

Enlightenment Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 100 adults who received packages of support which included personal care.

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

Systems to assess, monitor and improve the quality of the service were not always effective. This included oversight of visit times and duration, people's care records, daily notes and medicines. Quality assurance checks took place in some of these areas but did not identify the issues we found during this inspection.

The provider was in the process of transitioning to a new electronic care planning system. Most care plans and risk assessments were incomplete or not up to date. Staff did not have access to detailed and accurate care records about people's current care needs and risks to their care, in order to ensure safe care was provided.

Concerns found at the last inspection about lack of detail in assessing and documenting people's capacity to make their own decision had not been rectified. No meaningful mental capacity assessments had taken place which placed people at risk of having decisions made which were restrictive or not in their best interests.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Processes to report accidents and incidents had not been established in the new care planning system. There was heightened risk of incidents and accidents not being properly recorded and reported due to processes not being in place. There was no effective process in place to learn lessons when things went wrong.

Improvements were needed to care planning processes when people were discharged from hospital. This was to ensure people and their representatives were involved in their care planning and gave their consent to care commencing.

People were supported with medicines administration when this was required. We found some gaps in recording of medicines administration, including a lack of body maps to show where creams should be applied. We did not find any harm had been caused because of this.

Staff had not received training in all key areas of care provision to help ensure they had the skills and knowledge to fulfill their roles. We did not find any negative impact upon people's care due to this.

People and relatives told us people were cared for safely. Staff had received training in adult safeguarding. Recruitment checks took place prior to new staff commencing work, although not all application forms contained full employment and education histories.

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.

Staff worked with health and social care professionals involved in people's care and treatment.

The majority of staff who provided feedback during this inspection were very positive about working for Enlightenment Care Services. They felt supported in their roles by the management team.

The registered manager and management team were supportive of the inspection process and committed to making the required improvements. They were also working with the local authority to achieve this.

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 requires improvement (published 12 August 2022). 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 the provider remained in breach of regulations.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to people's safe care and treatment, people's consent to care, and governance arrangements at this inspection.

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 remained requires improvement. 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.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 section below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective section below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

Requires Improvement ●

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 11 people and 10 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 22 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 3 professionals who worked with the service.

We looked at aspects of care records for 9 people and 2 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 remained 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.

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

- At the last inspection we identified concerns with some aspects of risk assessments. At this inspection we found the same concerns. Not all known risks to people's care were identified, assessed and kept up to date in risk assessments. For example, skin breakdown, catheter care and falls. This meant staff may not have sufficient or accurate information to provide safe care, which placed people at increased risk of harm.
- When there were risks in people's homes, for example if their home presented hygiene or safety concerns, risk assessments did not always identify these issues. This placed people and staff at potentially heightened risk of physical harm.
- The provider was in the process of moving to a new electronic care planning system. Information about whether people had made a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decision was not easily accessible at the time of inspection. This meant there was potential for delay in decision making by healthcare staff in the event of a cardiac arrest emergency.
- There was no effective system in place to support lessons being learned when things went wrong. Minutes were not always taken at staff meetings so when issues were discussed these were not always shared with staff not present. The system to record and analyse incidents and accidents on the new system was not yet established. This meant opportunities may be missed to reduce the risk of recurrence.

We found no evidence that people had been harmed. However, people were at risk of harm due to failures 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.

Using medicines safely

- Some people received support with medicines administration when this was required. We found some gaps in medicine administration charts (MAR) which were not explained. This was not always identified promptly to confirm the reason and take action to remedy. This potentially placed people at heightened risk of physical harm.
- The provider was strengthening medicines practice in the service by introducing a new electronic medicines administration system which needed time to embed into practice. A qualified nurse had also recently joined the staff team who would develop and support good medicines practice.
- Staff received training in medicines and also had their competency checked to ensure they had the required skills and knowledge in this area.

Staffing and recruitment

- The provider followed safe recruitment practices. Pre-employment checks were carried out to make sure

staff were suitable and the right character and experience for their roles. Not all application forms included a full employment or education history, the registered manager confirmed they would ask staff to fill in the gaps.

- The majority of the staff team were recruited from overseas using the government sponsorship scheme. Most of the feedback from staff was positive about working in the service. Several staff told us improvements were needed in rota planning, so they knew their working schedule further in advance.
- People usually received care from staff who they knew, and if new staff attended they were accompanied by a familiar team member. One person told us, "Yes, they know me. The new staff visit before they come here [to support me]."
- Staff usually arrived within the agreed window of time and stayed for the full duration of the call length. Most feedback confirmed if staff were running late they called ahead to inform people of this. One person said, "Yes they usually arrive on time and they stop as long as they should. They have never missed [a visit] and if they are running late they will let me know."

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. All of the feedback we received confirmed this. One person told us, "I do feel safe, the staff are so nice."
- The provider had a safeguarding policy and knew how to follow local safeguarding processes when required. A log of safeguarding events was kept.
- Staff received training to recognise abuse and protect adults from the risk of abuse. Staff had not received training in safeguarding children, but at the time of inspection there were no children or young people who received packages of support.

Preventing and controlling infection

- Staff received training in the prevention and control of infection. They knew how to reduce the risk of infection spread and keep people as safe as possible.
- Staff had plenty of personal protective equipment (PPE) to use in people's homes. This included gloves, aprons, masks when needed and hand sanitiser.
- Feedback confirmed staff used PPE when supporting people in their homes. One person told us, "Oh yes, they wear everything they should."

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 remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- At the last inspection we identified there was not enough detail recorded about people's mental capacity in their care records. We found the same issue at this inspection. The provider could not assure themselves that staff were working within the principles of the MCA.
- When people did not have capacity or had fluctuating capacity, this was not always recorded in their care plan or there was insufficient information. No detailed capacity assessments were carried out involving people and their representatives. No best interest decisions were recorded about specific decisions when it was assessed that people did not have capacity. For example, to consent to their package of care.

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.

Staff support: induction, training, skills and experience

- Staff completed training for their roles which was refreshed when needed. Some areas of care were not covered in the training programme such as learning disabilities/autism, safeguarding children, oral care, person centred care or the mental capacity act. This meant staff may not have the full range of skills or knowledge required to fulfil their roles.
- Staff supported people with specialist health needs, for example, catheter care. The registered manager

told us staff had received training in this, but it was not recorded on the training matrix. This meant there was no record of which staff had received training and when any refresher training may be due.

- We did not find any impact upon people's care due to the gaps we found with training. Positive feedback was received about staff ability to provide good quality care. One relative said, "I assume the staff have training, they certainly look after [family member] with no problems at all."

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

- When people were discharged from hospital to start a new care package upon arrival home, the management team relied upon hospital assessments of the person's care and support needs. Their own assessment began when care commenced. Improvements were needed to ensure people and their representatives were fully involved in the care planning process as soon as they returned home, including giving their consent.

- For planned care packages not related to hospital discharge, assessments of people's needs were carried out before care commenced. This ensured people's needs were known and could be met for by staff, including individual protected characteristics such as religious or cultural needs.

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

- People were supported with meal preparation and ensuring 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. The registered manager told us they often discussed this with staff. We saw recent communication to staff about how to make hot drinks and sandwiches.

- Most people we spoke with required limited support with mealtimes or drinks and spoke positively about staff willingness to support when needed. One person told us, "The staff always ask if I want something to drink and they leave it for me."

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included seeking support from the ambulance service and liaising with social workers about people's needs when required.

- The registered manager planned to ensure each person's communication log with professionals, and family members, was added to the new system so that it was clear and easy to refer to. A limited log was seen during the inspection.

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 remained 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.

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 insufficient oversight of risk assessments, medicine administration records, call timings and capacity assessments. This was a continued breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection there were ongoing issues with the electronic care planning system. At this inspection a new system had been in place for 3 weeks. People's care records were in a state of transition and flux. Care plans and risk assessments were often incomplete and/or out of date. The registered manager did not have a clear plan of tasks, priorities and timescales to get the new system fully operational and effective, to support safe care provision.
- Quality assurance audits and checks in some areas of the service were not sufficiently robust to identify issues and take prompt action to remedy. For example, care note and medicines audits did not pick up the issues we found on this inspection.
- At the last inspection there was no audit of care calls to identify any issues with visit times or duration. This was an ongoing issue at this inspection due to the transition to the new system. The provider was aware of some improvements needed with scheduling sufficient travel time between calls, but they could not assure themselves of the consistency of call times and duration due to the lack of oversight.
- It had not been identified that staff had not received training, or that it was not recorded, in all key areas to ensure they had the skills and knowledge to fulfil their roles. This included training to undertake specialist health related tasks.
- Concerns found at the last inspection about insufficient detail in mental capacity assessments had not been resolved. The provider could not assure themselves that staff followed the principles of the mental capacity act. People did not sign consent forms to agree to their care, and there was no evidence of people or their representatives' involvement in the care planning or review process.
- Accident and incident reporting processes, and management oversight of these, had not been established in the new care planning system. There was heightened risk of incidents and accidents not being properly

recorded and reported due to processes not being in place. These procedures needed to be introduced into practice, embedded and sustained.

We found no evidence that people had been harmed. However, people were at risk of harm due to failures to implement effective systems to assess, monitor and review all aspects of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 person said, "I know of the manager. I phone the office if there are problems and they listen to me." Another told us, "I have no concerns but I would speak to head office if I did."
- Staff felt supported by the management team which impacted positively on their ability to do their job well. One staff member told us, "The service is run well by a fully capable team." Another said, "The management is very helpful and supportive. People are receiving excellent care."

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. Minutes were not always taken which was a missed opportunity to share information and discussion with staff who were not able to attend.
- Questionnaires were used to gather feedback from people, relatives and staff. A survey of people and relatives was undertaken in 2022 and a report collated of the results. The registered manager was considering different ways of gathering feedback from staff following a poor response to a recent survey.

Working in partnership with others

- The staff team worked with a range of health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- The provider was supportive of the inspection and was open and transparent about areas which required strengthening. They were keen to embed good working practices in the new care planning system.

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 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments and best interest decisions were not carried out when people lacked or had fluctuating capacity to make specific decisions.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure known risks were assessed, monitored and mitigated. This included lack of risk assessments, easily accessed information about DNACPR decisions, accident and incident reporting processes including lessons learned.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance sfsdfs

The enforcement action we took:

We issued a Warning Notice and gave a short timescale to become compliant