Divine Enterprise (UK) Ltd

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Inspection report

Suite 404 Cumberland House
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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We conducted an inspection of Devine Enterprise on 24 July 2018. This was our first inspection of this service.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 57 people. Not everyone using Divine Enterprise receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments and support plans contained a good level of information for care staff in how to mitigate known risks.

Safeguarding procedures were in place and care workers understood these. Care workers received annual training in safeguarding adults.

Recruitment procedures helped ensure that appointed staff were safe to work with people. The provider ensured a sufficient number of staff were scheduled to work to meet people's individual needs.

There were appropriate systems in place to safely administer medicines to people.

People were supported with their nutritional and healthcare needs and care workers had a good understanding of these.

Care workers received an appropriate induction and ongoing training, supervisions and appraisals of their performance.

Staff received training in the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of their responsibilities in relation to this. Care records contained details of people's capacity and were signed by people using the service or those lawfully acting on their behalf.

Care staff had a good understanding of people's individual needs and care records and supported them to be as independent as they were able.

The provider ensured people's privacy and dignity was respected and promoted.

People we spoke with and their relatives told us they were involved in decisions about their care and how their needs were met.

The provider operated an effective complaints procedure and people confirmed they were aware of this.

The provider used an electronic monitoring system to provide effective and timely care to people.

The provider monitored staff morale to ensure care workers were satisfied in their roles. Care workers had a clear understanding of their responsibilities.

The provider assessed the quality of the service in order to maintain the provision of effective care.

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.

The provider conducted risk assessments to assess the risks associated with people's care and had a plan in place to mitigate these.

Appropriate procedures were in place to protect people from abuse. Care workers had a good understanding of how to identify abuse and what to do if they suspected abuse had occurred.

There were procedures in place to safely administer medicines to people.

There were enough staff available to meet people's needs and the provider operated safer recruitment procedures.

Is the service effective?

Good

The service was effective.

Care records contained useful information for care workers about people's health and nutritional needs.

Staff received an induction, training and supervision of their performance.

The provider was working in line with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People and their relatives gave good feedback about the care workers.

People's privacy and dignity was respected and promoted and people were given an appropriate level of support in accordance with their needs.

Is the service responsive?

Good

The service was responsive.

People and their relatives told us they were involved in the planning of their care and people's care records contained a good level of detail about different areas of their needs. The provider agreed to amend identified end of life care records with missing details.

People were supported to access activities they enjoyed and were communicated with in a manner that suited them.

The provider used technology to provide timely care and had an appropriate complaints policy and procedure in place.

Is the service well-led?

Good

The service was well- led.

The provider conducted quality monitoring regular quality monitoring checks and made changes as a result of any identified issues.

The provider's governance framework ensured responsibilities were clear and care workers had a good understanding of these.

The provider had a clear vision and credible strategy to deliver high-quality care and support. Staff demonstrated that they were clear about the values of the organisation and said these guided their work.

The registered manager monitored the culture of the service and care workers gave good feedback about the management team.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the office location on 24 July 2018 to see the registered manager, office staff and to review care records and policies and procedures. After the site visit was complete we then made calls to people who used the service and their relatives.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC).

We spoke with two people using the service and three of their relatives on the telephone. We spoke with three care workers during our inspection. We spoke with the registered manager of the service and other senior members of the management team. We also spoke with two care coordinators who were responsible for the rotas and line managed care workers. We also looked at a sample of five people's care records, five staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

Our discussions with people using the service identified no safety concerns. People told us they felt safe when using the service. Comments from people included, "I feel safe" and "I trust them."

The provider had systems and processes in place to help safeguard people from abuse. Care staff received annual training in safeguarding vulnerable adults from abuse and demonstrated a good understanding of what they were supposed to do if they suspected someone was being abused. One care worker told us "We report all concerns and make sure something is done about it" and another care worker said "There's no point in reporting something if nothing gets done, so I would always check up and make sure things are dealt with." Care workers were aware of the provider's whistle blowing procedure and confirmed they would use this to report concerns if necessary. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

The provider had a safeguarding policy and procedure which stated the procedure to be followed in the event of a safeguarding concern. We reviewed the provider's safeguarding records and saw that concerns were recorded and appropriately reported.

People were protected from the risk of discrimination as care workers had received training in equality and diversity and had a good understanding of people's different needs. Care workers had a good understanding of the different protected characteristics under the Equality Act 2010 and demonstrated a respect for people based on these. One care worker told us "We do not judge people and how they live their lives" and another care worker said "I don't have a problem with anybody… I give people the care they need whether they have a different religion, race, sexuality… That's how I would want to be treated." Care workers confirmed they had received training in equality and diversity and told us that if they were concerned that a colleague had discriminatory views they would report them. One care worker told us "There is no room for that kind of thing in our job. We are very strict about that."

The provider assessed and appropriately managed risks associated with people's care. Risk assessments were conducted covering different types of risks that were relevant to the individual receiving care. For example, we saw risk assessments in relation to people's moving and handling needs, but also specific concerns such as tripping hazards within people's homes. We saw that risk assessments identified the risk and detailed the control measures for care workers to take to mitigate this. For example, one person's risk assessment identified that they were at risk of self-neglect. Care workers were required as part of the management plan to encourage and assist the person with their personal care as well as to follow specific infection control practices when doing so, such as using different flannels on different areas of the person's body. We saw another person's risk assessment identified that they were at risk of slipping in their bathroom as this had happened to them before prior to their receipt of care from the service. Care workers were reminded to ensure that any water spilled on the floor within their bathroom was cleaned away immediately and to supervise the person when they moved around.

Appropriate investigations were conducted into accidents and incidents. We saw accident and incident forms were filled in when an incident occurred. These included details of the circumstances of the incident, further action required as a result as well as the outcome. For example, one record involved a medicines administration error that a care worker was responsible for. As a result, the care worker was required to attend competency training after being interviewed by the registered manager to find out what had happened. The care worker passed their training and were then monitored for a period of time and were found to be competent in their practice.

Care workers also received appropriate training in safety systems including basic life support and fire safety. Care workers confirmed they found this training useful to their role. One care worker told us "The training was good. It makes you think about things you hope will never happen… but you need to be prepared."

The provider appropriately assessed and managed risks in relation to people's living environments as well as the equipment they needed to use when receiving care. The provider conducted an internal risk assessment which assessed the safety of the inside and outside of people's homes. We saw these included questions such as where electrical sockets were and where the gas meter was. The provider assessed fire safety measures such as whether smoke detectors were in use and whether there was a safe exit from the person's property in the event of a fire. Where issues were identified, the provider took action to mitigate these. For example, one person's property had steep steps that led to their front door. Care workers were therefore advised to be careful when accessing these.

We saw equipment that people used for their care was recorded and those responsible for providing and assessing the safety of this were listed along with the date of their last check. For example, we saw one person's record stated that they used a hospital bed and a hoist which were both provided and checked by an external company. We queried when these had been checked as the listed date for doing so was one month prior to our inspection. We were told that the person had not allowed access to their home for the appropriate checks to be done on that occasion, but that arrangements were being made to do so in the future and the person was agreeing to this.

The provider ensured that there were a sufficient number of suitable staff deployed to provide people with care. The registered manager confirmed that initial checks were made of care worker's availability to work as well as their specific skills. We saw the outcome of these checks contained within staff files. Care workers specified the times they could work within an 'availability and work history' form and provided details of the types of people they could provide care to within a 'working experience checklist'. The registered manager also assessed people's needs and ensured that staff were allocated based on their ability to meet these and their availability. Care workers confirmed that they were sent to people based on their skills and experience and that they felt enough of them were sent for an appropriate length of time based on people's needs. One care worker told us "We get enough time to do our work."

The provider operated safer recruitment practices. Staff files included evidence of criminal record checks, at least two references (one from the staff member's previous employer) application forms which detailed staff's previous employment history as well photographic identification and their right to work in the UK. Where candidates had disclosed a criminal conviction, we saw appropriate risk assessments and investigations had been conducted prior to a decision being made about their suitability to provide care and support to people.

The provider had appropriate systems and processes in place to manage people's medicines safely. We saw people had individual medicines care plans in place which detailed people's needs. These included details such as where they received their medicines from, when people were required to take their medicines, the

method of administration as well as whether there were any risks associated with this.

Care workers were prompted to record whether they had administered people's medicines through the electronic monitoring system. This included a record of the time, the person administrating as well as the medicines administered. The care worker had an option to make any notes on the electronic record as needed, for example if the person refused their medicine. We saw online records on the provider's computer and saw these were filled in appropriately. We were told by a senior staff member that if a care worker did not record that someone had been administered their medicine, they would receive an alert which they would respond to by contacting the care worker by telephone. If the care worker had inadvertently forgotten to make a record, this would be recorded on the system. If the care worker had not administered the person's medicine, this would be investigated and appropriate action taken. Care workers told us they found the system easy to use. One care worker told us "It's quite hard to forget to give someone their medicine… When you log in, the system tells you what you need to do and you can't sign out until you've done everything… including giving the person their medicine."

Care workers told us and records confirmed they had received medicines administration training within the last year.

The provider had appropriate infection control procedures in place and care workers demonstrated a good understanding of these. Care workers confirmed they had received infection control training as well as food hygiene training within the last year and gave us examples of how they protected people from the risk of infection. One care worker told us "We wear gloves and aprons and make sure everything is clean and tidy." Another care worker explained that they used different cleaning equipment for different areas of the home and disposed of the gloves they wore after providing the person with personal care.

We saw people's care records included details such as any infection control risks associated with people's personal care as well as any specific instructions that care workers were required to follow. For example, we saw a reminder within one person's care record for care workers to wear protective clothing when providing personal care and another person's care record included instructions in the management of the person's laundry.

Good

Is the service effective?

Our findings

People's care was delivered in line with current legislation and guidance. The registered manager confirmed that he ensured all policies and procedures were up to date and these included references to up to date standards and best practice. For example, the provider's safeguarding policy and procedure referred to legislation such as The Modern Slavery Act 2015 and The Care Act 2014. The provider's induction included an introduction to how the law affects the care worker's role as well as current applicable legislation. The registered manager also confirmed that care staff were given training which covered current best practice and standards to be followed.

The provider required care staff to conduct annual training in subjects such as safeguarding adults, medicines administration and basic life support. Care staff confirmed they found the training essential to their role and told us they could request extra training if this was needed. One care worker told us "We get lots of training" and another care worker said, "They ask us if we want extra training and we can ask."

Care staff received a thorough induction prior to starting work with the provider. The induction lasted for a period of three days and covered a variety of subjects including an introduction to the organisation, policies and procedures, the care worker's role, food hygiene, dementia awareness and personal care. The induction also included an introduction to the training and development available. Care workers told us they found the induction to be interesting and necessary preparation for their role. One care worker confirmed "The induction was very good… I did some shadowing too."

Records demonstrated that care staff received ongoing supervisions and appraisals of their work and care workers confirmed this. Supervisions were conducted every three months and included an assessment of how care workers were finding their work, whether they required any further training and how the provider could support them further. We saw one care worker's supervision record included reference to them being unhappy about gaps in their rota. We discussed this feedback with the registered manager and they confirmed that these concerns were responded to by better management of their rota.

People were supported to eat and drink enough to maintain a balanced diet. People's care records included a nutritional care plan that detailed their particular nutritional needs as well as their likes and dislikes in relation to food and what care workers were expected to do to meet their needs. People had varying needs with some people requiring significant support for complex needs and other people needing only limited assistance. For example, we saw one person's care record stated that care staff were only required to heat meals that the person's relative had already prepared for them. We also saw another person's care record included advice from a speech and language therapist which confirmed that they could only consume soft foods. The advice also included details about how the person was supposed to be supported including ensuring they were seated in an upright position and they were not to be given more than a teaspoon of food at any one time. People confirmed they were given appropriate support with their nutrition and hydration needs. For example, one person told us "They sort out my meals and make sure I have a drink and a snack before they leave." Care workers also demonstrated a good understanding of people's needs. Care workers told us they always checked people's care plans and if there were any queries, they would discuss

this.

People were given appropriate support with their healthcare needs. People's care records included details about what healthcare conditions people had, how these affected people and whether there were any instructions for care workers as a result. For example, we saw one person's care record stated that they had dementia and this meant they could get easily confused. Care workers were therefore expected to be mindful of this in their communications with the person and to be clear when speaking with them. Another person's care record stated that they had multiple sclerosis and this affected how they moved. Care workers were therefore required to assist with the person's moving and handling needs. Care workers had a good understanding of the healthcare needs of the people they supported.

People were supported to make their own decisions in line with current legislation. 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.

The provider conducted mental capacity assessments where people's capacity was in question, in order to determine people's capacity to consent to their care. Where people had capacity to consent, we saw they had signed their care records. Where they were unable to do so, we saw an assessment had been completed and a decision was made to provide care in their best interests. For example, we saw one person was unable to consent to their care and a decision had been made in consultation with their family.

Care workers had a good level of knowledge of the MCA and understood the importance of assessing whether people had capacity to make decisions. Care workers confirmed they had received training in the MCA and told us if they had any concerns about people's capacity, they would report this. One care worker told us "If I thought someone couldn't make decisions for themselves, I'd make sure the office knew."

Good

Is the service caring?

Our findings

People told us care workers were kind to them. People's comments included "They're really nice. They treat me well" and "They are kind and caring."

Care workers demonstrated that they knew the people they were caring for and they provided us with details about people they supported. This included matters such as people's personal preferences in how they wanted their care delivered as well as their routines. Care workers also gave us examples of people's life histories including where people were brought up, whether they had any family members or children as well as their previous occupations. One care worker told us "I get to know the client. We will chat whilst I'm working.

Care records also included personal details about people. These included details about whether people lived alone or with others or if they had any pets among other matters. For example, we saw one care record which stated that one person had a cat and it stated what the cat's name was.
Care workers confirmed they had the time to talk to people and to get to know them whilst working. One care worker told us "The relationship is important. Not just saying hello, but getting to know them. Older people can get very lonely, so I make sure I have a chat. One lady likes to talk about the bible, so I ask questions. Other customers like to talk about food or culture; different things. My last customer speaks Romanian, so I asked her to teach me some words. I want them to know that we are interested in them, not just giving personal care." People also confirmed that care workers took the time to get to know them and to have a conversation. One person told us "We have a nice chat. I look forward to seeing them" and another person said "They're very, very nice. We have a great relationship."

Care workers respected people's privacy and dignity. They gave us examples of how they did this when providing care. One care worker told us "I make sure there is privacy when I'm giving personal care" and another care worker said "I always respect people's privacy and am careful about the questions I ask. It's nice to have a chat, but I don't want to make people uncomfortable." People confirmed that care staff respected them and treated them with dignity. One person told us "They are very respectful" and another person said, "They are very polite and careful."

People were given the right level of support and encouraged to be as independent as possible. Care staff confirmed that they were careful about the amount of support they gave to people and encouraged people to do what they could for themselves. One care worker told us "We don't want to take people's independence away by doing things for them when we don't need to." People's care records included information about what people could do for themselves. For example, we saw in one person's record that they were able to mobilise without assistance, but they required supervision when doing so. It also stated that they were able to choose what they wanted to wear or eat and should therefore be offered choices by the care worker.

Good

Is the service responsive?

Our findings

People using the service and relatives we spoke with told us they were involved in decisions about their care and said staff supported them when required. One relative told us, "We are kept involved and updated about things." However, despite these positive comments we did identify some concerns in relation to people's end of life care needs.

Care records did not always contain full details about people's end of life care needs. We looked at two care records for people receiving end of life care, and found details such as the expected length of their life and the current stage of their conditions as well as any expected signs of deterioration were not recorded. We spoke with senior staff about these people's care records. They explained that they worked closely in conjunction with specialist end of life care providers such as Trinity Hospice and healthcare professionals such as district nursing teams in delivering the care required. The provider did not manage medicines at the end of people's life, but provided people with personal care and support such as assisting with nutrition. Senior staff known as supervisors attended to people on end of life care on a weekly basis to assess and support them in their needs and to monitor any changes. Care workers had also received training about caring for people at the end of their lives. They confirmed they reported any changes to people's needs to their supervisor and this was also recorded on the electronic monitoring system. Senior staff confirmed that they would take immediate action to rectify the records in order to include any missing details.

People's care records included details about different aspects of their needs including their physical, emotional and social needs. Care records were divided into 18 different sections and these included various risk assessments covering people's physical health needs, a section entitled 'what is important to me' which detailed people's specific requirements in relation to their care and a 'social inclusion assessment' which detailed people's needs in relation to their recreational requirements as well as a subsequent care plan which contained advice for care workers in relation to this. Care records included personalised details about people's needs. For example, we saw specific details in one person's care record about what bath oil they used and what hot drinks they enjoyed and when.

People were supported to maintain their recreational interests both within and outside their house. For example, we saw one person's 'social inclusion care plan' stated that they were in receipt of an escort service for them to access the community. Their care plan confirmed that the person enjoyed visiting their local duck pond as well as their local shopping centre. Where people were not in receipt of a specific service in relation to their social needs, we saw their care plans included details about what they enjoyed doing within their house. For example, one person's care record confirmed that they enjoyed singing and listening to music and another person's record stated that they enjoyed visits from friends, watching television and reading magazines. Care staff had a good understanding of what people's needs were and told us they tried to meet these where possible. One care worker told us "I always ask people if there's anything I can do before they leave such as passing them their newspaper or turning it on the right channel on the tv."

The provider identified and met the communication needs of people using the service. People's needs were assessed and recorded within the 'what is important to me' section of their care records. For example, we

saw specific details were included within one care record such as their typical behaviours when communicating, what these meant and how they expressed their emotions. For example, their record stated that they expressed their happiness by rocking back and forth.

The provider met the Accessible Information Standard (AIS) through providing information to people in a format that they were able to access and understand. The AIS is a national standard that all organisations providing NHS or adult social care are required to implement. The AIS ensures that people using services who have a disability or sensory loss receive information they can access and understand. For example, we found the provider's complaints policy was available in an easy read format and the registered manager confirmed that other information such as policies and procedures could be made available in either different languages or an easy read format on request.

The provider used technology to support people to receive timely care and support. The provider used an electronic monitoring system for care workers to log their arrival at a care call and to document the care they provided as well as medicines administered. The system prompted care staff to record the completion of all tasks required at each care call and if a task was not completed, the system prompted the care worker to make a note. Any late or missed calls or incomplete care tasks were notified to a senior staff member within the office in the form of an electronic alert which they subsequently investigated with the care worker involved. Care staff told us they found the system easy to use and effective. One care worker told us "I'm an old fashioned woman, but I can still use it" and another care worker stated "It works well, it is easy to use. It has all of the customer's details on there. I will read the notes from the carer before if something has happened and how they resolved this."

People told us they were aware of the provider's complaints policy and said they would feel comfortable making a complaint if necessary. One person told us "I would call the office if there were any problems" and another person said, "I'm sure they'd sort out any issue if there was one." The provider had a complaints policy and procedure which specified how formal complaints were supposed to be managed. This included stipulating a timeframe for an acknowledgment and response to complaints. We looked at complaints records and saw records of investigations and appropriate follow up actions that were taken as a result.

Good

Is the service well-led?

Our findings

The provider kept the day to day culture of the service under review. The registered manager confirmed he assessed how care staff were feeling and took action to rectify issues to improve their working lives. Care staff confirmed this and gave good feedback about the management of the service. One care worker told us "The manager is very, very good. He does not just give the information, he makes sure you understand" and another care worker said "They are very supportive. I was sick two weeks ago… and had to go to hospital. They called to check I was ok, they do care."

The provider conducted regular quality monitoring checks. These included regular reviews of the care provided which involved a review of care plans so that improvements were made as required. Initial reviews of care were conducted after the first week of service provision. Thereafter, the second review was conducted after one month of delivery and then every six months. In relation to people's end of life care needs we were also told that senior staff visited people on a weekly basis to ensure their current care needs were being met and any changes were recorded on their care plan. The provider assured us that immediate changes were being made to end of life care plans we identified as having details missing and they agreed to review all other end of life care plans to ensure they contained all necessary information.

We reviewed the provider's statistics in the completion of reviews and found that although the provider was approximately one month behind in the completion of these, they were being conducted regularly.

People using the service and care staff were involved and approached for their feedback on the service. The provider conducted an annual service user survey in various aspects of the service. Questions were asked in areas such as whether care workers arrived on time, whether they were polite and treated people respectfully and whether tasks were carried out professionally. We reviewed the survey that had been conducted in March 2018 and found the service scored positively in all areas.

Further to this, monitoring visits and telephone calls were also conducted and these were recorded. Where issues were identified, plans were put in place to make the required changes.

The provider's governance framework ensured that responsibilities were clear. The provider gave clear guidance to care staff in their induction about what was expected from them in their roles as well as written job descriptions which specified their responsibilities. Care staff confirmed that their responsibilities were made clear to them and they had a good understanding of what was expected of them. One care worker told us "Our roles and responsibilities are explained from the beginning. I know I need to report things to the office, I know that I need to follow the care plan and support people. There are no surprises." We saw the provider's written job descriptions and saw that these tallied with care workers descriptions of their roles.

The provider worked in partnership with other agencies where needed. For example, we saw correspondence to demonstrate that the provider was working with healthcare professionals such as a community learning disability nurse for one person as well as Trinity Hospice, GPs, social workers and district nursing teams for other people.