

Enlightenment Care Services Ltd

# Enlightenment Care Services Ltd

## 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 caring?

Good 

Is the service responsive?

Good 

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 to people living in their own homes. At the time of our inspection there were 52 people using 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

Some risks had not been fully assessed or documented in risk assessments.

Medicine administration records were not always accurate due to an electronic system not yet fully working the way the provider wanted it to.

Call timings were not always recorded accurately, due to the electronic system not working.

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; however, the policies and systems in the service did not always support this practice. Mental capacity assessments were not always in place and did not always contain sufficient detail.

There were enough staff working at the service who were recruited using safe recruitment procedures.

Staff followed infection control procedures and wore personal protective equipment (PPE).

Staff were provided with sufficient induction training, and ongoing training to ensure their knowledge was up to date.

People felt well cared for by staff who knew them well.

Care plans were personalised, and reflected people's likes, dislikes, and preferences.

A complaints policy and procedure was in place and people knew how to use it.

People felt the service was well run, and felt engaged with. Opportunities to feedback on the quality of the service were provided.

Staff felt well supported by management and told us that communication was good.

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

The last rating for the service at the previous premises was good published on 27 March 2018.

#### Why we inspected

This was a routine inspection based on the amount of time passed since our last inspection, and the provider had changed address.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe effective and well led sections of this report.

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 Enlightenment Care Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings 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

This inspection was carried out by one inspector.

#### 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2022 and ended on 22 July 2022. We visited the location's office on 20 July 2022 and made phone calls to people and staff on 22 July 2022.

### 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 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 six people who used the service, and one relative of a person who used the service. We spoke with four staff members, the registered manager, and the operations manager. We looked at documents such as care plans, staff recruitment files, audits and policies.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments were not always completed to fully document the risks present in people's lives, and guide staff with safe care. We found that some people's care plans described times when people experienced distressed and emotional behaviour, resulting in physical risks to people and staff. Whilst these risks had been identified, there was not a detailed assessment to fully explore the reasons behind the risks, and guidance for how staff should respond. We found no examples of any harm to any person or staff member, however, lack of proper assessment meant that people were at increased risk of harm.
- The registered manager told us that risk assessments would be created immediately following our inspection.
- Other risk assessments had been created, which looked at risks such as moving and handling, and environmental risks within people's homes. These assessments were clear and updated as required.

### Using medicines safely

- Medicines were being administered safely by trained staff, however, medicine administration records were not always being kept accurately. The provider had recently implemented an electronic care planning system, which included the recording of medicines administration. Due to technical errors within the system, and the full functionality of the system not yet working, some medicines were being displayed as either not given, or being given at incorrect times. This meant the provider could not be sure medicines administration was accurate.
- We found no evidence of any harm from this technical issue, and people told us they felt safe and happy with the support they required with medicines.
- The provider was in contact with the electronic care planning company, to rectify the errors in the system, and ensure they could fully and accurately document the required amount of detail within medicines administration.

### Staffing and recruitment

- People told us there were enough staff working within the service, who were consistent, and showed up on time to provide their care. One person said, "Yes they are always on time, I have no complaints."
- The provider was not able to fully identify and monitor call timings for staff, due to the new electronic care system not working fully for them. The provider was in contact with the electronic care planning company to ensure the call monitoring system would be fixed and accurately give them the information they required to monitor care calls.
- Staff were recruited using safe recruitment procedures. This included ID checks, employment references, and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about

convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. All the feedback we received was positive about staff safely supporting people's needs.
- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. Actions were taken to reduce risk where required.
- Staff meeting minutes showed that any issues and concerns were discussed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

- The provider was working within the principles of the MCA, however, sufficient detail had not always been documented regarding people's capacity. We found that some people's care plans stated they were not able to make decisions, but there was not enough detail on how this had been assessed, or specifically what decisions this was referring to.
- We found no evidence of any harm to anyone, or any restrictions put upon people that should not have been. People and relatives told us that staff respected their decisions, understood their abilities, and knew them well.
- The registered manager agreed that further detail was required to documentation around capacity, to ensure it fully reflected people's capacity in the correct way. We have written further about this in the Well Led section of this report.

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

- The staff provided some people with support to prepare basic meals and drinks. Most people had the support of family members in this area.
- The registered manager said that staff currently just helped with basic food preparation such as microwave meals. People had their dietary needs met, however, the registered manager was aware that training was required for some staff who were not aware of how to prepare particular foods, due to cultural differences in dietary preferences and cooking.

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

- People had their needs fully assessed by the management team before any care was delivered. This information formed the beginning of their care plans, and detailed people's protected characteristics for example, people's religion, gender, preferences and wishes.

Staff support: induction, training, skills and experience

- Staff had been trained in areas such as medication, safeguarding adults, and infection control, and felt confident in their roles. Staff confirmed they were not asked to undertake any tasks they had not been trained for. One staff member said, "I had not worked in care before, but the induction process I went on was good, and prepared me for the job. I shadowed other staff as well."

- A training record was kept which evidenced when staff should refresh their knowledge in all areas. Staff we spoke with felt the training in place was sufficient for their roles.

- Staff members had spot checks and supervisions to provide support, and to check on their competency.

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

- Staff worked with other agencies to promote better outcomes for people. For example, other health and social care professionals. This included nurses and occupational therapists. One person had been supported to identify equipment that would help them mobilise in a more effective and safe way.

- People's healthcare needs were documented within their care plans, which were updated as required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- All the people and family members we spoke with confirmed that staff were, polite, considerate, and kind towards them at all times. One person said, "They are the salt of the earth that lot [care staff]. I have been very impressed with the way they care for me." Another person said, "The staff are all wonderful people, I can't fault them."
- Staff we spoke with were able to talk about the people they supported as individuals, and how they were able to get to know people and develop positive relationships. One staff member said, "I do my best to get to know people and the families. I would want the same."

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

- People were involved in decision making. People were at the centre of their care and encouraged to make decisions when possible. People told us that staff listened to what they wanted and took the time to make them comfortable and get the things done that they wanted.
- Staff involved people and their families in decision making about their care. One relative told us, "I feel involved in what's going on. The staff talk to me and we have become friends actually. I like to talk."

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected at all times by the staff caring for them.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.
- Privacy and dignity was a topic discussed within staff team meetings, with reminder to staff about how to ensure people felt respected during care routines.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained information which was detailed and personalised to each person. For example, the detail around how a person likes their tea made, the type of bread they like for toast, and the interests they had. This helped staff understand how people liked to be cared for.
- Staff knew the people they were supporting well, and people felt consistency in their care. One person told us, "The staff are all very helpful and polite. They know me well, and I am very satisfied with the company."
- People had their needs and preferences met. For example, one person was supported to stay within their own home, as this was their preference instead of moving into a care home. The provider was able to increase the care calls for a period of time to enable the person to stay at home and remain safe.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the requirement to provide accessible information to people in different formats, and could do so if required.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally. We saw that when complaints were made, a detailed record was kept and actions were taken to address issues promptly.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this type of support.

# 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

- Oversight on the service required improvement, as areas of documentation were lacking information, and the provider could not always be sure of certain details.
- Sufficient assessment of known risks was not always carried out. The provider had not consistently created detailed risk assessments to cover risks when people experienced feelings of distress.
- Mental capacity assessments had not always been carried out, and sufficient detail on people's decision making was not always present.
- The provider could not currently evidence staff call timings, or accurate medicine administration records, due to the electronic care system in place not functioning fully or properly. This meant there was not effective oversight to provide assurances in these areas.

We found no evidence of any harm to any person, but this lack of oversight caused increased risk to people, and was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A range of other checks and quality assurance was in place, which was effective at finding faults and taking action to rectify things. This included checks on infection control procedures.
- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it.
- Spot checks on staff were taking place to monitor how staff were providing care. Staff we spoke with told us they were regularly checked on and given the support they required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "The management are good, they support us with knowledge, with everything really." Another staff member said, "They are just a phone call away."
- The registered manager and staff all had good knowledge and understanding of the people they were supporting, and knew them well. A relative of a person told us, "They know what [name] likes and what they like. They are very nice."

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 and the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

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

- People told us they felt communicated with well, and engaged with. People told us they had been able to formally feedback via surveys in the past. The provider had recently sent out another survey, and was waiting for the results to come back in.
- Team meetings were used to update staff and discuss any issues. Staff we spoke with told us they felt comfortable to raise any issues or questions with management. Minutes of meetings we saw covered areas such as infection control, privacy and dignity, and training updates.

Working in partnership with others

- Contact with other health and social care professionals was made promptly to ensure joined up care was effective and met people's needs.
- The registered manager and provider were open and receptive to feedback during our inspection.

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 17 HSCA RA Regulations 2014 Good governance  Lack of oversight on risk assessment, MAR, call timings and capacity assessments.