

Divine Home Care Limited

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Inspection report

Leicester Busines Centre
111 Ross Walk
Leicester
Leicestershire
LE4 5HH

Tel: 01162681341
Website: www.divinehomecare.co.uk

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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

About the service

Divine Homecare Ltd is a domiciliary care agency providing personal care to people who live in their own homes. The service specialises in supporting people from Asian communities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 12 people used the service.

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

People's care plans included assessments of risks associated with their care. Staff followed the risk assessments to ensure that people received safe care. Staff knew how to respond to and report any concerns about people's safety and well-being.

People were supported by sufficient number of staff who were safely recruited to meet their needs. Staff supported people to take their prescribed medicines safely. Staff followed good practice guidelines to help prevent the spread of infection.

People were supported by care workers who had the right skills and knowledge to provide care that met people's assessed needs. Staff were alert and responsive to changes in people's needs. They liaised with relatives and health professionals in a timely manner which helped to support people's 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 described as kind and caring. They respected people's privacy and dignity and encouraged people to be as independent as possible.

The provider regularly reviewed people's care to ensure the care provided reflected their current needs. Records supported staff to provide personalised care. Staff protected people from the risk of social isolation.

The provider monitored the quality of care and support people experienced and acted on their feedback to drive improvements in the service.

Rating at last inspection

The last rating for this service was good (published 8 June 2016).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Divine

Homecare Ltd on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the previous rating.

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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Divine Home Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to younger adults and older people living in their own houses. Some of the people live with physical disability, learning disability and / or dementia.

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.

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.

Inspection activity started on 18 June 2019 when we visited the office location and met with people in their own homes. We carried out telephone calls to people, relatives and staff on 19 June 2019.

What we did before inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This included notifications about significant events and incidents that had occurred in the service. The provider had not been sent a provider information return. This is a form providers are required to send us with key information about their service, what they do 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 visited and spoke with two people in their own homes and three relatives about their experience of the care provided. We also spoke with the registered provider, the registered manager and three care staff.

We reviewed a range of records. This included three people's care records and associated care records and sampled two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Good. At this inspection this key question has remained as Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse and avoidable harm. Staff were trained in how to use those systems and this was refreshed annually.
- Staff knew how to recognise and report abuse using the provider's incident reporting system. Staff told us they were confident that if they raised any concerns the provider would take them seriously.
- Staff understood how they could raise concerns with external agencies about potential malpractice in the service.

Assessing risk, safety monitoring and management

- People and their relatives felt people were safe using the service. One person told us, "I feel safe because staff prompt me to use my walking frame properly and get around my house safely." A relative told us, "[Name] is safe because staff understand [name's] needs and what they need to be aware of to reduce the risks. I can leave [name] with staff to do my own things with complete confidence [name] is safe with them. This gives me peace of mind."
- Risks associated with people's care and support had been assessed and records provided guidance to staff on the measures needed to reduce potential risk.
- Each person had a risk assessment which identified any hazards within their home environment. These included actions staff should take in the event of an emergency, such as location of utility points and procedure in the event of a fire.
- The provider ensured risk assessments were regularly reviewed and updated as required to reflect people's current needs and wishes.

Staffing and recruitment

- Staff recruitment files contained evidence of robust pre-employment checks to ensure only fit and proper staff were employed.
- Recruitment checks included evidence of employment history, proof of identify and a check with the Disclosure and Barring Service (DBS).
- The provider did not have a clear policy on refreshing DBS checks to ensure staff remained safe to work in the service. Following our inspection, the provider implemented a policy to address this.
- People were supported by a team of consistent and reliable staff, in sufficient numbers to meet their needs.

Using medicines safely

- People's care plans included details of their prescribed medicines, risks associated with these and the support they needed to take them.
- Where people required support from staff to take their medicines, they had signed to consent to this.

- Staff undertook regular training in administering records and maintained records to confirm they had supported people to take their medicines. Staff also liaised with people's pharmacists to support people in the event of any changes to their medicines.
- The provider undertook audits of medicine records which helped to ensure people were supported to take their medicines as prescribed.

Preventing and controlling infection

- The provider had systems in place to make sure that staff followed infection control procedures.
- Staff had training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly and wearing gloves and aprons when they supported people.

Learning lessons when things go wrong

- The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The provider carried out 'spot checks' of staff working practices to ensure they were safe. These checks were used to identify poor practice if it occurred so that actions could be taken to learn lessons, make improvements and reduce the risk of errors happening again.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 provider only supported people whose needs the service could meet. The registered manager carried out assessments of people's needs before they began to use the service.
- People's care plans included information about their assessed needs and their preferences about how they wanted to be supported.
- The service specialised in supporting people from local Asian communities. The provider ensured that staff were able to communicate in people's first language, where required, and had a good understanding of cultures, religions and traditions within the community. This helped to protect people from the risk of discrimination.

Staff support: induction, training, skills and experience

- Staff told us they felt confident they had the skills and knowledge needed to support people because they had completed the required training.
- Staff comments included, "Training is good and is updated every year. I can ask [name of provider] for training and they arrange it. They tell us when we need to refresh the mandatory training," and "The training is very good, it's updated every year and helps me to understand my duties. [Name of provider] introduces me to clients so I get to know about their needs beforehand; they explain what to do."
- One relative felt that new staff required longer induction before they began to support people on their own. The provider was aware of their feelings and had worked to resolve their concerns.
- Staff received regular formal and informal supervision to develop within their roles and felt supported by the provider. One staff member told us, "[Name of provider] is always available and will respond to requests for guidance and advice. [Name of provider] comes out to supervise my work and check that the person is happy with me."

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

- Staff supported people to have sufficient amounts to eat and drink, in line with their needs and preferences.
- One staff member told us, "I cook for people whatever they like; they like traditional Indian food and I cook this fresh because I try and satisfy them, for example I make fresh Indian savouries. Food is important in our culture."
- A relative told us, "The staff understand Asian food and this is particularly important as [name] now has all food pureed to reduce the risk of choking."
- People's care plans included guidance for staff to follow on their likes, dislikes and specific requirements in terms of the presentation of their food.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about their health needs, medication and allergies which was essential for emergency services to see.
- Staff were alert to changes in people's health and well being and liaised with relatives and other agencies to ensure people received the care they needed.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans included details of their health conditions, the support they needed to manage these and the impact they had on people's day to day wellbeing.
- Most people were supported by relatives to access healthcare and support. However, staff communicated well with people and relatives to ensure any guidance from healthcare professionals was included in people's care plans and followed.
- Staff were able to describe how they had supported people in the event of a medical emergency and sought appropriate healthcare and advice.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People and relatives confirmed staff asked for their consent before providing care and support and enabled them to make day to day choices and decisions about their care.
- Where people had been assessed as lacking mental capacity to make decisions and choices, care plans included best interest processes for staff to follow, for example, the involvement of relatives and advocates.
- Care plans did not always include evidence that relatives had the appropriate legal authority to make decisions in a person's best interest; for example, evidence of Appointeeship through the Court of Protection.
- The provider told us they would ensure this was included where appropriate.

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 Good. At this inspection this key question has remained 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

- People and their relatives all made positive comments about the staff and the care and support they provided. One person told us, "I am happy with my care. Staff do things the way I want them to; they know what is important to me." A relative told us, "The staff can speak our language and understand our culture which is a huge help in communicating with [name of person], particularly when [name] is distressed."
- Staff had a sound understanding of Asian cultures and traditions and this helped to forge positive relationships with people and relatives. We saw staff used respectful terms of address when speaking with people and observed cultural preferences and practices.
- Relatives told us staff were respectful when entering people's homes and observed specific requests, such as removing shoes and ensuring mobile telephones were kept in staff bags.

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

- Staff showed us they supported people to make decisions about their care and knew when people needed help and support from their relatives or representatives.
- Relatives and representatives had been involved in developing care plans which helped to ensure the person was at the centre of the care provided.
- One relative told us, "We were very specific about what we wanted. It was very important that staff were able to communicate with [name of person] in Gujarati as this helps [name] to respond and be involved in [their] care. Staff communicate well and listen to me; I feel very involved in [names'] care."
- Care plans showed people had been involved in developing and reviewing their care, which detailed their preferences and specific routines. This helped to support staff to provide personalised care.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated they understood the importance of protecting people's right to privacy and dignity. For example, supporting people to maintain their appearance and ensuring personal care was provided sensitively.
- People and relatives told us staff were respectful of people's homes, making sure areas were clean and tidy before they left.
- Staff involved people in daily tasks, such as cooking traditional Asian meals and undertaking household tasks, to maintain as much of their independence as possible.
- People's right to confidentiality was respected; care and support records were kept securely with access only by authorised people. One staff member told us, "I have a duty to keep people's information confidential. I don't talk about a person with anyone else."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people's needs were met through good organisation and delivery.

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

- People's care and support was personalised and provided flexibility. One relative described how staff used different approaches in response to changes in their family members' moods and communication. They also told us staff were flexible in visits and care hours, which supported the family to attend hospital and medical appointments.
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender.
- Care plans were personalised, providing detailed information about people's life histories and what was important to each person.
- For example, for one person, it was important to them to have a clean home environment and to support them to keep their environment safe. Their care plan included this information and guided staff to check the fridge for out of date foods and ensure the home was clear of obstacles.
- Care plans were regularly reviewed and involved people, their relatives and representatives where appropriate.

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.

- People's care plans included details of how they preferred to receive their information. One person using the service had a sensory impairment and staff were aware of their communication needs and aids to support them to receive information, such as providing information in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included guidance for staff to follow to reduce the risk of social isolation. For example, one person's care plan advised staff that in the event they completed all tasks before the end of the visit, they were to spend time talking bhajans (spiritual or religious songs) with them.
- Staff supported some people to travel to their place of worship, go shopping and stay in touch with family and the local Asian community.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to staff or the provider if they had a complaint.
- The provider's complaints policy supported people to make a complaint, understand how this would be managed, and provided contact details for external agencies to whom they could also complain. This information was made available to people and their relatives when they began to use the service.
- The provider investigated complaints. They met with or telephoned the person making the complaint and resolved them.
- The registered manager kept a complaints log, which showed the actions they had taken to resolve complaints.

End of life care and support

- At the time of our inspection, there were no people using the service who required end of life care.
- The provider told us that, in the event of a person requiring end of life care, they would liaise with health professionals and ensure staff undertook appropriate training to support people safely and compassionately.
- There was limited information within people's care plans regarding end of life care. The provider told us they would develop care plans to include this information following our inspection.

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 Requires Improvement. 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.

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

- People's care was planned, monitored and reviewed regularly. The manager had developed care plans and records, so these provided guidance and information for staff to provide personalised care.
- The provider sought people's views about what was important to them and delivered what people most wanted, for example continuity of care and support by the same core team of staff who were fluent in the person's Asian language was guaranteed.
- People and relatives were positive about the management and leadership of the service.
- One relative told us, "I have regular contact with [provider]. They ring me to check everything is okay and ask for my feedback. They also do spot checks on staff. I have no concerns about the service, it suits us."
- A second relative told us, "I know what good care looks like and this is it. I have seen a real difference in [person] since using this agency. They are really responsive to [persons'] needs and now [person] is talking and responding much more."

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 provider promoted transparency and honesty. They had a policy to openly discuss issues with people, relatives and staff. People, relatives and staff told us the provider was approachable and supportive.
- It is a legal requirement that a provider's latest CQC inspection is displayed at a service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We saw that the rating from the previous inspection was displayed at the service.

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

- The provider was very involved in the day to day management and development of the service. They were supported by the registered manager who provided advice and guidance on compliance, monitoring and improving the service and covered for the provider when they were absent.
- This simple management structure supported an open and transparent culture, with clear management and leadership.
- Staff were positive about the management and leadership of the service. They told us the provider was always available and had supported them with emergencies when required.
- The provider had a quality assurance system in place to monitor the quality of care and people's experience of the service. This consisted of spot checks of staff working practices, audits of care records and feedback

from people and staff through satisfaction surveys.

- The provider did not collate findings of quality assurance for individual people to enable them to identify particular trends or patterns. They told us they would develop systems to enable them to do this.
- The registered manager and provider understood their legal duties to send notifications to CQC as required.

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

- The provider and staff team encouraged and supported people and their relatives to express their views about their experience of the service. People's views were listened to and acted upon. For example, one person had raised concerns about timekeeping of staff. The provider had put in place measures to bring about an improvement which had resolved the person's concerns.
- Staff were able to communicate with people in their first language and this supported people and relatives to share their views and helped protect them from discrimination.
- Staff felt involved in the development of the service because the provider ensured effective communication and information sharing. Staff meetings were used to identify where improvements were needed and remind staff of best practice when delivering care and support.
- The provider shared people and relative feedback with staff. For example, where a person had praised the quality of care and support they received from a staff member, this had been passed onto the staff member in recognition of their work.

Continuous learning and improving care

- The provider had reviewed and developed care plans and records since our last inspection.
- These provided detailed information and guidance for staff to enable them to understand people's needs and provide care and support in the way they wanted.
- The provider was in the process of completing development training to support them to be effective in their managerial role. The registered manager undertook research and development training to ensure they provided care in line with best practice guidance.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals to ensure people achieved the best possible outcomes and were enabled to live as independently as possible.
- People were supported to use local services and be a part of their local community.