

Eleada Ltd

# Eleada Care Services

## Inspection report

Unit 3 Fitzgerald House  
Willowcourt Avenue  
Harrow  
Middlesex  
HA3 8ES

Date of inspection visit:  
30 May 2022

Date of publication:  
23 August 2022

Tel: 02089071763

Website: [www.eleadacare.com](http://www.eleadacare.com)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Eleada Care Services is a domiciliary care agency that provides care and support to people living in their own homes. The service is also registered to provide nursing care. However, the registered manager told us that nursing care was not currently being provided by the service. When we inspected 98 people were being supported by the service. 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

People's care plans and risk assessments were person centred and had been developed with the person and their representative, where appropriate. Risk assessments included guidance for staff on managing and reducing identified risks to people.

People's risk assessments and care plans included personalised information about risks associated with infection including Covid-19. Staff had received up-to-date training and information about reducing the risk of infection to people. The provider maintained stocks of personal protection equipment (PPE), such as masks, gloves and aprons. People told us staff used appropriate PPE when visiting their homes to provide care.

Some people received support with taking their prescribed medicines. We found that this was managed safely.

Staff were recruited safely and the provider had carried out satisfactory checks of their suitability before they commenced work at the service. Induction training was provided to new staff and this was refreshed for all staff on an annual basis.

The provider had an electronic system for rostering staff and monitoring their activities. We saw this was used effectively to identify late or missed calls and follow up on these within 15 minutes. Reasons for late or missed calls were recorded in the electronic system and follow up action was taken with staff where they had failed to log in or had a record of regular lateness. People and relatives told us staff were usually on time and they were informed if they were going to be late for a care visit.

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.

The provider had systems in place to ensure the quality of support to people was maintained and improved. Regular spot checks of care in people's homes were carried out, and people's views of the care they received were sought. Monitoring of care and medicines records were undertaken on a regular basis. The provider's

monitoring records showed that actions had been taken to make improvements where there had been failures in people's care and support.

We found evidence the provider proactively worked with other professionals to ensure people received the care and support they required.

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

#### Rating at last inspection

The last rating for this service was good (published 17 July 2019)

#### Why we inspected

The inspection was prompted in part due to anonymous concerns received about care staff and how the service monitored the support people received. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Eleada Care Services

## 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 two inspectors

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### 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.

#### What we did before the inspection

We reviewed information we had 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager, two care co-ordinators, the service administrator, six care staff, four people who used the service and four relatives. We looked at seven staff records, seven care records and a range of medicines records. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to ensure that people were safe from the risk of harm or abuse. Staff had received training in safeguarding adults. They understood their roles and responsibilities in ensuring that any suspicions or concerns were reported immediately.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- People and their relatives informed us that they considered the support provided by care staff was safe. A relative said, "The staff appear well-trained and professional. [My relative] has a lot of needs and they manage them very safely."

Assessing risk, safety monitoring and management

- Risks to people were identified and individual risk assessments were in place for people which included moving and handling and personal care. People's person-centred risk assessments outlined measures to help reduce the likelihood of people being harmed, and their care plans contained guidance for care staff on keeping people safe.
- The provider had also developed environmental and COVID-19 related risk assessments for people. These reflected people's individual circumstances and risk factors.
- Care staff received the training they required to support people safely. For example they had received training in moving and handling, first aid and fire safety.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Staff had received training on the MCA and DoLS. Information about people's capacity to make decisions was included in their care plans.

## Staffing and recruitment

- The service ensured that staff were suitable for the work they were carrying out. Checks of criminal records, work visas and references had been undertaken before staff started working with people.
- The services' rotas showed that staff had been provided with time to travel between each care visit. This was confirmed by the staff we spoke with.
- The service used an electronic call monitoring system (ECM). Staff logged in and out using their mobile phones each time they visited people's homes. A care co-ordinator demonstrated the ECM screen which highlighted if a care call had not been logged at the correct time. They told us that, if a staff member had not logged in within 15 minutes of the due time a call would be made to the person to check if they had arrived.
- The provider recorded reasons for late or missed calls in the ECM, and this was regularly monitored to identify any patterns. Staff supervision records showed persistent lateness had been addressed with staff members where appropriate.
- People received support from regular staff members. People and their relatives told us that staff were reliable. A person said, "Sometimes they are late, but they usually let me know. It doesn't happen often." A relative told us, "They let us know who is coming if [regular care worker] is off. The other people they send are always quite good."

## Using medicines safely

- People who used the service received their medicines safely.
- Staff had received medicines training and their competency to administer medicines safely had been assessed and reviewed during regular spot checks of care in people's homes.
- People's care plans included information about the level of support they required to receive their medicines safely and on time. Information about the medicines people were prescribed was included in their care records.
- Staff recorded the administration of people's medicines on medicines administration records (MARs). People's MARs were monitored by the service during unannounced spot checks of care in people's homes. A formal audit of people's MARs was undertaken when the completed records were received at the service's office.
- The provider's medicines policy and procedures contained detailed information about the support the service could provide and how this should be provided. These followed current best practice guidance on safe administration of medicines.

## Preventing and controlling infection

- Staff had received training in infection prevention and control. The training included guidance on safe practice in relation to Covid-19 and other transmittable infections.
- People's care plans and risk assessments included personalised information about infection risk, including risk of Covid-19, along with guidance for staff on reducing risk.
- Staff were provided with the personal protective equipment (PPE) they required to minimise the risk of infection. The provider maintained a stock of PPE at the office. This was collected by, or delivered to, staff when required. People and their relatives told us care staff washed their hands and used PPE when they provided care.
- The provider's policy and procedures in relation to infection prevention and control and Covid-19 were up-to-date and reflected current government guidance.
- The records of spot checks of staff practise in people's homes, showed there had been checks of staff use of PPE, including whether they were wearing it correctly.

## Learning lessons when things go wrong

- The provider had taken action to ensure improvements were made following complaints or service

failures.

- A person's relative told us, "We had a concern about a care worker and when we told the office staff, this did not happen again."

# 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

- Information about the aims and objectives of the organisation was provided to new staff members during their induction. Information about service changes and up-to-date good practice was regularly circulated to staff and discussed with them during their supervision sessions and team meetings. A staff member said, "The last couple of years were difficult, but we got the information we needed about Covid-19 quickly and we can talk to [registered manager] or the care co-ordinators if we have any questions."
- People and relatives spoke positively about the service. A person said, "I had all the information I needed at the start, and they've been very good ever since." A relative told us, "They keep us informed if there are any problems. I can't tell you how much difference the care has made."

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 had ensured that concerns had been recorded and reported to appropriate bodies such as CQC and local authorities where required.

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

- There were systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks of care staff carrying out their care duties in people's homes were carried out. This helped monitor the performance and competency of staff and the quality of the service people received.
- The provider had carried out regular monitoring of care plans, care records, medicines administration, staff training, and other areas of the service. Actions had been taken to address any shortfalls identified during the monitoring processes.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.
- Staff told us they understood the importance of reporting and recording any concerns they had about people's needs and the care they provided.

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

- People had been asked for their views of the service on a regular basis. The records of these surveys showed high levels of satisfaction with the care provided. People and relatives confirmed that they had been

asked for their views about their care and support. A person said, "They call me to check if I'm happy with the workers. I usually am."

- Information was provided to people in easy read formats where required. The registered manager told us they would always ensure people had support and information in other languages if they required this.
- Meetings with staff took place to share information and provide opportunities for them to share and discuss issues related to their care practice. Staff said that they could discuss questions and concerns with their manager at any time.

#### Continuous learning and improving care

- The provider had developed and maintained a culture of continuous improvement and learning within the service.
  - The registered manager and care co-ordinators kept up to date with best practice. Staff confirmed they received regular information about changes in government guidance and good practice in care. An ongoing programme of staff learning and development was in place to ensure that staff maintained and developed their skills.
  - Staff members told us they felt they were supported to continuously learn in their roles. A staff member said, "Sometimes I get information that makes me think if I could do something better. Often it helps me to improve things for people."
- 
- Working in partnership with others
  - The service liaised with other health and social care professionals to ensure that people's needs were fully met. Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. Information about referrals and contact with health professionals was included in people's care notes. Where people had been admitted to hospital the registered manager had ensured that contact was maintained with hospital staff to ensure that appropriate support was in place when they returned home.
  - During our inspection we heard staff speaking with health and social care professionals on the telephone to ensure that people's needs were being met.