365 Divine Care LTD

365 Divine Care

Inspection report

Floor 2
43 - 45 Coldharbour Lane
London
SE5 9NR

Tel: 02033024303

Date of inspection visit:
04 May 2021

Date of publication:
16 June 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
365 Divine Care is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, there were two people using the service.

People's experience of using this service and what we found
Relatives of people using the service were satisfied with the care their family member received. However, we found a number of issues that needed addressing.

Relatives told us they had no concerns about the safety of their family member. However, there were some areas of concern we identified which meant we could not be assured that people received care in a safe manner. People's medicines support plans and risk assessments meant to identify and mitigate risk were not sufficiently detailed enough.

Staff training was not always delivered by an appropriate qualified person which meant we could not be assured that training was delivered in line with best practice.

Care plans contained limited information about people's preferences and support plans did not identify the most appropriate method of how people communicated where they were not able to communicate verbally. We have made a recommendation about these and will follow this up at our next inspection.

Quality assurance checks were not robust in identifying the concerns we found during the inspection. We have made a recommendation about this and will follow this up at our next inspection.

Despite the above, relatives of people told us they were satisfied with the care and support their family members received. They said that care workers were caring and respectful and provided care in a way that promoted people's dignity and wellbeing.

Staff recruitment was safe and robust. Care workers had regular supervision and told us the registered manager was very supportive. They followed up to date guidance in relation to infection prevention and control. They wore appropriate personal protective equipment and were routinely tested for COVID-19.

People's care needs were assessed before they started to receive care and care plans developed accordingly. Any support needs in relation to nutrition and health were being met.

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.

Rating at last inspection

This service was registered with us on 25 March 2020 and this is the first inspection.

Enforcement
At this inspection we identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment and staff training. Details of action we have asked the provider to take can be found at the end of this report.

Why we inspected
This was a planned inspection based on when the service registered with us.

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.

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 not always safe. Details are in our safe findings below	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

365 Divine Care

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
This inspection was conducted by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

The service had a manager registered with the CQC. This means they 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. 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 4 May 2021 and finished on 6 May 2021. We visited the office location on 4 May 2021.

What we did before the inspection
We reviewed information we had received about the service since it had registered with us. We used this 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 the registered manager.

We reviewed a range of records. This included two care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection
We were not able to speak with people using the service as they were not able to communicate verbally, we spoke with two relatives and two care staff to find out their experiences of using or working for or with this provider.

We requested additional evidence to be sent to us after our inspection. This including the service user handbooks and records relating to governance including policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There were care plans and risk assessments in place to identify people who needed further support and help to keep them safe from harm. However, at times these lacked detail and records were incomplete.
- One person using the service had a falls/mobilising risk assessment which was not fully completed, some of the assessed risks were scored incorrectly and risk reducing steps were not detailed and contained vague statements like use 'hoist to transfer'. No further details were given regarding the correct use of the hoist. This meant any potential risks were not suitably identified or mitigated against.
- Another person had a moving and handling risk assessment in place which had identified the highest level of risk in relation to manoeuvring this person, the remedial risk reduction steps were not detailed and simply stated 'hoist to be used to transfer.'

Although no harm had come to people as a result of this, we could not be assured that all the necessary steps were being taken to carry out appropriate and timely risk assessments. The provider failed to do all that is reasonably practicable to mitigate any such risks to keep people safe from harm. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where risk assessments had been completed, these included steps needed to manage the risk in relation to nutrition and hydration, personal care and other relevant areas of support.

Using medicines safely

- Although relatives told us they were happy with the medicines support their family members received, we were not assured that medicines practice was safe and in line with good practice.
- Where people were being supported to take their medicines, a medicines risk assessment and support plan was in place. However, this was not fully completed and did not capture all the relevant information. Support plans did not document a full list of medicines that were prescribed.
- One person was prescribed medicines to manage seizures but this medicine was not included in the medicines administration records (MAR). The prescription label on this medicine stated, 'use as directed by epilepsy clinic', however there was no guidance for staff on when to administer this medicine. Care workers told us they relied on the person's relatives to guide them.
- Copies of MAR charts were not always kept or checked by the provider for accuracy.

We could not be assured that all the necessary steps were being taken to ensure the safe management of

medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● We were satisfied that there were systems in place to safeguard people and keep them safe from harm.

● Relatives told us their family members felt safe in the presence of care workers and were confident they would be cared for in a safe way. Comments included, "They have been here some time, no harm has occurred" and "I don't have any concerns, everything is good."

● The registered manager told us there were no current safeguarding concerns with the service.

● The provider had a safeguarding policy in place. Care workers were aware of safeguarding procedures and detailed the steps to take to protect people if they suspected they were at risk of harm. Comments included, "Safeguarding is ensuring people are not mistreated, I would report any concerns to the office" and "I would contact my manager and if I cannot reach him, I would call the local authority council."

Staffing and recruitment

● Recruitment procedures were robust and we were assured that staff were recruited in a safe manner to keep people as safe as possible.

● Staff files included all the relevant and appropriate recruitment checks. This included application forms, occupational health questionnaires, interview notes and references from previous employers.

● We saw evidence of Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. Employees right to work and identity was also checked.

● Relatives told us that care workers attended on time and they had no concerns about their time keeping. Comments included, "The carers turn up on time, occasionally they are late but it's not an issue" and "They are very reliable."

Preventing and controlling infection

● The provider had policies and procedures in place in relation to the management of COVID-19 and Infection Prevention and Control (IPC). This helped to minimise the risk associated with poor practice.

● Relatives told us that care workers wore the appropriate Personal Protective Equipment (PPE) when delivering care.

● Records showed that care workers had received up to date training in IPC and COVID-19. They told us they were given adequate supplies of PPE. One care worker said, "I've got all the right PPE and testing too every week." The provider kept a good stock of PPE in the office which care workers could come and collect when their supply was low.

● The provider ensured staff were routinely tested for COVID-19. Managers demonstrated good awareness of how to apply for COVID-19 home testing kits for staff and had no issues with their supply.

Learning lessons when things go wrong

● There had been no incidents or accidents since the service had first registered with us. This was reflected in the care records we saw and what relatives and the registered manager told us.

● There were incident reporting forms in place for care workers to complete if needed.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Although there was some evidence provided in relation to staff training, this was not consistently applied in line with the provider's training and induction policy.
- We were not assured that care workers received appropriate training to carry out their roles effectively. Although care workers had records of medicines training, this was not completed by the provider but by relatives of people using the service in one case. The medicine training record for one person stated 'the carer of 20 years and [person's] mother did the training.' This was confirmed by the registered manager and by care workers. The provider's medication policy stated "All medication training will be delivered by a qualified and trained member of staff or health professional." We could not be assured that the provider had taken appropriate steps to assure themselves about the skills or competency of relatives to deliver medicines training to staff.
- One person using the service experienced seizures and choking, however there was no training around the management of seizures or choking.
- One care worker had an out of date emergency first aid at work certification.

Although no harm had come to people as a result of this, we could not be assured that care workers were receiving the appropriate training to care for people in an effective manner. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers were supported to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- Staff files contained a certificate of completion for the Care Certificate. However, there was no record of competency assessments to evidence care worker understanding and learning of the standards. We raised this with the registered manger during the inspection and recommended that competency assessments are kept in training files.
- New staff were also given an employee handbook that contained useful information about their roles and responsibilities.
- Care workers told us they felt supported by the registered manger and were given opportunities to provide feedback through formal supervisions and spot checks. They told us, "He is always available, checking on us. It's good" and "Very supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Assessments were carried out prior to people receiving care and these were used to capture people's support needs and ensure the appropriate level of support could be provided.
● The registered manager told us an appointment was made to carry out an assessment in people's homes when they received an expression of interest from people or relatives. He said, "Based on the assessment we put together a care plan in agreement with the client. The costs are explained and we give them a service user handbook." He also told us that people and their relatives were not rushed into making a decision and were given time to read the care plans before commencing.
●We found some gaps in relation to some of the assessments that we looked at. We have reported on this under the 'Is the service safe?' section of the report.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Consent to care and support was sought from people and, if appropriate, their next of kin after an assessment had been completed. Care plans were signed by people.
● We saw evidence of signed capacity and consent forms which included details of any Lasting Powers of Attorney (LPA).

Supporting people to eat and drink enough to maintain a balanced diet
● We were satisfied that people were appropriately supported in relation to their diet.
● Relatives told us their family members were supported to eat and drink. They said, "They help him with eating and drinking – its brilliant" and "They help him with food, they prepare the food for him sometimes but if I cook, then they heat it up and help him."
● Care records contained details about people support needs in relation to eating and drinking.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Care plans contained details of healthcare professionals that were involved in people's care such as the GP and pharmacist.
● Guidance from healthcare professionals such as the therapists were included in care records.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- We were assured that people were treated well and care workers supported them in a fair way.
- Relatives told us their family members were treated with respect and they were well cared for. Comments included, "I'm very happy, they treat him with care and respect" and "The carers are very nice, they are all mothers so understand about caring."
- Care workers spoke about people in a respectful manner, telling us how they treated them in a kind manner and the ways in which they supported them with personal care.
- There was consistency in terms of care workers who were allocated to support people. This helped with familiarity and meant that care workers were familiar with people's individual needs.
- Care records included reference to cultural or religious preferences and people's likes and dislikes.

Supporting people to express their views and be involved in making decisions about their care
- People and their relatives were given opportunities to express their views and were involved in planning their care.

Relatives told us care workers supported their family members in line with their documented wishes. They told us the delivery of care was reviewed regularly and they were asked to provide feedback in a number of ways. These included regular telephone reviews, formal reviews and spot checks.
- Relatives told us they were involved in care planning and their views were sought. Comments included, "They respect his wishes" and "I was involved in the care plans."
- Care plans were completed with the input of people, relatives, and health care professionals.

Respecting and promoting people's privacy, dignity and independence
- Personal care plans captured people's level of independence in relation to their personal care needs which meant care workers could support them in a manner that respected their privacy and dignity.
- Relatives said that care workers helped their family members remain as independent as possible.
- Care workers gave examples of how they respected people's privacy and maintained their dignity when delivering personal care. They told us, "Before I help him, I talk to him and let him know what I'm doing. I always make sure I close the door and always use a towel across him" and "When we take him to the shower room, we cover him up and always talk to him and speak to him."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

● Care records reflected peoples' support needs capturing information that was relevant to people such as personal care and nutrition. However, they contained limited person-centred information and did not give an indication of people's likes/dislikes and preferences. For example, the personal care support plan for a person around getting dressed was "Assist with dressing" and choosing what to wear was "Assist with choice."

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.

● None of the people using the service were able to communicate verbally and care plans did not always capture people's needs and did not provide meaningful information about other effective communication methods such as the tone of language or other non-verbal ways of communication. For example, one person was not able to communicate verbally. Their communication care plan in relation to speech stated 'unable to talk' with no reference to other ways they communicated or ways in which they would agree or decline to choices offered to them.

● We spoke about the quality of information contained within the care plans this with the registered manager who showed us some examples of new style of care plans he was introducing so this information could be captured more effectively.

We recommend the provider reviews how it meets the AIS in a more responsive manner. We will follow this up at the next inspection of this service.

● Despite this, care workers told us the methods in which they communicated with people which relatives confirmed was being done. One care worker said, "You can see if he likes something through his facial expressions."

Improving care quality in response to complaints or concerns

● There had been no formal complaints received since the service had first registered. Informal concerns and complaints were explored. Relatives told us "I have had to pull them up on a couple of things but they have addressed it."

● Any concerns that people had were explored through spot checks and telephone monitoring.

● People and their relatives were given details about how to raise a formal complaint when they first began to use the service.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance home visits were completed which audited the care records and medicines records. However, these were not effective in identifying some of the issues we identified during this inspection in relation to the risk assessments, care planning and training competencies.
- Monthly medicines audits took place. These were not effective in identifying the issues we found with medicines practice with the service.

We recommend the registered manager reviews the quality assurance checks in place to ensure they are effective in identifying areas of improvement. We will follow this up at the next inspection of this service

- The registered manager had a good support team in place which helped with the management of the service. There was a care manager, a care co-ordinator and a field care supervisor, each with their clearly defined roles and responsibilities.
- Records showed that there had not been any reportable incidents within the service for which a notification was needed. However, the registered manager was familiar with the types of incidents he needed to notify CQC about should they ever occur.
- Regular adults such as cleanliness and infection control assessments were completed regularly which helped to identify any areas of improvement.
- Regular monitoring also took place. One relative said, "They do spot checks over the phone." Records showed a number of different monitoring forms to assess the quality of service took place. They included home visits, telephone checks and spot checks. A review of these and feedback from relatives indicated that people were happy with the quality of service received.

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

- There was a positive culture within the service, with both relatives and staff praising the registered manager with how the service was managed. One care worker said, "I like it there. I have worked with other agencies and what I like about 365 is that they are patient, calm. He (The registered manager) talks in a nice manner to us." Another said, "He is always available, he always keeps in touch and updates us about things."
- Relatives said the registered manager was approachable and there was always someone available to speak with and told us the registered manager took time out to speak to them on a regular basis.

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 registered manager was aware of his responsibilities under duty of candour, although there had not been a need to act under this.

● Relatives told us they spoke to the registered manager if anything needed attention and he was always quick to respond and act accordingly to put things right.

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

● Due to the short length of time the provider had been operating, no formal quality assurance surveys had been completed. However, records showed regular engagement with people and relatives took place through reviews and monitoring checks.

● Team meetings, individual supervisions and unannounced spot checks were held. These gave staff the opportunity to express their views in both a group and individual setting.

Working in partnership with others

● There was evidence that the provider worked in partnership with community teams to provide consistent care to people. This included district nurses.

● The registered manager spoke about some of the community engagement the service had been involved in including sponsoring local fundraising and charity drives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assessments of risks to the health and safety of service users of receiving the care or treatment were not appropriate and steps to mitigate any such risks were not always complete. Regulation 12 (2) (a) (b). The management of medicine was not safe. Regulation 12 (2) (g).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not receive appropriate training as is necessary to enable them to carry out their duties. Regulation 18 (2) (a).