

Enigma Clinical Solutions 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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Enigma Clinical Solutions Ltd is a domiciliary care service providing personal care to adults with a range of support needs including people living with dementia. At the time of the inspection the service was providing personal care to 12 people living in their own homes in the local community.

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

People and their relatives told us the service was not always well managed. We found shortfalls with the management of people's risks, medicines, person centred care and quality assurances systems which placed people at increased risk of harm.

The service had systems in place to monitor the quality and safety of the service, however they did not identify the issues we found during the inspection.

Some risks to people had not been sufficiently assessed and documented in their care records. Where people received support with medicines, this was not managed safely in line with national guidance.

People and relatives told us care visits were often late and people were not kept updated when delays occurred. We found people's care plans were lacking in personalised information. People and their relatives told us staff were not always sufficiently skilled and knowledgeable.

People and their relatives told us staff were mostly kind and caring, however staff interactions with people were limited. We received mixed feedback as to whether staff maintained people's dignity and independence.

Staff spoke positively of their work and told us there was good communication with managers. People were supported by staff who had completed training and felt well supported by the management team.

People were supported by staff who had been assessed as safe to work with vulnerable adults and who understood their responsibility to report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 20 September 2021 and this is the first inspection.

Why we inspected

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

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, person centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made recommendations about monitoring care visits and the management of complaints.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Enigma Clinical Solutions 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 houses and flats.

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 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 25 November 2022 and ended on 7 December 2022. We visited the location's office on 29 November 2022.

What we did before the inspection

We reviewed information we had received about the service, we sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 3 relatives. We spoke with 6 members of staff which included the registered manager. We reviewed a range of records. This included 5 people's care records. We looked at 3 staff files in relation to recruitment. We looked at staff training and induction records. A variety of records relating to the management of the service and quality assurance were reviewed including policies and procedures and audits. We sought feedback from professionals who work with the service.

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 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

- The provider had systems in place to assess risks to people before undertaking their care and support. However, during the inspection, we found examples where people's risks had not been sufficiently assessed and documented in their care records.
- For example, we found risks around falls and skin integrity had not been sufficiently assessed and there was a lack of detailed guidance in place for staff to follow to mitigate the risks. Where a person had a diagnosis of dementia and demonstrated behaviour which may challenge staff, we found there was little information or guidance for staff about how the condition affected the person and any associated risks.
- The registered manager told us care plans and risk assessments were regularly reviewed. However, this process did not identify the issues we found during the inspection.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks to people were effectively managed. The concerns identified above placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us examples of updated risk assessments which included more detailed information and guidance for staff.

Using medicines safely

- Medicines were not safely monitored and managed in line with national guidance.
- There was a lack of robust systems and processes in place to monitor and manage medicines where people were being supported with this aspect of their care.
- Appropriate records were not being kept. Care plans did not include a list of medicines prescribed and did not accurately or sufficiently detail the support people required.
- There was a lack of clarity around the level of support people received. The management team told us staff prompted or checked if people had taken their medicines. Staff provided an example of administering medicines.
- Care tasks completed on the electronic system showed some people were prompted to take their medication. Feedback from people and relatives regarding the use of the electronic system was mixed. A person said, "I take my own meds and it is documented on the app thing". A relative said, "We should be able to see if [person] has taken meds but the app is rubbish and not regularly updated."
- Staff had completed training in medicine administration. However, their competency had not been

assessed in line with national guidance.

- The service had an up to date medicines policy in place, however we found medicines support was not being provided in line with national guidance.
- A lack of appropriate medicines records meant management checks could not be completed to ensure people were supported with their medicines safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the service had not intended to support people who required support with medication. However, some support had been requested from social workers, people and their relatives once care packages had started.
- During the inspection the registered manager told us they had taken action to improve the management of medicines to ensure people received support in line with national guidance.

Staffing and recruitment

- We were not assured the system in place for monitoring people's care visits was effective.
- People and relatives told us care visits were often late and people were not kept updated when delays occurred. A relative told us this had led to some care visits overlapping. A relative said, "Visits not on time and then we have an overlap." Another relative said, "Bus travel cause some of the delays I think, feel sorry for carers to be honest."
- The registered manager told us they monitored care visits in real time via an electronic system to ensure they went ahead as planned. We were told some flexibility with timings of care visits had been agreed with people and the local authority. No late or missed visits outside of these times had been recorded.

We recommend the provider reviews their procedures for monitoring care visits to ensure they occur as planned.

- Systems and processes in place supported the recruitment of staff who had been assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of a Disclosure and Barring Service (DBS) check, proof of identity and evidence of conduct in previous employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found some staff recruitment records contained gaps between periods of employment which had not been documented. We raised this with the registered manager, they told us they would address these points in any future recruitment. Following the inspection, we were sent updated staff recruitment records.

Preventing and controlling infection

- Policies and procedures were in place to prevent and control infection, including COVID-19.
- Staff had access to PPE and records confirmed staff had completed infection control training.
- However, people and their relatives told us staff did not always follow safe infection control practices.
- People and their relatives told us PPE was not always used appropriately. A person said, "PPE very random, no aprons, gloves, sometimes mask." Another person said, "No PPE worn."
- We raised this with the registered manager who told us they would meet with staff and speak to people to

identify and address any issues. We were told and records confirmed, supervisors conducted spot checks on staff providing support which included checks on infection control practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Despite people and their relatives expressing concerns about the quality of the service, people told us they felt safe. A person said, "Feel fairly safe." A relative said, "We hope [person] is safe [person] hasn't said anything to the contrary."

- Staff had received training in safeguarding adults and understood their responsibility to report any concerns.

- The provider had policies in place which gave staff guidance on how to report any concerns and safeguard people from abuse.

- There had only been 1 incident recorded since the service registered with CQC. The incident had been appropriately reported and recorded with details of the incident and actions taken by the service.

- The registered manager explained how following any incident they would notify the relevant authorities and share lessons learned with the team to help prevent any 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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. However, people and their relatives told us staff were not always sufficiently skilled and knowledgeable.
- People and relatives told us staff lacked some of the necessary skills and knowledge to support people effectively. Some relatives told us they needed to show staff how to support people. A relative said, "They try their best probably but just haven't been trained, they have no idea."
- We were not assured the provider was maintaining appropriate management oversight of staff induction and supervision. Staff induction records including sessions shadowing another member of staff and spot checks completed by a supervisor were mostly unavailable when we visited the providers office.
- Where supervision sessions had been completed as part of staff induction, these had not been recorded. The registered manager confirmed this.
- We raised our concern with the registered manager, who told us induction records were written up once the induction was completed after 3 months. We were told records of shadow sessions and spot checks were held by field supervisors and not in the office, induction records were provided at a later point during the inspection.
- Records confirmed staff had completed training. Staff confirmed they completed an induction which including shadowing a more experienced member of staff. A staff member said, "The last month I have been working unsupervised, the first three months I have been going through induction and that highlighted policies and we did the online training."

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

- Staff supported some people with their nutritional needs.
- Most people using the service required minimal support with their meals. However, feedback regarding support provided with food was mixed. A person said, "Food delivered from [supermarket] so it just gets microwaved I mostly do it myself." A relative told us a person did not always receive food in line with their preferences and choices.
- We found care plans included only limited information about people's dietary preferences and choices.

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

- People's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessments.
- Policies and procedures provided guidance for staff and referred to legislation and good practice guidelines. However, we found medicines were not managed in line with national guidance, as detailed in

the safe section of the report.

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

- People's care plans contained limited details about people's health conditions. For example, where a person had a diagnosis of dementia. We found there was a lack of information and guidance in place to inform staff how the condition affected the person and any support required, as detailed in the safe section of the report.
- Processes were in place to support people to access health care professionals and agencies to ensure they received appropriate support where this was an identified need.
- The service worked with other health and social care professionals where required, including social workers and the GP.

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.

- People's care records documented their consent to care.
- People and their relatives told us most staff asked for people's consent. However, we were told this did not always happen where staff were rushing to complete care visits.
- Staff had completed training and demonstrated an understanding of the MCA. A staff member said, "It is about talking to [people] and making sure people are comfortable with you and what you are doing."

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 for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and their relatives told us staff were often late and rushed which meant the quality of support and interactions with people was limited. A relative said, "Care getting slightly better it couldn't have been worse, I am doing the bulk of the caring and paying someone else to turn up late, 11am is too late for your first cuppa of the day." A person said, "They [staff] turn up eventually."
- People and their relatives told us staff were mostly kind and caring. A person said, "Care slightly on the better side of adequate", "Some carers are kinder than others." Another person said, "Care ok I guess better than none."
- People's assessments considered people's diverse needs, as defined under the Equalities Act 2010.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- We received mixed feedback as to whether staff maintained people's dignity and independence. People and their relatives told us some staff treated people with dignity and respect, however there were examples where this did not always happen.
- A relative said "[Name of person] sometimes left with no under clothes and sitting in a chair as the time has run out.", "Soiled bedding left on bed which had not been changed."
- People and their relatives told us some staff supported people to complete tasks for themselves, enabling their independence, whilst others did not.
- However, staff we spoke with told us how they maintained people's dignity and supported their independence. A staff member said, "If it says in their care plan that they can do things for themselves then encouraging them to do so, but also monitoring to ensure things like personal care are being done and they are safe." Another staff member said, "In terms of dignity you need to always respect them, and we are privileged to help them, and we make sure we give them confidence to do anything they can for themselves."
- We were not assured people and their relatives were appropriately involved in making decisions about their care. People and their relatives told us they had not seen a copy of their care plan and had not been asked for feedback.

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 for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information within people's care plans was limited which meant there was a risk that staff did not have enough information to ensure people's needs and preferences were met.
- People's care plans lacked personalised information about their life history, preferences and choices.
- Care plans were not always sufficiently detailed or specific about what people could do for themselves and the support they required. For example, with medicines, personal care and support with meals.
- We found information regarding people's health conditions was not sufficiently detailed.
- People and their relatives told us people were not usually supported by regular staff who understood their likes and dislikes. A person said, "Some regular staff but not many."
- We were not assured people were appropriately involved in making decisions about their care. People and their relatives told us they had not seen or been involved in writing their care plan.
- The registered manager told us copies of care plans were held in each person's home and some relatives had access via an app. An app is a system which can be used to record information electronically. However, feedback from relatives regarding the app was poor. A relative said, "Nothing properly recorded on the app we have been given to use, it's pointless."

Care plans did not always provide staff with the necessary information to provide person centred care to people who used the service. This was a breach Regulation 9 (Person centred care) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager and following the inspection we were told the service had been gathering further information in order to personalise people's care plans. We were sent some updated records as examples of improvements made.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which explained the process people could follow if they were unhappy with their care and support.
- However, during the inspection we became aware of a complaint which had not been recorded in line with procedure. We raised this with the management team who told us about the actions they had taken in response.

We recommend the provider reviews its processes for managing complaints to ensure records are kept in line with their procedure

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.

- Whilst people's care plans were not detailed, they did contain sufficient information about people's ways of communicating and their preferred methods.

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 for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had systems in place to monitor the quality and safety of the service, including care plan reviews, client checklists and spot checks. However, these systems and processes did not identify the issues we found during the inspection.
- Where care plan reviews had been completed, these did not identify and address the shortfalls we found with risk assessments and person centred care.
- The service was not completing any specific audits regarding the support people received with medicines. Therefore, issues were not identified.
- The provider was not maintaining appropriate management oversight of staff induction and supervision records.
- The provider did not always promote a positive person centred culture within the service. People's care plans were not sufficiently personalised, people and their relatives told us they had not seen their care plan.
- Some people and their relatives told us communication with the service was not effective. We were told people were not kept updated when delays occurred to care visits and there had been difficulties contacting the service when needed. A person said, "Major issues with the telephone contact numbers."
- People and their relatives told us the service was not well managed. We were told late care visits from staff who were not always skilled and did not always know people well negatively impacted the quality of care people received.

Whilst we found there was no evidence that people had been directly harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team told us they would take action to respond to the feedback and improve the service.
- The management team told us they had recently sent out surveys to people using the service to gather their feedback and regularly spoke to relatives informally about the service provided. Records of spot checks completed indicated people had been asked for their feedback. However, the people and relatives we spoke

with did not confirm they had been asked for feedback formally.

- Staff spoke positively about their work and told us they were well supported by the management team. A staff member said, "It is a good place to work. Everything you need is readily available to you. It is a good team to work with." Another staff member said, "The management are quite approachable. They are trying their best to provide us with anything we need."
- There were systems in place to communicate with staff such as a daily managers meetings and staff meetings. However, these meetings were not always recorded.
- Staff told us there was good communication with the management team. A staff member said, "Staff meetings are done online. Since I joined, we have had 2. Yes, it is helpful because people talk about any issues they have and then [registered manager] can help us with the information and answers to the issues." "The communication is really good, and they let you know about any changes and also why things have changed."

Working in partnership with others; Continuous learning and improving care

- Where required the service worked with health and social care professionals to ensure people had the support they needed to maintain their health and wellbeing.
- Where issues were identified during the inspection the management responded to these concerns and provided updated records following the inspection.

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 understood their responsibilities under the duty of candour legislation, to be open and honest when things had gone wrong.
- Policies in place identified the actions staff should take in situations where the duty of candour would apply.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure care plans contained the necessary information to deliver person centred care and support.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure people had sufficient risk management plans in place to provide safe care and support.</p> <p>People were at increased risk because medicines were not always managed in accordance with national guidance.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.</p>