

Enlightened Care Generation Limited

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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?

Good ●

Summary of findings

Overall summary

About the service

Enlightened Care Generation Limited is a domiciliary care service. It provides care for people living in their own houses and flats to enable them to live as independently as possible. 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 the inspection, one person was receiving personal care support from the service.

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

The person using the service and their relative, provided positive feedback about the care received. They were complementary about the approach of staff and the organisation and management of the service. Care was personalised and staff were caring and competent and they felt valued, respected, and involved in their care and support.

Staff understood their roles and responsibilities in protecting people from abuse and avoidable harm. They had received safeguarding training and the provider had a safeguarding policy.

Risks to health, well-being care and support needs, including the environment had been assessed. Care plans and risk assessments overall provided staff with guidance. Some examples identified additional guidance was required, the registered manager agreed to make immediate improvements.

Staff were safely recruited and sufficient in number to provide care and support. The registered manager and nominated individual covered any staff shortfalls. The management team had daily contact with staff who reported they felt well supported.

At the time of the inspection, medication administration was not provided, however, systems were in place to provide this support if required. Infection prevention and control best practice guidance was followed. Systems were in place to ensure lessons were learnt when things went wrong.

The person using the service was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person using the service was involved in the planning and review of their care. Staff were effectively trained in topics relevant to their role.

The provider's complaint policy had been made available and a relative told us they felt confident to raise any issues, concerns, or complaints.

At the time of our inspection, no person was receiving end of life care. However, the registered manager was

aware end of life care plans when required, were important to ensure staff were aware of people's preferences and wishes at the end stage of their life.

The service was well-led. The management team was committed in providing people with care that was individualised and person centred. They understood their responsibilities within the service and were continually looking for ways to improve. The staff worked in partnership with health and social care professionals to ensure people receive a consistent approach.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the provider's registration date.

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Enlightened Care Generation Limited

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 Care Act 2014.

Inspection team

The inspection was completed 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.

The service had a manager registered with the Care Quality Commission. 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.

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. We also needed to gain consent to contact people using the service by telephone.

Inspection activity started on 23 March 2022 and ended on 24 March 2022. We visited the office location on 24 March 2022.

What we did before the inspection

We reviewed the information we had about the service. This included any statutory notifications received. A

notification is information about important events the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person and their relative about their experience of the care provided. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We emailed staff and invited them to provide feedback about working for the service and received one response.

We reviewed a range of records. This included a person's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person who used the service was protected from abuse and avoidable harm. Positive comments were received about how staff provided safe care and support. Comments included, "Yes, staff support [relation] to keep safe, and they feel safe in the care of staff."
- Staff understood their role and responsibilities in protecting people from abuse and avoidable harm. A staff member said, "I would ask the service user for example where a bruise came from and what happened. I would inform my line manager about any concerns about abuse."
- Staff had received safeguarding training and the provider had a safeguarding policy and procedure. The registered manager was aware of their responsibilities to act on any safeguarding allegations, incidents or concerns and actions required to protect people.

Assessing risk, safety monitoring and management

- Risks associated with a person's individual care and support needs had been assessed and planned for. However, we identified guidance for staff of how to mitigate some risks needed further detail. The registered manager took immediate action to address this.
- Environmental risk assessments had also been completed to ensure staff were aware of environmental risks.
- Feedback about risk management and safety was positive. Comments included, "It's a wonderful service, you couldn't get better carers, they all understand [relations] needs and safely support them."

Staffing and recruitment

- There were enough staff to ensure the person who used the service had their individual care needs met safely. The registered manager told us they and the nominated individual, covered any staff shortfalls, and staff recruitment was ongoing as the service developed.
- The provider had safe staff recruitment procedures. This included Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A person who used the service received their care on time and staff stayed for the duration they had been assessed as required. Comments included, "Staff are usually on time, but the office lets us know if they are running late. Staff always stay for the duration of the call."

Using medicines safely

- At the time of the inspection, the person who used the service did not require staff to administer their prescribed medicines. However, staff had received relevant medicines training and the provider had a

medication policy and procedure. The registered manager was aware of the need to complete a medication care plan, risk assessment including an administration record, should staff be required to administer medicines in the future.

Preventing and controlling infection

- The provider had an infection prevention and control (IPC) policy, and this included COVID-19 best practice guidance. Staff training information confirmed they had received both IPC and COVID -19 training.
- Staff wore Personal Protective Equipment such as aprons, gloves and masks when providing care to reduce the risks with cross infection.
- Staff were participating in the COVID-19 testing programme, to ensure the risk of COVID-19 transmission was reduced.

Learning lessons when things go wrong

- At the time of our inspection, there had been no accidents or incidents. However, the registered manager told us of their incident management systems and processes should there be an incident. This included an analysis to consider, themes, patterns and learning opportunities to reduce reoccurrence.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A Pre assessment of a person's care needs was completed prior to them receiving a care package. Any changes to a person's needs were discussed and reviewed with them and or their relative. If required, changes were made to the person's care package. An example of this was a person who was using the service had the care package increased following a hospital discharge.
- Changes to care needs and support was communicated to care staff via telephone. The registered manager told us they had daily contact with staff and reported any changes about care needs direct to them.
- People's individual needs and preferences in relation to their protected characteristics were recorded. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership and religion. This supported people to receive person centred care.

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training and support. This supported staff's skill, awareness, and competency to provide effective care and support.
- A newly appointed staff member was positive about the support they received. They said, "I have not yet had a supervision, but I call the office when I need assistance, or I am not sure."
- Feedback about staff experience and competency was positive. Comments included, "I think the staff are well trained, they know what they are doing for sure, they are such wonderful people."

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

- Where required, support with nutrition and hydration was provided. Staff had guidance about the support required, the person's preference and any additional specific information.
- A staff member confirmed how they promoted independence and met the person's eating and drinking needs. They said, "I prepare a meal and we discuss the choice of meal and I encourage healthy options."
- A relative provided positive feedback about the support their relative received. Comments included, "The staff assist with serving a meal and drinks. They always make sure [relation] is comfortable before they leave."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively with other health and social care professionals to understand and meet the individual care needs to achieve positive outcomes.
- The registered manager told us how they shared information with health care services such as ambulance

and hospital staff. An emergency grab was used, and this enabled the person to receive consistent care.

Supporting people to live healthier lives, access healthcare services and support

- Health and well-being care needs were monitored by staff and action was taken if there was a deterioration.
- A staff member gave an example of when they had taken action to report concerns about a person's health to the GP, relative and the registered manager.
- A relative told us they felt confident staff would take any required action should their family member become unwell or needed additional support.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, no person had an authorisation to deprive them of their liberty and the person who was using the service was able to consent to their care.
- The registered manager demonstrated an understanding of their role and responsibilities should a person lack mental capacity to consent to their care.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- A person who was using the service and their relative spoke very positively about the caring approach of staff. Comments included, "All the staff are such lovely people. They think the world of [relation] as they do them." The person said, "I'm a lucky lady to have such lovely carers."
- The management team demonstrated a commitment to provide a person centred and a high quality service.
- Staff had received training in equality and diversity and showed an understanding of promoting independence. Care records demonstrated individual needs, routines and preferences had been considered and planned for.

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

- The person using the service was involved in decisions about their care and support. They and their relative, were involved in the assessment and development and review of their care package.
- A relative said, "The assessment was completed at home before the care started, we have been involved in the development of the care plan, I'm not sure when the care package is reviewed, but we are always asked how's it going and can discuss anything at any time."
- The registered manager told us how they were developing a formal review procedure. However, it was evident the person's care package had been changed to accommodate their changing needs.

Respecting and promoting people's privacy, dignity and independence

- Positive feedback was received about the caring approach of staff. Comments included, "Staff support with personal care and dressing, help with the commode, will transfer using a rotunda. The staff are all very respectful and try and maintain [relations] independence."
- A staff member gave an example of how they respected a person's privacy and dignity when providing personal care.
- Guidance for staff of how to meet a person's care needs promoted independence, and respect, ensuring the person's routines and preferences were understood.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Care plans were person centred and based on the person's individual care and support needs, routines and preferences. Guidance for staff was up to date.
- The assessment process provided an opportunity for the person to share life history to support staff to understand what was important to them and to develop meaningful conversations and relationships.
- Feedback from a relative was positive and complementary on how well staff understood their family member's needs. Comments included, "It's a wonderful service, you couldn't get better staff, they all understand [relations] needs and ways."

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 pre assessment included assessing a person's communication care and support needs. Care records confirmed staff had helpful and supportive guidance.
- A staff member gave an example of how they supported the person with their specific communication needs.

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

- At the time of the inspection, no person was receiving support to access social activities.
- The pre assessment process enabled people to share information about their hobbies and interests if they wished to do so. The registered manager was aware as the service grew and developed, how some people maybe by socially isolated and require social support.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, and this had been made available to people. At the time of the inspection, the registered manager told us they had not received any complaints.
- A relative confirmed they were aware of how to make a complaint. They told us they were confident they could make a complaint if necessary and that the registered manager would be responsive.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. However, the registered manager was aware end of life care plans when required, were important to ensure staff were aware of people's preferences and wishes at the end stage of their life.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team demonstrated their vision and values in providing people with person centred care and support. The aim of the service was to support people to achieve positive outcomes and remain independent in the community.
- A staff member was positive about their role. Comments included, "Yes, the managers are supportive, I can speak freely they are approachable."
- Feedback from a person using the service and their relatives was very positive and complimentary. Comments included, "The service is excellent, couldn't be better."

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 provider understood their responsibility under the duty of candour and had systems and processes to respond to events that happened. The registered manager demonstrated a commitment and understanding of their role and responsibilities. The management team were found to be open, honest, and enthusiastic to continually look at ways to improve the service.
- A relative was positive about the communication and open and honest approach by the management team and staff.

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

- The registered manager demonstrated they understood their registration responsibilities. A staff member demonstrated they were aware of the provider's systems and processes and understood their role, responsibilities, and accountability.
- The provider had systems and processes to assess and monitor the quality and safety of the service. This included spot checks completed on staff's performance, having regular contact with the person using the service and staff and providing staff with support and training.
- The provider had expected policies and procedures that reflected relevant legislation and best practice guidance. On reviewing policies, we identified some required additional detail. We discussed this with the management team who took immediate action. This had not impacted on safety.

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

- The provider was developing formal systems and processes to gain feedback from people about the care and support they received. The registered manager had regular contact with the person using the service and their relative.
- A relative confirmed they and their family member felt involved and consulted about the care provided.
- A staff member was positive about their role and felt valued and supported by the management team.

Continuous learning and improving care

- The provider's governance audit systems and processes supported the service to develop and learn. The management team was in the process of creating further systems to enhance their oversight and development of the service.

Working in partnership with others

- The registered manager was developing positive partnerships with health and social care professionals.