

Divine Care Provider Ltd

# Divine Care Provider Ltd

## Inspection report

Unit 5, Park Farm  
Kelvedon Road, Inworth  
Colchester  
CO5 9SH

Tel: 01376572222

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Divine Care Provider Ltd is a domiciliary care service. It is registered to provide the regulated activity of personal care to people in their own homes including older people, people with dementia, people with a physical and sensory impairment and younger adults. At the time of the inspection, 39 people were receiving a service.

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

People told us they were happy with the staff, felt very well cared for and were satisfied with the quality of the service provided to them. People were treated in a caring, kind and respectful way. Staff told us improvements to care planning systems, recording and management of the service had been made since the last inspection.

At the previous inspection the provider was in breach of regulation 12 (Safe care and treatment), 17 (Good governance) and 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The concerns raised during the previous inspection had been addressed and improvements made.

The provider had effective systems and processes in place that enabled them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service.

Risk assessments for people were in place including their current needs and known risk.

Infection control and prevention practices were in place with staff adhering to the guidance.

People's medicines were administered and managed well with clear documentation and auditing.

Staff recruitment and induction process was now robust which ensured the right staff had been recruited in line with legal requirements.

People's care and support was delivered in line with their agreed care plan and within current standards and guidance.

The service was well led. Systems were in place to monitor the quality of the service. The provider had the knowledge and oversight of the service to manage it effectively.

Staff were caring and kind, knew people very well and had the skills and knowledge to undertake their role.

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: The last rating for this service was requires improvement (published 4 February 2020) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced focussed inspection of this service on 22 September 2020. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Caring and Well Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Divine Care Provider on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good 

The service was well led.

Details are in our well led findings below.

# Divine Care Provider 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and two assistant inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 and the nominated individual were both directors of the company.

#### Notice of inspection

This inspection was announced. 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as their updated action plan, ongoing monitoring and the emergency support framework. We requested information from the provider in relation to people who used the service and staff, management, monitoring, and quality audits. We sought feedback from the local authority as to their assessment of the service. We used all information to plan our 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 four people who used the service and two relatives about their experience of the care provided on the telephone. We also spoke with seven staff on the telephone and met with the registered manager and nominated individual at the office. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one social care professional.

We reviewed a range of records which included recruitment records, quality assurance and care plans.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and the safe recruitment of staff. This was a breach of regulation 12 (Safe Care and Treatment) and 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and 19.

- Risks to people's safety were effectively managed as systems to support them were robust and detailed. People's risk assessments contained details of how to support their physical, mental and emotional wellbeing by reducing the risks of having falls, developing pressure ulcers, using equipment and moving and handling. One staff member said, "There is a lot of information now where previously, it was quite poor. But now such a difference, for the better." Another said, "The care plans are very thorough and up to date."
- Improvements had been made for people at risk of poor skin conditions and pressure damage. Staff worked with the district nurses to understand how to reduce the risk of pressure ulcers. Training had been undertaken by all staff including the registered manager and nominated individual, so everyone understood the categories of people's pressure damage, signs to look out for and what action to take.
- The management and administration of people's medicines had been improved. Information in the care plan included an accurate list of medicines and what they were for and those contained in the blister pack as per national guidelines. A photo was taken to capture what had been received to ensure they were as per the prescription. This meant staff would be able to administer the medicines correctly. Details of the correct way to put on patches and when creams were used, were all recorded.
- Medicine administration records (MAR) were being completed fully with checks in place as to their correct completion and action taken if any error was found. Staff had undertaken refresher training in medicines administration. We saw evidence of completion of the training and managers undertaking spot checks which showed staff were competent to support people.
- Recruitment processes had improved and were safe. Pre recruitment checks took place before staff were employed to ensure people had the right staff to provide their care and support. We reviewed the recruitment files for two staff members and saw that robust checks had taken place in line with the requirements in the law.
- People, relatives and staff told us there were enough regular staff with the right skills and abilities to meet their needs. People were very positive about the consistency of staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff and using the service. People told us, "They [staff] do make me feel safe and well looked after", "They're all really nice and friendly, I do feel safe while I am with them", "I do feel completely safe. They are very good on the hoist, they know how to do it, so I am comfortable."
- Staff had been trained to recognise and report any concerns or abuse and demonstrated a good understanding of this.
- The registered manager dealt with safeguarding concerns by responding appropriately and taking the necessary action. Statutory notifications to CQC were made promptly to inform us of important events.

Preventing and controlling infection

- Systems were in place for the prevention and control of infection. The provider's infection prevention and control policy was up to date and included specific guidance on Covid 19. Temperature checks, hand sanitising and social distancing were used for any staff and visitors to the office.
- Personal protective equipment (PPE) was readily available to staff. They collected it from the office. People and their relatives confirmed that staff wore PPE as required.
- Staff had received training in infection control and the putting on and taking off their PPE. Spot checks showed that PPE was being worn by staff appropriately and they were promoting cleanliness and good hygiene practices in people's homes.

Lessons learnt when things go wrong

- All the required improvements had been made and many lessons had been learnt since the last inspection. The registered manager told us about the implementation of new systems which meant that issues and concerns could be addressed quickly, and appropriate action taken. Electronic records ensured information and communication was two way and effective but most of all an honest and reflective change to the way in which the service was managed had resulted in greater quality and safety for people, their families and staff.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

- The improvements made to the key questions of Safe and Well Led during the year have shown that people are well treated, well supported, cared for and treated with dignity and respect. One family member said, "The agency has literally saved our lives. They chat with [relative] and they are now laughing all the time. They have knocked years off them and [relative] has really made a change for the better."
- People received a service which was caring as the registered manager had put the necessary systems in place to protect them from potential risk.
- People and their relatives told us they were supported well by their regular staff. One person told us, "[Staff member] always asks if there is anything I need doing and we talk a lot, they are very good." One family member said, "[Relative] can tell the staff if they don't want something and they listen. They [staff] are like family to us now."
- People were supported to maintain their independence and staff treated people with dignity and respect. One person said, "When [staff member] comes, they always give me options, stand outside and don't come in with me and respects my privacy. They always ask if I'm ready to do things." Another person said, "If I don't want to do something, I could say no, and they would respect that."
- Care records and risk assessments showed what people could do for themselves and things they needed support with. These were written in a person centred and individual way.

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

- People and relatives were involved in the arrangements of their care. They were consulted about times and the gender of staff they would like to have. A care plan was developed from this and then reviewed by telephone or visit to the person's home. One family member said, "We met the office staff at the very start when they came here to do the assessments and check what care my [relative] needed. They were so professional but after they had done all the official bit they sat and chatted with [relative] and it's been positive from the start."

# 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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had failed to address concerns from previous inspections where they had been rated as requires improvement. This demonstrated a lack of understanding of the risks and regulatory requirements and a failure to continuously learn and improve. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Significant improvements had been made in how to assess, monitor, manage and oversee the health, safety and welfare of people using the service.
- The improvements made to the service had ensured it was consistently managed and well led as systems and processes were in place to support this into the future.
- The registered manager and nominated individual had reflected on and re-evaluated their roles and responsibilities. They had implemented a range of improvements for greater day to day clarity and accountability. These included administrative support to compliment the skills of the management team and the introduction of an electronic care planning programme to monitor and review the quality of care. The results of these improvements were being evaluated as part of ongoing audits and had shown more effective time and people management, consistency of staff support arrangements and people's ongoing positivity about the quality of the service they received.
- Communication across the service had improved with the importance of meetings, supervisions, support for staff and regular contact with people who used the service and relatives. Staff told us the managers were open and available. One staff member said, "I can call the managers at any time and they have been really supportive for me. I would have been lost if I couldn't have done that." Another said, "It's a great company to work for, I feel very valued so would have no reservations in recommending them."
- The improvement to the assessment, review and recording of people's information contained in their care plans and risk assessments showed a greater respect and attention to detail and quality. Reviews of their care arrangements and regular checks on staff skills and abilities to meet their needs ensured people were satisfied with the service. People were receiving care that was all about them, their feelings and views. Staff had responded to this change in a positive way. One staff member said, "The care plans are very person

centred around their likes and dislikes. Different risk assessments, nutritional and falls charts help us keep an eye on them."

- Quality assurance processes to assess, monitor and improve the quality and safety of the services had been improved. The registered manager had a system to audit and report on all aspects of the service. Policies and procedures were in place and were reviewed. Any changes to them were extracted and highlighted to staff to ensure they remained up to date with current guidance.
- Concerns, call times and rotas, medicines management, safeguarding and daily communication about people and their care were being dealt with efficiently and effectively. One person told us, "I have had to raise a concern. I raised it to the manager on the phone and it was dealt with immediately. Oh, it was fine. Dealt with there and then, I was quite happy with that."

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

- The registered manager and nominated individual told us they had learnt to be more open and seek support and guidance when they needed it. They understood their duty of candour and had demonstrated their commitment to continued improvements within the service.

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

- People and their relatives told us they had good contact from the service by way of phone calls, reviews of their care and emails from the service with updates.
- National and local resources had been used in relation to good practice guidance and training in adult social care. The service had worked well with professionals to support staff in increasing their skills and in turn providing quality and care to people.