

Divine Care and Support Services Limited

Divine Care and Support Services

Inspection report

Unit 344, Camberwell Business Centre
99-103 Lomond Grove
London
SE5 7HN

Tel: 07752088846

Date of inspection visit:
24 October 2022

Date of publication:
16 December 2022

Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Divine Care and support services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there was one person using the service. We were able to carry out an inspection, but we could not rate the quality of the service as we had insufficient evidence as the provider was only carrying out a regulated activity for two months.

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

As the service was only operating for a short time this meant there was limited recorded information to assess the care provided to the person. When the care package started there was issues with missed calls, but this had been resolved by the registered manager.

At the time of the inspection the person was not supporting anyone with medicines. The provider had systems in place for assessing risks to people. Staff understood how to safeguard people from the risk of abuse.

The provider had quality assurance systems in place to monitor the quality and safety of the care provided however these had not been completed yet. The person was assessed prior to the care package starting. Staff were recruited safely. Recruitment procedures were robust.

Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection. People's nutritional and hydration needs had been met. Staff understood how to support the person to remain independent.

Care plans detailed what was important to the person. The person's communication needs were recorded. The provider had systems for handling complaints and responding to incidents and accidents which they said they would follow when complaints are made, or incidents occur.

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 11 June 2018; however, it was dormant till 04 August 2021 and this is the first inspection. We were unable to rate this service as we did not have sufficient evidence.

Why we inspected

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

Recommendations

We made a recommendation to the provider to review their medicines policy.

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?

We did not have sufficient evidence to rate the safety of the service.

Insufficient evidence to rate

Is the service effective?

We did not have sufficient evidence to rate whether the service was effective.

Insufficient evidence to rate

Is the service caring?

We did not have sufficient evidence to rate whether the service was caring.

Insufficient evidence to rate

Is the service responsive?

We did not have sufficient evidence to rate whether the service was responsive.

Insufficient evidence to rate

Is the service well-led?

We did not have sufficient evidence to rate whether the service was well-led.

Insufficient evidence to rate

Divine Care and Support Services

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

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 24 hours' notice of the inspection. This was because the service is small and we needed to ensure that the registered manager would be available to assist with the inspection.

What we did before the inspection

We reviewed the information we held about the provider. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual (NI) is responsible for supervising the management of the regulated activity provided. We reviewed a range of records. This included one person's care record. We looked at two staff files in relation to recruitment and staff supervision. We spoke with three members of staff and the person's relative.

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 for this service. We did not have sufficient evidence to rate the safety of the service.

Using medicines safely

- The registered manager told us they did not currently administer medicines for the person but they prompted the person to take their medication by providing a reminder. However, within the provider's medicines policy there was no definition of what "prompting" entailed. The National Institute for Health and Care Excellence (NICE) guidance on the management of medicines for people receiving social care in the community advocates providing detailed and specific directions for what the care worker is required to do to support the person with their medicines.
- The registered manager was delivering medicines training, but they were unable to provide evidence of how they were assessed as competent to provide this training.

We recommend the registered manager reviews their medicine practice to ensure they are complying with their medicines policy.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to safeguard people from the risk of harm. The registered manager had clear policies which provided guidance on how to respond to allegations of abuse. Staff understood how to report safeguarding concerns, one staff member said, "If I had concerns and if I saw something that wasn't right - I would talk to my manager and I would ensure that the person was kept safe. I would record my finding".

Assessing risk, safety monitoring and management

- The provider completed risk assessments to identify the risks people faced. Risks had been appropriately identified and there was a clear risk management plan in place to clearly inform staff of the action they needed to take to minimise potential risks.
- The registered manager had completed an environmental risk assessment to ensure staff had the necessary information to provide safe care.

Staffing and recruitment

- There were safe recruitment procedures in place. This helped to show us people were protected from the risks of unsuitable staff being employed to support them. The provider carried out pre-employment checks such as Disclosure and Barring Services (DBS) to ensure staff were suitable to work with people who needed care.
- The person received their care on time. However, the person's relative told us "When the service was starting up the care calls were unpredictable". The registered manager took prompt action to address this, and the person was getting their calls now in a timely way. The registered manager was planning on introducing electronic call monitoring in the near future.

Preventing and controlling infection

- The registered manager had effective measures in place to prevent and control the spread of infection and staff told us they had an adequate supplies of personal protective equipment (PPE).
- The registered manager had a COVID-19 risk assessment in place for supporting the person which meant staff had the necessary information to care for the person should they become unwell.

Learning lessons when things go wrong

- The provider had processes in place for the reporting of any accidents and incidents and the registered manager was aware of procedures to follow. There had been no records of incidents or accidents at this service since the service started operating so we were unable to see if the processes were effective.

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 service. We did not have sufficient evidence to rate whether the service was effective.

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

- The registered manager carried out an assessment before the person started receiving support. The initial assessment covered the person's overall health and medical history to ensure staff had an understanding of their needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant skills, training and experience to care for the person. The registered manager had completed a range of training to ensure they had the necessary skills to train staff. One staff member said, "The training was good and helpful."
- Staff completed an induction before they started caring for the person, one staff member told us, "I was introduced to the service user, and I was told what I would be doing. I was told about meal choices, and I was given the care plan and risk assessment to read."
- Staff had received supervisions and all records were stored within their files. This told us, the provider was following their policy.

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

- The person's needs and preferences around eating and drinking were assessed and documented. Information about the support needed was included in their nutrition and hydration assessment. The relative told us "They have taken into account her choice of food and drink."
- Training records showed that staff had completed food hygiene training which meant they had the necessary skills to support people.

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

- The person's care plan detailed information about other health and social care professionals involved in their care. As the service was small the registered manager told us they had not worked with any agencies yet.

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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- At the time of the inspection the person was able to consent to their care. We saw evidence of the registered manager having the correct paperwork in place to support people who may not have the capacity to make decisions.
- The provider had an MCA policy and staff received training on the principles of the MCA. One staff member told us, "The MCA is about the person making their own decision and its irrespective what I think. If I have concerns, I will make them aware of the risk and I would make my manager aware."

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 service. We did not have sufficient evidence to rate whether the service was caring.

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

- Staff were kind and caring and the person's relative told us " The care itself is lovely".
- The person's diverse needs, including religion, culture and language, were assessed and included in their support plan appropriately.

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

- The person was supported to express their views and be involved in their care, and we saw evidence of this within their care plan.
- The registered manager knew how to support people to access advocacy services if required, however at the time of inspection this was not required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- Care staff had a good understanding about the importance of respecting people's privacy, dignity and promoting their independence. Their comments included, "I make sure they have right to privacy when providing personal care, I always ask for consent, and I make them aware of what the process is and I respect their specific requests " and " I never presume, and I am open with [person] she chooses her clothes and I tell her how beautiful she looks".

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 service. We did not have sufficient evidence to rate whether the service was responsive.

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

- Care plans contained information and guidelines for staff so they could meet people's needs and preferences. This included information about the person's background, family, likes, dislikes and hobbies which provided staff with context and areas of interest when speaking with the person.
- The registered manager told us they were able to be flexible in how care was delivered, for example, if the person had an appointment, they could change the call times.

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.

- Care plans included information about people's communication needs, including if they required assistive aids such as hearing aids. The registered manager told us they would make information available in formats that were appropriate to their needs if required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and the registered manager confirmed they had no formal complaints, but they had concerns from a relative when the care first was started. The registered manager said, "I spoke with the person, and I took action straight away."

End of life care and support

- End of life care was not being provided at the time of the inspection. The registered manager was recording people's end of life needs however they recognised the need to provide more detail if this care was required in the future.

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 service. We did not have sufficient evidence to rate whether the service was well-led.

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

- The person's relative felt that the service needed to improve, they said, " It is too early to say they were good, but they are improving, the intention is there to be good, but I don't think it is there on a consistent basis". The registered manager recognised there had been challenges when the care package started and as a result, they recruited more office staff as they told us they need support to develop the service.
- All care staff were positive about the service and the registered manager. One staff member said, "I can contact them at any time and am happy with the responses I get."
- We saw a recent team meeting discussed the current care package and the plans to drive ongoing improvement for the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had quality assurance systems in place to monitor service delivery but at the time of the inspection they had not completed any monitoring as they service had only being operating for two months. There was very limited written evidence for the inspection team to review. This meant we could not be assured the service was working within the regulatory requirements. The registered manager explained that they planned to complete audits every three months.
- The registered manager had completed two spot-checks with staff since the service operated and they told us they used this as a tool to ensure that staff were carrying out the care in line with the persons' care needs.
- The provider had developed a range of policies and procedures and they told us they were updated to reflect any changes in legislation or good practice.

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

- The provider had recording systems in place to engage with people using the service, however as the service was still growing, they kept in touch over the phone with the person and their relative. We saw no evidence of this, but the registered manager told us they would seek more formal feedback and they would record this as the service expanded".

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 responsibility around the duty of candour and of the

requirement to notify appropriate agencies including CQC if things went wrong.

Working in partnership with others

- The registered manager told us they would work with all relevant stakeholders and professionals within their local area to develop the service.