

Divine Health Services Limited

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Inspection report

Unit 59
Basepoint Business Centre, Isidore Road
Bromsgrove
B60 3ET

Tel: 03309950101
Website: www.divinehealthservices.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Divine Healthcare is a domiciliary care service providing personal care to people. The service supports younger and older adults who may have dementia, physical disability, a learning disability or a sensory impairment. 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 the inspection 23 people were receiving personal care.

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

On arrival to the office we found the provider had moved their office to another room within the same building. The provider told us they had moved the previous week and were aware they needed to notify CQC. The provider had not notified us of this change, and further prompting had been required. The provider needed to strengthen their recruitment processes for overseas staff. The registered manager was approachable and responsive to requests. The checks the registered manager made ensured the service was meeting people's needs and focused upon people's views and experiences.

People told us they felt safe and supported by the staff who cared for them. Staff had a good understanding of how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified through assessments and people had been involved in making decisions about their risks and how to reduce these. There were enough staff on shifts to keep people safe and meet their needs safely. People's medicines were managed in a safe way. Safe practice was carried out to reduce the risk of infection. Where incidents had happened, lessons had been learnt and shared with the staff group. Recruitment checks for overseas staff required further work to make this more robust

Prior to our inspection we received a concern that the assessments of a person's needs was not being completed in line with the person's care needs. We found that people's care had been assessed and reviewed with the person and or their relative. Where people had support with their meals they were given food they enjoyed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

Changes in people's care were communicated clearly and promptly to the staff team. Staff respected people's choices they made about their care. Staff were trained to support people with their end of life care. People had access to information about how to raise a complaint.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 18 July 2019)

Why we inspected

The inspection was prompted in part due to concerns received about staffing and assessment of people's care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective section of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Divine Health Services Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 06 April 2022 and ended on 08 April 2022. We visited the location's office on 07 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We also spoke with the local authority to gain their feedback. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives. We spoke with five care staff, the office manager and the registered manager who was also the Nominated Individual. The Nominated Individual is responsible for supervising the management of the service on behalf of the provider. We reviewed care records for four people, five staff recruitment records, training records, staff rotas and call times and documents in relation to the governance of the service. We also spoke with the Clinical Commissioning Group (CCG).

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We found where staff had come directly from overseas into their role, a DBS had not been completed. While a police check had been done from their country of residence, a DBS check was done once they had worked for the service for three months. We also found in two records only one reference had been supplied, instead of the required two references. All of the staff working for the provider had a current DBS in place and we did not find that this process had had a negative impact to the people who used the service.
- The registered manager carried out safe recruitment practices before employing new staff who lived in the UK.
- People told us they knew the staff who supported them. Where people had a higher number of calls per day, people confirmed it was a small rotation of staff who supported them. People told us they had not had any missed calls and if staff were running late a courtesy call was received. People and relatives told us that staff stayed for the required length of time and did not feel rushed with their care and support.
- Staff told us there were sufficient numbers of staff on duty and where two staff were required to support a person safely this was always arranged.
- The office manager and registered manager knew people's individual support needs well and the skill mix of their staff. We found staff were organised into teams and worked within a certain area. Staff told us this worked well as travelling distances were kept to a minimum.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse as the staff who supported them were kind towards them.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The registered manager understood their responsibilities for reporting safeguarding issues if these were identified.

Assessing risk, safety monitoring and management; Using medicines safely

- People told us staff kept them safe as they understood how to support them in the right way. One person said, "They look after me very well." While a relative told us how they discussed different approaches they could take to maintain the person's safety.
- Staff supported people in a way which kept them safe but maintained their independence. Staff had a good understanding of people's individual risks, and how to mitigate these as far as possible.
- Care records held good detail about people's care needs and how staff were to support the person to meet these needs. We saw examples where care plans changed when the person's needs changed.
- Not all people we spoke with received help with their medicines. Where people were receiving support,

people and relatives told us this was carried out by staff who had received training to do so.

Preventing and controlling infection

- People told us staff kept their homes clean and used personal protective equipment (PPE), such as face masks.
- Staff followed their infection control training they had received to reduce the likelihood of the spread of infections to people experiencing poor health.
- We were assured that the provider was accessing covid-19 testing for staff in line with current government guidance.

Learning lessons when things go wrong

- Staff communicated information about incidents and accidents to the registered manager. The registered manager monitored these events and used reflective practice to identify any learning that could then be shared with the staff to help prevent further occurrences.
- Where an incident had taken place whereby some staff had not understood a person's local expressions, the registered manager was sourcing training to help support their staff with understanding these along with cultural differences with mealtimes.

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 our last inspection we rated this key question good. The rating for 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

- Prior to our inspection we received a concern that the assessments of a person's needs was not being completed in line with the person's care needs. The provider had responded to this concern, and at this inspection we found people had been involved in the assessment of their care from the beginning and that their plans of care were regularly reviewed to ensure staff provided the most up-to-date care. People told us that what was in their care plans accurately reflected their needs.
- Staff told us the care plans that were in people's homes and on their computerised system reflected people's current care needs. Where people's care needs had changed this was promptly communicated to the staff team to ensure consistency.

Staff support: induction, training, skills and experience

- People and relatives told us staff were confident in their skills and abilities to provide care and support. One person described how new staff worked alongside more experienced staff until they were able to work alone and said, "They [staff] are never on their own until they're trained."
- Staff who were new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- The registered manager had developed a comprehensive induction and used a range of training methods to deliver this to staff. Training ran throughout the year, to keep staff up to date with best practice.
- Regular spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way. The registered manager and office manager completed care calls themselves and worked alongside staff to identify and share if there were any areas for development needed.

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

- Not all people we spoke with required support with meal preparation or assistance to eat. Where this support was offered people felt staff supported them well. Some people did tell us that some staff needed further support to understand the culture differences with food but felt this did not impact negatively. For example, one person told us they were given a knife and fork to eat their toast.
- People told us they were given a choice of food to eat during their visits and that staff always ensured they had access to drinks and snacks before they left.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or district nurses, so people would enjoy the best health outcomes possible.
- Staff were aware when a person was attending a health appointment and worked flexibly with the person to ensure they were ready for their appointments

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 MCA 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.

- People and relatives told us staff sought consent prior to providing any care and support. People felt staff respected their wishes and listened to them.
- Staff understood the Mental Capacity Act principles in the way they supported people.

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 our last inspection we rated this key question good. The rating for 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 relatives were complimentary about the staff who supported them. One person said, "I can't fault them at all. They're very kind, they look after me well." While one relative told us, "Staff are very friendly and caring." While a second relative said, "The staff are superb, they treat [the person] like they've known them for years."
- Staff spoke about people respectfully and shared examples of how they had got to know people and their individual preferences.
- The registered manager told us they were confident people were supported by caring staff as this was discussed in reviews with people and their relatives and other professionals.

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

- People and relatives confirmed people were involved in making decisions about their care including choices about time of their calls, to what level of support they felt they needed.
- Staff understood the importance of giving people time to express their views and make decisions about their care. One staff member told us, "It is very important to allow people the opportunity to tell me what they want, and I respect that."

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with told us they were treated with dignity and respect. One person told us, "They [staff] do what suits me and look after me very well."
- People were supported to be as independent as possible and felt staff encouraged this. One person said, "I still take my own medicines, they know I can do this for myself."
- Staff told us they respected the people's privacy by ensuring information about their care and support was only shared with their consent.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- At our last inspection we found people's bedtime call preferences were not being met. At this inspection we found improvements had been made, and call times were in-line with people's preferences. The registered manager had put in place a computerised system which enabled them to monitor call times more effectively.
- People felt the care and support was responsive to their needs. One relative told us, "[Person's name] health has improved since [staff] have been coming."
- Staff told us and we saw from care records they recognised when a person was unwell and required additional support.
- People and relatives, where required, were involved in the review of care plans. We saw other healthcare professionals were involved in people's care, and the staff team adapted to this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and information needs had been assessed. A range of communication tools and aids were used to support effective communication with individuals and ensure they had information in a way they could understand.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint if they needed to but had not needed to do so.
- The provider had a complaints procedure in place, should this be required. Where a complaint had been raised these had been responded to in line with the provider's complaints policy.

End of life care and support

- Staff were trained to support people with their end of life care. Staff told us they had received training for this, and ensured they worked with other healthcare professionals to provide a comfortable and dignified death. There was no person receiving end of life care at the time of this 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

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

- On the inspector's arrival to the office, it was found that the company had moved to another office within the same building a week prior. The provider knew they needed apply to CQC for this change but had not done so. At the time of writing this report, the provider has now submitted the relevant paperwork and their registration details have been updated.
- There is a requirement on provider's to complete the Provider Information Return (PIR) when requested to do so. The PIR request was sent to the provider on 21 June 2021. No completed PIR was returned to the Care Quality Commission.
- The registered manager who was also the provider did not fully understand the recruitment process for staff who came to work from overseas. While we found that some checks had been done, these needed to be more robust, with adequate risk assessments in place, while waiting for all of the information necessary. The provider acknowledged this and confirmed they would review their recruitment processes for overseas staff. We did not find this had a negative impact to the people who used the service, however, it had placed people at potential risk of harm.

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

- At the last inspection the provider had not always acted upon concerns raised about peoples' bedtime call. We also found shortfalls around their checks with care plans to ensure these were reflective of people's changing needs. At this inspection we found improvements had been made in these areas.
- People and their relatives were complimentary about how the service was managed. One person told us, "[Registered manager's name] is lovely, he is really lovely". While a relative told us, "I can only speak as I find. They [registered manager] are very nice and courteous and I have a good relationship with them."
- Staff spoke positively about the company they worked for, one staff member told us how they had been made to feel welcome and felt very supported by those who managed and run the service.
- The registered manager and staff were open and inclusive, they worked with other agencies to support people to achieve their outcomes.

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 understood their responsibilities under duty of candour and could demonstrate how they would be open and honest with people if something went wrong.

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

- At the last inspection the registered manager told us they would be implementing a computerised system. At this inspection we found this was in place and was helping them to monitor call times, review the care that care staff were providing in a more timely way. The registered manager told us this was working well.
- People and relatives were asked for their feedback on the service through reviews of their care.
- Staff felt able to make suggestions and share their feedback and felt they worked as part of one team.
- The provider told us they received feedback from people, relatives, staff and other health and care professionals about the service and used this to shape how the service developed.