

Divine Healthcare Business Solutions Limited

Divine HomeCare Solutions

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? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Divine HealthCare Solutions is a domiciliary care agency. At the time of the inspection they were providing personal care to 22 people in their own homes.

People's experience of using this service:

People told us they felt safe with staff. They said staff were kind, able to meet their needs and supported them in a dignified, respectful way which maintained their privacy and independence. People's preferences were respected and staff were sensitive and attentive to people's needs. Staff knew people and their relatives well.

People were cared for by a team of staff who were skilled and competent in providing care and support. Safe recruitment practices had been followed by the provider.

The provider made sure people received support from the same staff where possible. Relatives of people using the service told us sometimes carers were late but they apologised and always stayed the duration of their visit. People and relatives said they would like more notice from the manager when there were changes to the rota.

People received a service which was personalised and met their needs. People's needs were assessed before starting the service and were reviewed when there were changes to their condition. The service enabled them to remain as independent as possible and to live in their own homes.

Staff had access to up to date information about how to support people. Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Staff were aware of their responsibilities to safeguard people. Communication with health and social care professionals was effective in ensuring people received joined up care.

People received their medicines safely and as prescribed. Medicine management practices were safe. Quality assurance processes undertaken by the registered manager and the provider ensured people received good quality care that met their needs and respected their preferences.

Rating at last inspection:

At the last inspection the service was rated Good. The last inspection report was published on 21 December 2016.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

For more details, please see the full report which is on the CQC website at 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?

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 HomeCare Solutions

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Divine Homecare Solution 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit took place on 10 and 11 June 2019. We visited the office location on these date to see the registered manager and to review care records and policies and procedures.

What we did:

Before our inspection we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We also gathered information from the local authority's quality assurance improvement team as well as healthcare professionals involved in supporting people living at the home. Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and what

improvements they plan to make. This information helps to support our inspections.

During the inspection we spoke to the registered manager, the deputy manager, finance manager, two senior carers and two staff. We looked at five people's care records, five staff files and other records relating to the management of the service including policies and procedures. During the inspection we spoke to seven people using the service, four relatives and three health and social care professionals and asked them for their views about the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. Legal requirements were met by the service and people received safe care. One person said, "Yes, I get on with all of them they are very nice". Another person told us, "I feel very safe with the carers".
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Policies and procedures were in place which provided up to date guidance to staff. One staff member told us, "We have discussed whistleblowing in team meetings and I know how to get hold of them on Atlas, where our polices are kept."

Assessing risk, safety monitoring and management

- The provider had systems in place to assess and identify risks posed to people from their specific health care conditions and by their home environment.
- People's records contained current information about identified risks to their safety and wellbeing. There was up to date guidance for staff about how these risks should be managed to keep people safe. Senior staff monitored identified risks as part of their reviews of people's care and support needs to check for any changes to these that staff needed to be aware of.
- People's needs had been considered when planning the support they required, so only suitably trained staff were assigned to meet these safely. A carer told us, "[Person] has diabetes, we know what they shouldn't eat to remain healthy." Two relatives told us staff used hoists appropriately when supporting their family members to move and transfer in their homes.

Staffing and recruitment

- People and their relatives said there were enough staff to meet people's needs and staff stayed for the allocated time. One person said, "They do take their time and do everything they are supposed to do."
- Some people told us in the past staff on occasion had turned up late for a scheduled visit. But people also said this had improved lately and was now much less frequent. The registered manager confirmed late visits had been an issue in the past and had acted to improve this. This included improved monitoring of the timeliness of visits and using meetings to reinforce the importance with staff of turning up on time for a scheduled visit.
- The provider had recruitment and selection procedures in place to ensure people were supported by staff that were suitable. Checks had been made on staff's identity, right to work in the UK, previous work history and criminal records. Staff also completed a health questionnaire which was used to assess their fitness to work.

- All staff had been provided with the service's lone working policy so they were aware how to ensure their own personal safety when working alone with people.

Using medicines safely

- The provider had systems in place to manage and administer medicines safely, in line with current best practice.
- Staff had been trained to manage and administer medicines. There was current information on people's records about their prescribed medicines and how they should be supported with these.
- Staff supported people to take their prescribed medicines. Records showed staff recorded what medicines people were given and when. Senior staff reviewed these records during visits to people's homes to check medicines had been administered appropriately by staff.

Preventing and controlling infection

- Staff were trained in infection control and had access to supplies of personal protective equipment (PPE) to reduce infection risks.
- Staff had received training in basic food hygiene to support them when preparing and storing food to reduce risks to people of acquiring foodborne illnesses

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager to identify any areas where support could be improved to prevent re-occurrence. They told us of lessons they had learnt from previous events and how this learning had improved the service.

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

Good: 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

- Senior staff assessed people's needs prior to them using the service. These assessments took account of information provided to the service by people and from others involved in their care about their existing healthcare conditions and care needs and how these should be managed when providing support. People were able to state their choices for how, when and from whom they received their care. A relative told us, "They are very helpful they always ask, 'what do you want done or what do you want us to do.'"
- Senior staff used the information from these assessments to identify the level of support a person needed and developed an individualised care plan for the person which set out how their care and support needs would be met by staff.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet people's needs. New staff underwent a programme of induction before supporting people unsupervised as well as being required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff new to care.
- Staff were supported to continuously improve in their role. Staff had supervision (one to one) meetings with a senior staff member to discuss their working practices, any issues or concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Information had been obtained about people's dietary needs and how they wished to be supported with these including any specialist requirements people had due to their healthcare conditions.
- Staff recorded what people ate and drank so that there was information available to others involved in people's care to check whether they were eating and drinking enough to meet their needs.

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

- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances. One person told us, if it had not been for their quick action, I would not be alive."
- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. The registered manager told us this aspect of the service had recently improved and there was now better communication with visiting healthcare professionals such as district nurses about people's general health and wellbeing and how their needs should be met. A healthcare professional told us, "We work very well with them, they work to high standard of care and they keep us informed. When

we have left care instructions on people's care, they follow them."

- Staff documented the support provided to people which kept others involved in people's care up to date and informed.
- The provider will be hosting a multi-agency and care providers forum facilitated by Somerset Council. The registered manager told us, "We are very passionate about providing a high standard of care. This forum enables us to showcase our standard of care. We will also learn from other providers and professionals how we can improve the delivery of our service. It is about sharing good practice in order to improve the care experience of the people we support"

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff received training in the MCA. Senior staff were aware of their duties and responsibilities in relation to the Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where, if people lacked capacity to make specific decisions about their care and support, the service would involve people's relatives, representatives and healthcare professionals to ensure decisions would be made in people's best interests.

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

Good: 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 told us they were not always informed about changes on the rota. However they did say staff apologised for the change when they arrived.
- We received mixed views about staff. Comments typically included, "They are all very friendly I find. We have a little laugh", "Dedicated, skilled and pleasant to be around", "They are lovely, one or two are not so good", "They are constantly talking or prompting so there's a conversation going all the time."
- People received support, wherever possible, from the same staff so this was consistent. People said they felt comfortable and confident receiving support from regular, familiar staff. One person said, "Mostly we have two carers that come in that rotate, but sometimes on a Monday or a Friday they may change but they are always someone that we know."
- When assessing people's needs in relation to the support they required, the provider identified any specific wishes people had in relation to meeting their social, cultural and spiritual needs.
- People's wishes were recorded and highlighted in their care plans so that staff had access to relevant information about how people should be supported.
- Staff received training in equality and diversity to help them protect people from discriminatory behaviours and practices.

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

- The provider sought people's views in various ways to make sure these were used to inform decisions about their care and support needs. The provider used assessments of needs, care planning meetings, reviews and quality checks to ensure people were involved and able to state their views about the support they received.
- Staff knew how people wished to receive communication and information from the service. People told us senior staff sat with them and went through care plans so that they understood the support that would be provided. However one person told us they didn't recall having further conversation about the care they received. We reviewed some care plans and found they included information on how each individual wanted to receive their care. This included information such as how they took their tea, which leg they wanted their catheter leg bag attached to and how they encouraged one person to drink fluids.

Respecting and promoting people's privacy, dignity and independence

- Support was provided to people in a way which respected their privacy and dignity. One person said, "They give me a towel to cover up". A relative said, "Oh yes, they always close the curtains and knock before they enter."
- People said they were asked for their permission before being provided with support, offered choice and given the time they needed to do things at their own pace.

- People were supported to be as independent as they could be. A relative said, "They try to encourage her independent living. She chooses what she wants to do during the day, and they help her carry out her wishes. Sometimes they do a double call so that they can take her to the beach or somewhere like that, she's got a mobility scooter."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People contributed to the planning of their care and support package and their choices and wishes were used to inform the care and support provided to them.
- Each person had an individualised care plan which set out clearly how and when support would be provided by staff.
- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care plans reflected people's choices about how and when they received support, for example, when and how they liked to receive support with their personal needs such as washing and dressing.
- People's care and support needs were reviewed with them by senior staff to ensure this was continuing to meet their needs. Any changes to people's needs and the support they required was recorded on their care plans and shared with staff. A relative told us, "Yes its reviewed annually I should imagine. Any changes are noted and carers know what they need to do."

Improving care quality in response to complaints or concerns

- People told us they felt able to make a complaint but were not aware of the complaints procedure. One person told us, "I would ring up and complain, but I don't know if there is a procedure. Another person said, "I just do it directly. I just pick up the phone. They listen to what I say as well. I'm not sure whether there is a complaints procedure. I've not read the pack all the way through."
- The records we saw showed the provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. The registered manager told us people were provided with information about what to do if they wished to make a complaint, and how this would be dealt with by the provider.
- When a concern or complaint had been received, senior staff had conducted a thorough investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate. One person confirmed their complaint had been dealt with but felt it had taken a long time. The registered manager assured us that they would make sure they kept people updated regularly if the investigation or concern took time to resolve. The complaints we reviewed had been dealt within the provider's policy time frame.

End of life care and support

- Systems were in place to support people who may need palliative care. No-one at the service was receiving end of life care at the time of 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a rota system allocated according to people's needs and aimed at providing continuity in the delivery of care. However consistency was required in communicating with people if staff were running late and for people to receive their rota regularly and on time.
- With prior consent from people, senior staff undertook unannounced spot checks to people's homes and asked them for their feedback about how the service could be improved. They also telephoned people using the service to check that they were happy with the support being provided and for any suggestions they may have for how this could be improved. A relative told us, "I have met with [deputy manager], she does ask how we are whenever she comes in. I have spoken to [Registered Manager] he called to check if everything is ok."
- Senior staff used spot checks to monitor whether staff were providing the support that had been agreed in line with the service's policies and procedures. Any issues identified through these checks were discussed with staff immediately to help them to continuously improve their working practices.
- The provider made improvements when these were required to enhance the quality of the service. The registered manager using feedback obtained from people, staff and others had recently taken the decision to limit the numbers of people that the service could support to a manageable level. They told us this meant the service could be more focussed on meeting people's needs effectively with the staff available thereby improving the quality of their experiences as well as supporting staff to maintain safe working practices with manageable workloads.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had values and aims for the service which were focussed on people receiving high quality care and support from staff. These were documented in the service user information pack.
- All staff were provided with handbooks which set out their responsibilities for providing high quality care and support to people, which respected their rights.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

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

- Views about senior staff were varied. One professional told us, " They are on the ball. When [person] was unwell, they went above the call of duty, they kept me informed of changes, they are professional no doubt

about that". People and relatives comments included, "Probably visibility could be better" and "The manager is good, very hands on but sometimes takes time to respond to rota requests." The registered manager explained that they had appointed a care coordinator to ensure people's requests and concerns were dealt with quicker.

- There was a clear management and staffing structure and all staff had well defined responsibilities. Senior staff held regular monthly meetings with staff to make sure they understood their roles and responsibilities with regard to the support they provided to people.

- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with the authorities funding people's care, so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.