

Enlightenment Care Services Ltd

# Enlightenment Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Enlightenment Care Services Ltd is a domiciliary care agency providing personal care and support to people in their own homes. 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 our inspection there were 130 adults who received packages of support which included personal care.

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

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment procedures were in place. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents. Medicines were managed in a safe way.

Staff usually arrived within a window of time to people's homes and stayed for the correct length of time. Positive feedback was received from people about staff and the care they received. When people required support with preparing meals and drinks, this was provided.

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.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people, relatives and staff could express their views. Where required, staff worked with people, relatives and health and social care professionals to maintain people's overall health and wellbeing.

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 and update

The last rating for this service was requires improvement (published 6 March 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has improved to good. This is based on the findings at this

inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Enlightenment 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe section below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was effective.</p> <p>Details are in our effective section below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led section below.</p>	<p><b>Good</b> ●</p>

# Enlightenment Care Services Ltd

## **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 and an Expert 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

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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care agency and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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

During the inspection we spoke with and/or received feedback from 7 people and 11 relatives about their experience of the care and support provided. We spoke with the registered manager who facilitated the inspection. We spoke with and/or received email feedback from 13 staff which included the operations manager, clinical and systems lead, quality lead, administrator, care coordinators, senior care staff and care staff. We received feedback from 1 professional who worked with the service.

We looked at aspects of care records for 7 people and 3 medication records. We looked at 4 staff files in relation to recruitment. We reviewed a range of documentation relating to the management of the service including training records, meeting notes and quality assurance audits.

# 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 requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider failed to assess, monitor and mitigate risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to identify, monitor and where possible, mitigate identified risks to people.
- Improvements had been made since the last inspection, which included updating all care plans and risk assessments to ensure all information was accurate and up to date. Where people had a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) in place, this was clearly identified on the electronic care planning system.
- Environmental risk assessments had been completed for all people using the service. This ensured people using the service and staff were safe in the environment and when using any equipment. For example, moving and handling aids.
  - The provider was able to evidence clearly how lessons had been learnt since the previous inspection. Systems and processes were in place to ensure areas of improvement had been identified and action was taken in a timely manner. Additional quality improvement and assurance staff had been recruited to ensure these processes were embedded into the running of the service.

Using medicines safely

- Medicines were managed safely. The provider had invested in an electronic management system, this included medicine records. This allowed the management team to have access to live and current information. If a medicine administration was delayed or missed, the team received an alert which enabled staff to resolve the matter immediately.
- Staff had completed medicine training. Competency reviews and spot checks were regularly conducted.

Staffing and recruitment

- Sufficient numbers of staff were available to meet the needs of people. Staff usually arrived within a window of time agreed to people's home and stayed for the correct length of time.
- Recruitment procedures were in place which included appropriate checks being carried out prior to staff commencing their employment. The registered manager showed an understanding of their role and commitment when recruiting staff from outside of the United Kingdom.

- The majority of feedback about staff was positive. One relative told us, "They're [staff] very good, friendly, polite and really give good care." One person told us, "Much better than the last care company." However, some people told us they were frustrated with a lot of new carers and preferred a small team of staff to support them. We informed the registered manager of concerns shared with us.

#### Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. All the feedback we received confirmed this. One person told us, "I feel safe and happy with them [care staff]." A relative told us, "[Person] is safe, the care staff are on the ball and let me know if there are any problems."
- The provider had a safeguarding policy and knew how to follow local safeguarding processes when required. A log of safeguarding events was maintained.
- Staff received training to recognise abuse and protect people from the risk of abuse.

#### Preventing and controlling infection

- Procedures were in place for infection prevention and control.
- Staff had access to personal protective equipment (PPE) for use when required. One relative told us, "They [care staff] leave a supply of gloves of aprons in the house, there is always plenty."
- Staff had received training in infection prevention and control.



# 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 requires improvement. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection, people were at risk of decisions being made which they did not consent to, were restrictive and/or not in their best interests due to the lack of MCA processes. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 and found that they were.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people related to supporting them with personal care. Staff received training about the mental capacity act.
- Care records contained mental capacity assessments and best interest decisions where applicable. People's relatives who were involved in their care contributed to the process.
- People and their relatives told us staff asked for consent before delivering care. One relative told us, "They [staff] have a routine but always ask before they put cream on [person's] legs or whatever."

Staff support: induction, training, skills and experience

- At our last inspection, staff did not have a full range of skills and knowledge applicable to their role. At this

inspection, effective systems ensured staff training and staff competencies were regularly completed. Records showed observed practices and additional learning was provided to staff to ensure they remained confident to meet people's needs.

- Staff induction and ongoing training ensured staff were fully skilled in their role. This provided the right information and knowledge to understand people's specific health conditions.
- Staff told us they had regular opportunities to discuss their work and development with the registered manager.
- People and relatives felt well supported. Where people needed support with equipment to transfer, people said staff knew what to do. People told us they felt confident with staff.

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- Initial assessments determined if staff could meet people's needs and if those needs were met, care plans and risks assessments were completed, with the person and their family if this was possible. Where needs changed over time, relevant care records were updated.
- People and relatives told us they were involved in their care planning to ensure it met their needs and preferences.

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

- People were supported with meal preparation and staff ensured they drank enough fluid when this was required.
- At the last inspection the registered manager told us due to cultural differences some staff required training so they could support people with their preferred food and drinks. This support was on-going with new staff; however, some people told us they felt there was sometimes communication difficulties.
- Most people we spoke with required limited support with their meal or drinks and spoke positively about staff willingness to support when needed. One relative told us, "I purchase the frozen meals for the week and the staff heat it up and serve the meal. We don't have any concerns."

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment. Records showed evidence of involvement with professionals.
- People were supported to live healthier lives, access healthcare services and support.
- The registered manager worked in collaboration with other agencies. For example, where a person's care and support required input from a social worker, communication and meetings took place.

# 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 requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not ensured sufficient oversight of risk assessments, medicine administration records, call timings and capacity assessments. This was a breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection there were ongoing issues with the electronic care planning system. At this inspection the new system has been embedded and was working effectively. The registered manager told us where they had identified gaps in the records available on the system, the company added these. For example, body maps which were not available had been developed and were now in use.
- Quality assurance audits and checks were now in place and identified any areas of concern. Lessons had been learnt from the previous inspection. We saw the provider took prompt action to remedy any concerns. For example, where care notes had not been completed by staff, these were followed up the same day.
- At the last inspection there was no audit of care calls to identify any issues with visit times or duration. The provider took immediate action to rectify this concern. A system was in place to identify any concerns with the duration of care calls. At the inspection, we identified a concern with someone receiving significantly less time than the service was commissioned to deliver. It had been identified by the provider; however, we spoke with them about some additional action that could be taken to ensure a robust audit trail of informing commissioners of the service. The provider took immediate action during the inspection.
- The registered manager understood their roles and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- People and their relatives were confident that any arising issues would be taken seriously and resolved. Although not everyone knew who the registered manager was, they knew how to contact staff in the office. One relative said, "I rarely have to speak to them [office staff] but if I do then they are always helpful." Another told us, "I have got a 'go-to' person who has always resolved any niggles or issues."
- Staff felt supported by the management team which impacted positively on their ability to do their job well. One staff member told us, "They [registered manager] have continued to empower the staff via career development." Another said, "I am proud to be part of the Enlightenment team."

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 their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.

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

- Team meetings regularly took place which provided staff with opportunities to receive information and discuss arising issues.
- Questionnaires were used to gather feedback from people, relatives, and staff. One staff member told us, "We have a staff questionnaire, but I don't have to wait for the questionnaire to feedback any concerns or areas of concerns. They [the management team] are very receptive to ideas."

Working in partnership with others

- The registered manager and staff team worked in a collaborative way with other agencies.
- The provider was receptive of the support they received from the local authority quality improvement team to help make improvements identified from the previous inspection.