitment records we viewed contained all the required information, the provider's recruitment audit did not evidence a check on the need to verify satisfactory conduct in previous employment in health and social care or with children and vulnerable adults. Following the inspection, the registered manager told us they would update their recruitment audit to make it more comprehensive.
- We received mostly positive feedback from people and their relatives about the way the service was managed and the communication they had with the office. A relative said, "When I have complained, I am

satisfied that it has been dealt with promptly. I feel informed about their action to reduce the risk of Covid-19."

- Some aspects of quality monitoring were effective in monitoring quality and safety. For example, audits of daily records had identified that these were not always fully completed, and this was then addressed with staff. The provider carried out quality checks on different aspects of the service such as care planning and infection control. Where actions were needed this was identified.

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

- The registered manager was aware of her responsibilities as a registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating.
- The registered manager said the last year had been difficult due to the pandemic: but they felt well supported by the provider and the senior team.
- Staff told us they had access to support and advice from the management team when they needed it, including an on-call number for use out of office hours. They were positive about the way the registered manager managed the service and had led them through the difficulties they had experienced during the pandemic.
- The registered manager understood the duty of candour and the requirement to be open in informing people's relatives where appropriate when any incidents or accidents had occurred in writing.

Working in partnership with others

- The service had worked collaboratively with other organisations and professionals such as the local authority during the pandemic. Although, feedback from the local authority was that information requested was not always prompt in being provided.
- Staff worked in partnership with people, families to ensure people's care needs were met. People and their families told us they were consulted and involved in decisions about their care and we heard supportive phone conversations with people and their families while we carried out the office visit.
- The service worked in partnership with health professionals and hospital staff to communicate changes in people's care needs. We saw requests for suitable equipment or assessments were promptly made where needed.

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

- Most people and their relatives told us that the registered manager and staff worked to encourage a positive inclusive culture to provide safe, effective care. One relative commented, "I would recommend this service, they are good and very good at keeping in touch with us. They do ask about my views on how things are going which is good."
- People and their families were involved in giving feedback about the service through surveys and telephone monitoring calls. A survey had recently been carried out in January 2021, which was mostly positive, although we noted a small number of responses recorded issues with call lengths and PPE. Action to address the staff wearing of PPE had been taken through spot checks and telephone monitoring. The survey was being considered for learning and an action plan was being developed. Following the inspection, the provider told us of further action they had taken action to address incidents where staff have not worn adequate PPE.
- Staff were all complimentary about the way the service was run by the provider and registered manager.

One staff member said, "The office staff are amazing, every time I have gone in, they have been very supportive. The manager is really good and listens to you." Staff told us they were encouraged and supported to work as a team. The provider operated a "carer of the month" award to acknowledge good practice by staff.

- The provider worked to ensure staff were provided with reassurance and up to date guidance during the pandemic. They had developed initiatives to support their well-being. They had provided staff and service user support initiatives including food and activity parcels. The operations director commented, "It was difficult for sure but I'm so proud of the team and their ongoing resilience and embedded dedication to provide care."

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way as some risks to people were not always assessed or adequate guidance provided for staff. Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess and monitor the quality and safety of the service and risks to people using the service were not always operated effectively. Regulation 17(1)(2)(a)(b)(c)