Enlightenment Care Services Ltd

Enlightenment Care Services

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Enlightenment Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, younger disabled adults, people with mental health needs and learning disabilities. At the time of our inspection, this service supported 25 people with a range of social care needs.

At the last inspection in January 2017, this service was rated overall as requires improvement. At this inspection, we found that improvements had been made and the service was rated overall good.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Systems and processes in place to monitor the quality and safety of the service required strengthening to ensure they were embedded and effective.

People told us they felt safe with the staff team who provided their care and support. Relatives we spoke with agreed that their relatives were safe with the staff team who supported them.

Training on the safeguarding of adults had been completed and the staff team were aware of their responsibilities for keeping people safe from avoidable harm. The registered manager and management team understood their responsibilities for keeping people safe and knew to refer any concerns on to the local authority and CQC.

People's support needs had been identified and risks associated with people's care had been assessed and monitored. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the senior management team and had regular one to one supervisions.

People were protected by the prevention and control of infection. The staff team had received training in infection control and understood their responsibilities around this.

The staff team were trained in medicines and were able to administer medicines if prescribed. The service

worked with other organisations to ensure that people received coordinated and person-centred care and support.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing support.

People were involved in planning how their support would be provided and staff took time to understand people's needs and preferences. Care documentation provided staff with appropriate guidance regarding the care and support people needed to maintain their independence. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. People knew what to do if they had a concern, complaints were investigated, and lessons learnt to reduce future concerns.

The service notified the CQC of certain events and incidents, as required.

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 remained good.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met by staff that were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

This service remained good.

Is the service well-led?

Requires Improvement

This service was not always well-led.

The systems to monitor the effectiveness of the service required strengthening.

Staff received the support they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

People's diverse needs were recognised, respected and promoted.

Enlightenment Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 8 February 2018 and ended on 9 February 2018. It included telephone calls to six people who used the service and two relatives. In addition, we spoke with the registered provider who is also the registered manager, the compliance manager, human resources manager, the head of care, a team leader, and care staff.

We looked at the care records for five people who used the service. We also looked at other records relating to the management and running of the service. These included four staff recruitment files, induction and training records, supervisions and appraisals, the statement of purpose, quality assurance audits and complaints records.

We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one 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.

Before our inspection we reviewed the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

At the last inspection in January 2017, we rated 'safe' as good, we found at this inspection the service remained good.

People told us they felt safe when staff were in their homes. One person said, "I feel safe, I have no worries what so ever." Relatives also told us they felt their family members were safe with staff. One relative commented, "Lovely carers, if I had concerns I would call [registered manager] and I know they would put it right straight away."

People were protected from avoidable harm and abuse because staff had received training in safeguarding adults and knew how to report any concerns. One staff member said, "I had safeguarding training which was good and I would talk with the manager about any concerns I had. I've never had to report any concerns but I wouldn't hesitate if I needed to and I would also report any concerns to the local authority if I needed to."

Records confirmed that staff had been provided with safeguarding training. The registered provider had a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered provider was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Risk management plans were in place to promote people's safety and to maintain their independence. A staff member informed us, "There are risk assessments in place for things like moving and handling and wearing gloves and aprons." We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. Environmental risk assessments were also in place to guide staff. For example, as part of the initial assessment to assess if the service could meet people's needs, they checked for any household risks, for example, unsafe flooring.

Care and support staff had received regular training in moving and handling and falls prevention. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "My staff are lovely, always here when I need them." Relatives also confirmed there was sufficient staff and that their family members always received the care they needed. One relative commented, "No concerns at all, they always arrive when they should and we have the same few carers." Staff we spoke with confirmed that in situations where two staff were required to support someone there was always two staff available.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us that all staff employed by the service underwent a thorough recruitment process before they started work. Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service

(DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show staff were suitable to work at the service.

Systems were in place to manage people's medicines safely. The service did not currently administer medicines to people but staff had received training in the safe handling of medicines and were able to administer medicines if anyone required it.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control. In addition, staff were supplied with personal protective equipment (PPE) to protect people from the spread of infection or illness.

There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The incidents recorded were reviewed regularly so any patterns emerging would be identified. For example, one person who had several falls was referred to the district nurse for a change in mobility aids.

Good

Is the service effective?

Our findings

At the last inspection in January 2017, we rated 'effective' as requires improvement because we had concerns about whether care staff were receiving regular support required to undertake their roles effectively. At this inspection we saw that improvements had been made and sustained.

Staff told us they received regular supervision, spot checks (unannounced quality assurance checks) and an annual appraisal of their performance. One staff member commented, "I have regular supervision; but I don't need to wait for supervision to discuss any concerns; I can just call the office." The registered manager confirmed each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff files to confirm this.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person told us, "I'm sure they have a lot of training, if a new girl [care staff] comes they always come with someone else as part of their training." One relative commented, "I think the staff are well trained; they know how to use the hoist without any problems." Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. The registered manager told us about the improvements they had made in this area in the previous 12 months; in particular with new staff and ensuring staff received refresher training when required. Training records confirmed staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting.

People's care was assessed holistically to ensure their needs could be met effectively. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered manager told us it was their role to complete the initial assessment for people before a care package was offered and said they always tried to involve family members and care managers, if appropriate. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals, the registered provider would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

Where appropriate, people were supported by staff to have sufficient food and drink when they carried out a call. They knew the importance of making sure people were provided with the food and drink they needed to keep them well. One person told us, "They [staff] always make sure I have a drink to hand before they leave." Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being; for example monitoring of foods and fluids. One person's care plan described how they needed food to be cut up in to small bite size pieces and staff we spoke with confirmed this happened in practice. Within the care plans, we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person

centred care. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. For example, community psychiatric nurses and occupational therapists. We also saw the provider worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns and if people's needs had changed.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person said, "I've never needed a doctor or a nurse to come out to me but I am sure if I did the girls [care staff] would call them." A relative told us, "I make all the health appointments for [person], but I know if the girls [care staff] arrived and [person] wasn't well they would call a doctor straight away." Records contained information about people's medical history and current health needs and their health needs were frequently monitored and discussed with them and if appropriate their relatives.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager and provider had a good understanding of the principles of the MCA and when to make an application. The staff team explained they always sought people's consent before providing any care or support and people agreed with what staff told us. One person said, "They [care staff] always ask if I would like my wash or what I would like to eat, they are all very polite." A member of staff commented, "It is so important to offer choices to people, it confirms to them that they are still in control of their lives."

Good

Is the service caring?

Our findings

At the last inspection in January 2017, we rated 'caring' as good; we found at this inspection the service remained good.

People had a good relationship with the staff and people continued to experience positive caring relationships with them. People told us that the carers who visited were all very caring and would always ask them how they were feeling and asked them what they would like help with. Comments included, "They are very caring and just so good "and "I like the staff, they are all nice and there is no one that I can't take to."

People told us staff were respectful and promoted their dignity. One person told us "If I am upstairs they will always announce their presence so that they don't catch me out. They are respectful of my privacy and dignity." A relative told us "The staff are very respectful; I can't fault anything they do."

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. Staff discussed the ways in which they preserved people's dignity and privacy. Examples were given about closing curtains and blinds, placing a towel on people's bodies when carrying out personal care to ensure parts were covered up.

Care plans were person centred and written in a way that explained how people wanted their care and support to be delivered. Care plans included information about people's lives and what was important to them. People were actively involved in making decisions about their care and support. People told us that they were involved in the initial assessment of their needs and in reviews of their care plans. One relative commented, "I have been involved since the beginning, the manager [registered] listens to what we have to say and it's all included in the plan."

Staff encouraged people to maintain their independence and offered support and encouragement when needed. One person said, "They are kind and caring and I like to do things for myself which they encourage me to do where I can."

Details of advocacy services were circulated to people using the service. Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. No one currently using the service was using an advocate but some people had previously.

Good

Is the service responsive?

Our findings

At the last inspection in January 2017, we rated 'responsive' as good; we found at this inspection the service remained good.

People received personalised care that met their needs. People we spoke with said that when their care was being planned they were fully involved. One person told us, "The manager [registered] came out to see us and we were able to say what I can do for myself and what help I needed."

People were supported by staff who knew them well. People's care plans contained information about their past lives, interests and people that were important to them; staff were able to use this information to deliver personalised care and support. For example, one person's care plan detailed where the person was previously employed, outings they enjoyed like religious services and how they preferred their drinks to be made. It was clear in the person's care plan that they enjoyed to talk about their life and staff were encouraged to engage in these conversations.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . The provider was able to give some good examples of how they would meet the standard, however at this point in time there was no one receiving care and support who had a disability or sensory loss.

The service had a clear complaints procedure in place and this explained the role of the local authority, the Ombudsman, and the Care Quality Commission in dealing with complaints. This meant people using it had clear information on what to do if they had any concerns about the service and how their complaint would be managed. People and relatives knew how to raise a concern. One person told us, "You could raise any issues with the manager and senior staff and they would help."

We viewed the complaints file and saw that complaints had been recorded and acted upon. For example, a concern had been raised about care staff leaving a person while they were still eating their meal; the concern was investigated and as an outcome the care plan was changed to ensure that care staff knew they were required to wait until the person had finished their meal before leaving.

This service did not routinely support people with end of life care; however, it was clear in people's care plans if they had made any advance decisions or statements what these decisions were. This enabled the service to ensure people's advance wishes and decisions were adhered to. An advance decision or statement is a written statement that sets down people's own preferences, wishes, beliefs and values regarding their future care.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in January 2017, we found that the provider was in breach of regulation 17, good governance. This was because the provider did not have effective systems or processes in place to assess, monitor and improve the quality and safety of the service. The provider was required to make improvements and at this comprehensive inspection, we assessed whether these improvements had been made. Improvements had been made, however due to a restructure of the staffing arrangements the processes had not yet been embedded.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibility to submit notifications and other required information.

It was evident to us that the provider was committed to improving the service. They told us that they had worked very hard to make changes to the service and to address the concerns identified at our previous inspection. This was clear from the feedback we received and the documentation and quality assurance processes that were now in place. There had been a restructuring of the staff team to include heads of care and team leaders so there was more oversight of the service. The staff were new to the post and eager to perform in their roles, however we found that clear guidance had not been given to staff in relation to accountability and responsibility. For example, care plans were being revised to ensure they were up to date but there was no guidance in place about when this task needed to be completed.

Care staff were receiving supervision and unannounced spot checks, however there was no systems in place to ensure this was done throughout the year. For example, One member of staff had received three different types of supervision/checks in three months and then nothing for six months.

People, staff and families told us the registered manager was passionate about ensuring people received the best care possible. This gave confidence to people and their families. It was clear through observations that the staff understood the expectations of the registered manager and delivered care and support in line with these expectations.

Communication between people, families and staff was encouraged in an open way. Relatives had contacted the provider on a regular basis to update them on people's changing care needs. The registered manager told us they had an open management style and wanted to ensure that people felt confident to contact them at any time they needed. Staff said the registered manager was very approachable and considered best outcomes for people in everything they did.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible for as long as possible in their own home. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the

outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

People using the service were asked to provide feedback about their experience of care and about how the service could be improved. Feedback was very positive and included, "I think you provide a very good service" and "Top marks" and "Very professional and friendly." People and relatives told us that they always received a prompt response when contacting the office and that the office staff always did their utmost to help.

The service was committed to ensuring on-going development and improvement. The registered manager and compliance manager completed a series of checks to monitor the quality of the service provided. These included checks on accidents and incidents, daily records, care plans and timings of care calls. Where any concerns were identified action was taken to rectify this. The provider had a plan for service development, which included expanding the services delivered.

Staff were involved in the running of the service and felt supported by the registered manager. Staff met in the form of supervisions, informal chats and staff meetings. A staff member told us that staff meetings were a good way to raise any concerns they had about people or if they were having difficulties with the timing of the calls to people. The registered manager told us, "It was raised in a staff meeting that if we changed the route of a care round it reduces the travel time for care staff. We took this on board and tried a new route and the carers reported it saved quite a few miles, so we have now made the changes permanent.

The service worked in partnership with other agencies in an open honest and transparent way. Working in partnership with other agencies that commissioned services and local authority safeguarding and community health teams, ensured that people received a joint up approach to their care and support.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.