

FDS Divine Care 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

FDS Divine Care Ltd is a domiciliary care agency providing personal care to people with health and social care needs in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection there were two people who received personal care using the service.

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

Staff were not always recruited safely.

Systems and processes were not effective, so governance of the service was lacking. The registered manager did not have complete oversight of the service, this included for example oversight of care call times.

Lessons were not always learnt. Staff meetings did not take place to share good practice and reflection when incidents had occurred.

Risk was not always adequately assessed and onwards health referrals had not always been considered in a timely way.

People told us they felt safe, and systems and safeguarding training was in place for staff to ensure people were safeguarded from harm.

Staff were not all up to date with training.

The service's own complaints policy was not followed when a complaint had been received.

People spoke positively about the caring nature of the care workers.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group

#### Right Support:

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

#### Right Care:

Care plans lacked detail about people's needs and were not person-centred.  
Care promoted people's dignity, privacy and human rights.

#### Right Culture:

Staff were responsive to people's individual needs and because a consistent team of staff supported the people, staff knew them well. They supported each person by spending time with them and listening to them.

People told us staff were supportive. One person said, "They just seem genuine and they have got my interests at heart"

Staff told us they were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for.

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

#### Rating at last inspection and update

This service was registered with us on 9 October 2017, and this is the first inspection. They had a period of dormancy since they were registered with CQC. Dormancy means they were registered but were not supporting any people, they have been out of dormancy and fully operating since 9 April 2021.

#### Why we inspected

This inspection was carried out to provide the first rating of this service following registration.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the oversight of the service and staff not being recruited safely at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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?**

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** ●

# FDS Divine Care 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 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.

#### 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 20 September and ended on 10 October 2022. We visited the location's office on 20 September 2022.

#### What we did before the inspection

We reviewed information we had received about the service. 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 two people. We met with the registered manager. We reviewed two people's care records. We looked at three staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

Following the office visit, we contacted three staff by telephone and continued to review a range of records which were sent to us by the registered manager.

# Is the service safe?

## Our findings

This is the first inspection of this service since they were registered. 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.

### Staffing and recruitment

- Staff were not always recruited safely. Staff files showed gaps in employment history had not always been checked.
- References were not always obtained from the most appropriate person for past employment. For example, employment references had been obtained from a colleague rather than the employer. This puts people at risk of being cared for by staff not suitable for the role.

The lack of safe recruitment practices placed people at risk of care which was not always safe. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff numbers. Whilst people and staff told us people received their care at the right time and for the correct length of time, the records demonstrated this was not always the case. The oversight of this is covered under the well-led section of the report.
- Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Learning lessons when things go wrong

- Staff meetings were not held, so lessons learnt were not shared in this way. The registered manager told us lessons learnt were shared with staff in supervisions, however we did not see evidence of this within the supervision records viewed.
- Incidents and accidents were recorded but the action that had been taken as a result of these was not recorded to minimise the risk of the incident or accident reoccurring. For example, a mobility, dexterity and falls care plan had not been updated for one person following a fall.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The registered manager had not always identified risks linked to people's care and support needs and did not always have measures in place to keep people safe. For example, those people who were at risk of pressure damage to their skin did not have a risk assessment for this in place. This meant staff did not have the information they needed to reduce the risk of pressure damage to the persons skin.
- The provider had systems in place to safeguard people from the risk of abuse. Their safeguarding policy set out staff's responsibilities to respond to abuse.
- Staff had up to date training in safeguarding and described the actions they would take if they suspected abuse. Staff told us they were confident raising concerns with their manager.

### Using medicines safely

- No people were receiving medicines from staff at the time of this inspection.
- Allergies were not always documented throughout the care plan. Where people had an allergy to a medicine, this had not been recorded in the allergies section throughout the care plan. However, as staff did not support the medicines for this person, the risks were reduced.

### Preventing and controlling infection

- The provider had measures in place to protect people, their relatives and staff from catching and spreading infections.
- Staff had access to Personal Protective Equipment (PPE) and received training on how to use it. One person told us, "(Staff) always wear the proper PPE."
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 service since they were registered. 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- Care plans lacked detail about people's needs and choices. Care plans were basic and did not fully reflect people's needs, including aspects of their life which were important to them. One person's care plan stated, 'Please assist me to maintain personal hygiene and ensure I am dressed appropriately' but did not provide adequate detail for staff on how to deliver this care.
- There was a lack of detail within care plans about whether people required support with eating and drinking.
- People's protected characteristics under the Equalities Act 2010 had not always been robustly assessed. Some characteristics, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. However, the sexuality care plan was basic. This meant people may not be supported in a way that is suitable to them as the level of details sought at the time of initial assessment was lacking.

Staff support: induction, training, skills and experience

- Staff were not all up to date with training and the registered manager had not completed the additional training for managers, as set out on their own training records. This meant the registered manager had not completed training, for example, in complaints handling and data handling. Complaints handling is covered in the 'responsive' section of the report.
- Staff received an induction when they commenced their employment, which included training and time spent shadowing an experienced staff member. We were told by one staff member, "I had enough support and before I went out on my own. The registered manager goes with you for one week until you know the clients. Then they show you how to look after the clients and read the care plans." Whilst another staff member said about their induction, "I had enough training and there was really good support as well."

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

- Referrals to health care professionals had not always happened in a timely way. We identified a person who may have benefitted from access to a health professional to address their mental health needs. This was discussed with the registered manager at inspection, and they said they would speak to the person to see if they would like support with this. This lack of identifying the need for onward mental health referral could mean people's access to healthcare services was delayed.
- Staff understood when to raise concerns about people's physical health. They discussed this with the registered manager who would contact external professionals if needed.

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 service worked within the principles of the Mental Capacity Act (MCA). All staff except one had received training in the MCA. However, the staff member who had not received this training had a good understanding of the MCA.
- Staff demonstrated they had knowledge of the MCA and how this impacted the people they supported. They ensured people's rights in relation to decision making was protected. One staff member described how they support decision making by offering options. They said, "It is giving that person the freedom of choice and what they want to eat, give them options, like a cold or hot dinner, let them choose what they want to wear." People confirmed they were given choices and involved in 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 service since they were registered. 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.

Respecting and promoting people's privacy, dignity and independence

- Care plans stated the aim was to maintain dignity and self-respect and meet all personal care needs. However, there was no detail within the care plan to how staff should achieve this. For example, when performing personal care there was no mention of how staff could maintain dignity of the person when completing these tasks.
- People were not always supported to be as independent as possible. Where a person's independence had reduced, this was not followed up with a referral to healthcare, such as a general practitioner, to address the issues.
- Privacy and confidentiality were maintained in the way information was handled. Care records were stored in locked cabinets in the office and records held electronically were also stored securely.

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

- People spoke positively about the care they received and the caring nature of the staff. One person said about the care staff, "Nothing is too much trouble for them."
- The provider endeavoured to ensure people received care from a consistent team of staff, so people received care from staff that knew them well. We were told by one person how the team of staff was kept small to respect their preference. They said, "I only have three [staff] that come out, I don't like a lot of different carers coming through the house."

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

- Management gathered people's views and this informed decisions about their care. We were shown two questionnaires which had previously been sent out to people. This contained positive comments from people but as there was no date on the documents, so we were unable to corroborate this feedback.
- People were involved in decisions about their care. Records showed care plans were regularly updated and completed with people.

# Is the service responsive?

## Our findings

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

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

This is the first inspection of this service since they were registered. 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; 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.

- People's choices, likes and dislikes were not fully reflected in their care plans. For example, care plans did not contain up to date information about how to support people to maintain their independence. They contained information that was no longer applicable.
- Care plans were regularly reviewed. However, as the care plans generally lacked detail, changes were not identified and acted on at an early stage.
- Staff spoke knowledgeably about personalised care and how people were in control of how they lived their life. One staff member told us they provided, "Care that is designed for a certain person and made sure it is personal to them."

### 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 care workers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans to support sensory needs such as hearing was in place but was basic.
- Communication needs had not always been addressed. One person's care plan stated they needed to see care worker's face/lips when communicating. The person told us staff wore face masks. This may be a barrier for them when communicating, but it was not identified by the registered manager. This meant people using the service did not always have information provided to them in a way which was accessible to them.

### Improving care quality in response to complaints or concerns

- The complaints policy had not been followed when a complaint had been raised. There was no written response to the complainant, as detailed in the service's own complaints policy.
- The registered manager was not clear about their role in handling complaints. This meant whilst a complaint had been logged, appropriate steps had not been made by the registered manager to investigate and follow up on the concerns to learn and share lessons with the staff team. Lessons were not recorded from the investigation of the complaint and as a result learning had not been shared with the whole team.

#### End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection.
- Care workers and management had not received end of life training, so they were not skilled in end of life care and support if the need arose.

# 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 service since they were registered. 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; 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; Continuous learning and improving care

- Systems and processes were not effective at identifying concerns we found on inspection. Audits of daily records had not always identified incidents that had occurred, for example when a service user had had a fall. This meant therefore the opportunity to learn lessons may have been missed.
- The registered manager lacked oversight. For example, there was no audit completed to look at staff call times and as a result they failed to identify concerns we identified when we completed a review of the electronic call monitoring (ECM) data to establish the frequency and consistency of care visits. The findings from the data analysis was that at times calls were being cut short but there was no documentation why this had occurred.
- Staff were not logging in correctly using the ECM system. For example, one staff member was seen on the location information to have logged in at a distance from the person's home. This meant the incorrect time was recorded for them starting as they were not at the person's home when they logged on to ECM. The provider was not aware that staff had logged in when not on a call.
- The data also showed that some staff were scheduled to provide care at two different locations at the same time. The provider was not aware of this. We found the system implemented to monitor care call visits was not effective because it did not identify the issues we found.
- Systems and processes had not identified staff were not all up to date with training, which the registered manager told us should be completed every two years.
- The provider's systems had failed to identify discrepancies within care plans. For example, a care plan audit did not identify contradictions about a person's dental support needs within the care plan. This meant staff may not support the person appropriately.
- The registered manager did not understand the duty of candour. This meant the registered manager may not follow their legal responsibility to be open and honest when something goes wrong.
- The provider's EDHR policy along with many other policies have not been reviewed within the timelines set out in the policy themselves. This means that staff may be reading policies which contain information which is not up to date.

The lack of oversight and knowledge of the registered manager placed people at risk of care that was not safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- Staff understood their responsibility to keep updated by reading the care plan. One staff member told us, "Before you do anything you read the care plan to see if there are any changes and go from there." However, because the care plans were basic, some details may have been missed.
- Staff felt supported by the registered manager. One staff member told us, "She cares for the staff and her clients. She is supportive," and "She is good at what she does, she does listen to me."

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

- People were positive about the manager. One person told us, "(They are) professional, but we can also have a laugh as well. That's the best way to be. Professional in your job, but also see the light side of things as well."
- Another person said about the registered manager, "(They are) brilliant, absolutely brilliant. I am quite intelligent and articulate, and we have good discussions, not necessarily about the care".
- Staff knew about people's individual wishes, and these were respected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff reported the registered manager treated people and staff well. One staff member said, "I think she treats everyone fairly." Another staff member said, "If you raise a concern she always there for her staff."
- The registered manager was not able to evidence working in partnership with others, and as described in the 'effective' section of this report, referrals to health professionals had not always been considered in a timely way.

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  The registered manager lacked oversight of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff were not always recruited safely