

Divine Care Group Ltd

# Divine Care Group Ltd

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Divine Care Group Ltd is a domiciliary care agency providing care and support to people in their own homes. At the time of the inspection, personal care was provided to four people.

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

People felt safe and trusted staff. Safe recruitment processes were in place and there were enough staff to meet the needs of people. Staff had received training to recognise and report signs of abuse. Risks to people's health and safety were assessed and staff knew how to manage them to help keep people safe. Where required, people were supported with the administration of their prescribed medicines.

Staff received an induction, training and supervision to enable them to fulfil their roles and responsibilities. Where required, people were supported with their dietary needs and maintaining their health and well-being.

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.

Staff were kind and caring and treated people with dignity and respect. People's independence was promoted and encouraged by staff.

Assessments were undertaken prior to people using the service to ensure their care needs could be met.

The registered manager monitored the delivery of care through staff observations and feedback from people. The service had become operational in July 2019 and, although quality assurance systems were in place, the registered manager was working towards making these more robust to assist them to review service provision and drive improvements.

Relatives considered the service to be well led and would recommend the service to others. They spoke positively about the kind, caring attitude of staff.

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

This service was registered with us on 23/11/2018 and this is the first inspection.

### Why we inspected

This was a planned comprehensive inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### 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 well led.

Details are in our well led findings below.

Good ●

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## 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 team consisted of 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. The registered manager was also the owner of the business.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

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 five relatives about their experience of the care provided to their family members, two members of care staff and the registered manager.

We reviewed a range of records. This included three people's care records, six staff files in relation to recruitment, training and supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data, the training matrix, quality assurance information and policies. We also sought feedback from staff and relatives.

# 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 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

- Relatives confirmed they, and their relatives, felt safe when staff visited them. One relative told us, "I was so nervous at first, but I needn't have been." Another said, "We've never had any issues we feel safe with staff in our home."
- Staff were trained in safeguarding and told us the action they needed to take if they witnessed or suspected abuse. This included referring to external agencies such as the local authority and CQC. One member of staff told us, "I would report to my manager immediately for them to take it up with the person's social worker. If I felt my concerns were not being listened to I would report to CQC." Another said, "I would report to [registered manager] and if they didn't do anything I would report to social services or CQC and tell them what's going on, we were told to do that in training."

Assessing risk, safety monitoring and management

- Risk assessments were in place to keep people safe however, some guidance was generic and did not always reflect the highly person-centred support being provided to keep people and others safe.
- We found no impact from the lack of detail in risk assessments, and staff were able to describe the actions they took to keep people safe.
- We discussed our findings with the registered manager, so they could consider reviewing their risk assessment documentation, to reflect the safe care being provided. The registered manager assured us they would take immediate action to address this.

Using medicines safely

- At the time of inspection, only one person required support with administering their medicines.
- The registered manager told us medication training was covered during a one-day training course which covered several areas of care. They said the medication training element of the training had been omitted from staffs' training certificates. Although we found a lack of evidence to demonstrate staff had received medication training, staff we spoke with confirmed they had received training and the registered manager provided on-going support and guidance. The registered manager informed us the next administration of medicines training was scheduled to take place in November 2019.
- The registered manager had recently reviewed their medication risk assessment tool and was in the process of implementing more detailed documentation. This included listing the medication people were receiving, what the medicines were for, potential side effects of medicines and any actions staff should take to mitigate potential risk.
- The registered manager was a registered nurse. They told us they observed staff's competence to administer medicines to people, but this had not been formally recorded. They showed us a competency form they were in the process of developing to enable more robust formal monitoring of staff's competence

to administer medicines.

- The registered manager told us they had only started providing a service to people from July 2019 and were in the process of developing a medication audit form. They assured us they had clear oversight of this aspect of people's care as they were involved in the day to day delivery of care to people.

#### Staffing and recruitment

- People received care from a consistent staff team.
- There were enough staff to meet the needs of people who used the service. The registered manager told us there had been no late or missed calls and told us they would not expand the number of people using the service without appropriate staffing levels being in place to ensure people's and staff's safety. A relative said, "The girls are great and come on time. If they are going to be a bit late they always call and let us know. Always stay allocated time and sometimes they stay longer than they should to make sure everything is ok."
- Staff felt they were enough staff when delivering care and did not feel rushed.
- Safe systems for recruitment were in place to ensure staff were suitable to work in the care sector. This included obtaining references and undertaking criminal checks with the Disclosure and Barring Service (DBS).

#### Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. People told us staff used PPE and they had no concerns regarding staff's practice.

#### Learning lessons when things go wrong

- The registered manager confirmed there had not been any accidents or incidents since registration of the service.
- The registered manager told us they would carry out an analysis of all accidents and incidents to consider lessons learned to reduce the risk of reoccurrence, including reflective learning with staff.

# 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 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

- The registered manager checked to ensure the service could meet the care and support needs of people prior to them using the service.
- People's protected characteristics as identified in the Equality Act 2010 were considered as part of the assessment process. This included people's needs in relation to their gender, age, culture, religion, sexual orientation, disability and ethnicity.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service. This included shadowing more experienced staff and completing an in-house induction training booklet.
- Staff told us they felt they were equipped with the skills and knowledge to meet people's needs effectively.
- The registered manager recognised the importance of training and informed us they worked very closely with the staff team in the delivery of care which enabled them to train staff in line with good practice. They were in the process of setting up a dedicated training room to enable them to deliver in-house training from November 2019.
- Relatives told us they felt staff had the skills and knowledge to meet their loved one's care needs. One relative said, "I feel they've had all the training to meet [person] care needs. [Registered manager] is very knowledgeable."
- Staff received supervision and spot checks. They told us the registered manager was supportive and available to provide guidance and support at any time. One member of staff said, "I work alongside [registered manager] all the time and she always tell me how to do things. [Registered manager] is very good, they have given me a lot of confidence as I've not worked in care for a while." Another said, "[Registered manager] is approachable, very cheerful, I feel confident to go to her about anything."

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

- Where required, people were supported with their nutritional needs.
- The registered manager told us they completed food and fluid charts when necessary. For example, following a family's concern that their family member was not eating or drinking enough, staff had put in place food and fluid charts to support the family to monitor their intake.
- No one currently using the service had any specific dietary or cultural needs.

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

- The service offered flexibility with the timing of care call visits to enable people to attend health appointments or social activities. The registered manager told us, "We are flexible wherever we can. We cannot be so rigid, we try and work with people and families as much as possible." This was confirmed by relatives we spoke with.
- The registered manager told us they worked closely with health and social care professionals such as district nurses and the palliative team to help achieve good outcomes for people. One relative told us, "They are so concerned about [person's] welfare and are very kind, I cannot say how impressed we are. If they notice any changes they inform me and the palliative care team." Another relative said, "[Person] got a sore on their ankle as they sleep on their side. [Registered manager] contacted the district nurses straightaway and kept us updated."

#### 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.

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.

- The registered manager informed us people currently accessing the service had capacity to make their own decisions.
- Consent to care forms had not been signed by people and there was little evidence to demonstrate they had been involved in specific decisions around their care needs. We discussed this with the registered manager who advised they would address this immediately to ensure people's consent to care was recorded.
- Staff understood the need to provide people with choices, respect their decisions and to gain their consent prior to providing care and support. The registered manager confirmed MCA training was being rolled out to staff in November 2019.

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

- The registered manager and staff were fully committed to ensuring people received the best possible care. One member of staff told us, "I love caring for people, sometimes you go in and they look down and sad but to see them smile and be happier makes me feel good, that's why I came into care. I have a place in my heart for them, money is never at the forefront, I am there to care."

- Staff knew people well and had formed trusting relationships with the people they supported and their relatives.

- Relatives spoke positively of the caring attitude of staff and valued their relationships with staff.

Comments included, "[Registered manager] is very good, kind and knowledgeable. Staff are passionate and treat [person] with kindness and dignity. They are so concerned about their welfare, I cannot say how impressed we are. They are never ever demeaning in any way, they're marvellous. Couldn't have wished for a nicer service." And, "What is lovely is that they are always happy and laughing when they come to us. I'm here 24 hours but they always ask, 'How are you?' I appreciate that, they listen to what we have to say."

- People's individuality and diversity was considered at assessment and through care planning. People were asked about their background, gender, culture, religion and sexuality.

Respecting and promoting people's privacy, dignity and independence

- People were always treated with dignity and their privacy respected. One relative told us, "[Person] is always treated with dignity and respect. [Staff] suggested putting a sheet up to protect their dignity and privacy whilst delivering personal care."

- Staff encouraged people to be as independent as they were able to. A staff member said, "Independence is important. I encourage people to do as much as they can, for example if supporting people in the shower, I get the sponge or flannel and put soap on it and let them wash their face and I do the bits they can't manage themselves."

# 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

- Support was tailored to people's needs. However, whilst we saw good information relating to people's personal life histories, details of any cultural needs and a list of care tasks to be delivered at each care call visit, care plans contained limited information of people's individual care and support needs, choices and preferences. There had been no negative impact in the absence of this information as people received care from a consistent team of staff, including the registered manager, who knew their care and support needs very well. One member of staff told us, "[The care plans] are okay and I know what I need to do. [Registered manager] introduces us to new clients and talks through what needs to be done including what family do and what we do. I don't think any improvements to care plans are needed but if someone is new to care or less experienced more detailed information may be better. [Registered manager] always puts new staff with more experienced people and this is working."
- The registered manager acknowledged care plans should be more detailed. They told us they would review the care planning documentation and rectify the shortfalls we had identified.
- Although some relatives were unclear whether there was a care plan in place, all relatives we spoke with told us they were always involved in the delivery of care to their loved ones.

End of life care and support

- At the time of inspection, all people using the service were receiving end of life care.
- There were no care plans in place which recorded information on people's end of life wishes and preferences. The registered manager told us they would discuss people's end of life wishes with people and their families and ensure their wishes were clearly recorded, regularly reviewed and upheld.
- Although no detailed end of life care plans were in place, relatives told us they had no concerns over the end of life care their loved ones were receiving. They also told us they were always very much supported by the registered manager and staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Systems were in place to identify whether people required information in a different format, for example the service user guide.
- The registered manager confirmed no one would be discriminated from accessing the service and information would always be made available to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- Information was contained in the 'service user's guide' on how to raise a complaint.
- The registered manager told us the service had received no complaints.
- Relatives felt confident any concerns would be listened to and acted upon by the registered manager.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager spent a lot of their time working alongside staff in the delivery of care to people. They used this as an opportunity to monitor the quality of care provided. In addition, it enabled them to gain feedback from people and/or their relatives about the quality of care.
- The registered manager acknowledged further work was required to improve formal monitoring of the service and recognised a more structured approach was required to cover all aspects of quality monitoring. They were in the process of recruiting a care coordinator and an administrative assistant to support them with the day to day management of the service.
- Throughout our inspection, the registered manager was open and transparent and was receptive to our suggestions. They showed commitment to improving the service to enable greater oversight and governance, ensuring people received safe care and treatment.
- Relatives told us, without exception, that they were happy with the quality of care their loved ones received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture of the service was caring and focussed on people receiving good quality care.
- Relatives were complimentary of the registered manager and staff. They told us they, and their loved ones, were always treated with the utmost respect and kindness and would recommend the service to others.
- Staff felt valued and enjoyed working at the service. They considered the registered manager to be supportive and they shared their vision to provide compassionate, high quality care.
- Staff were clear on who they would report concerns to and felt confident in raising these with the registered manager.
- Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Informal feedback from people, relatives and staff was encouraged by the registered manager to help drive improvements.
- No formal questionnaires had been undertaken. The registered manager advised us these would be

conducted in the next few months and confirmed an analysis would be undertaken of responses and, where necessary, action plans put in place.

- There had been one formal staff meeting since the service becoming operational in July 2019. The registered manager confirmed, going forward, meetings would take place on a regular basis, enabling staff to be involved with the day to day management of the service.

Working in partnership with others

- The registered manager told us they had developed relationships with health and social care professionals such as the clinical commissioning group, hospital discharge teams and palliative care team; and worked in partnership with them to meet the needs of people.