

Divine Domiciliary Care LTD

Divine Domiciliary Care

Inspection report

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13 July 2022

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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 Domiciliary Care provides personal care and support to people who require assistance in their own home. At the time of our inspection two people were being supported by the service. 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.

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

We received positive feedback on the service. One person said, "They do a good job."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received the appropriate training. There were systems to minimise the risk of infection and learn lessons from accidents and incidents. There were safe medicine procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence.

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 supported this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies to respond to complaints. Support could be provided to people at the end of their life.

The provider had systems to monitor and provide good care and these were reviewed on a regular basis.

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

This service was registered with us on 17 July 2020 and this was the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

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.

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 Domiciliary 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service 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. 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 12 July 2022 and ended on 13 July 2022. We visited the location's office on 13 July 2022.

What we did before the inspection

We reviewed information we had received about the service since registering. We sought feedback from the local authority. The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with one person and one relative. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included two peoples support records. We reviewed two staff records in relation to training and supervision and a variety of records relating to the management of the service.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise any concerns. One member of staff said, "I would raise with my manager first and let them deal with it and record everything. If I needed to I would raise with the CQC or police depending on what the concern was."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Risks had been assessed and management plans provided staff with the control measures needed to help minimise risks to people.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.

Staffing and recruitment

- The registered manager said they continued to recruit staff as the service expanded.
- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people's needs. A relative told us, "Staff always turn up on time and we have only had one issue which was resolved."
- Minor improvements were needed to staff recruitment files to ensure they met regulation.

We recommend the provider ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Using medicines safely

- At the time of our inspection no one required staff to support them with their medicines.
- Risk assessment and care plan documentation was in place when required.
- The registered manager told us, they had systems for regular audits of medicines documentation. Observations of staff competency would be carried out to ensure safe administration and support of medicines.

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE).
- Risk assessments were in place for staff and people to mitigate risks from infections.
- Staff were tested for COVID-19, consistent with government guidance.

Learning lessons when things go wrong

- Staff told us the registered manager communicated well with them. There were systems in place for staff to share learning and experience. Since the service had been running the registered manager told us they had not had any significant incidents or accidents.

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 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

- Before people began using the service a comprehensive assessment of people's needs and choices were carried out by the registered manager. This was then the basis of an agreed plan of support.

Staff support: induction, training, skills and experience

- Staff were supported with a full induction when they first started working at the service. One member of staff said, "I initially completed my training, then I was introduced to the person I would be supporting and spent some time doing shadowed shifts so I could get to know them before being able to work on my own."
- Staff were supported to complete the care certificate as part of their induction along with other courses to gain the specific skills they may need to provide care. 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.
- Staff had regular meetings with the registered manager in the form of supervision to support them in their role. The registered manager told us they also did spot checks whilst staff were working to ensure they were working in line with people's support needs.

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

- Staff received training on supporting people with diet and nutrition. Where needed staff supported people to have food and drink of their choice.
- We saw in care records where one person had a number of food allergies this was clearly documented, risk assessed, and staff had clear guidance on how to provide support.
- Risk assessments considered if people had swallowing difficulties and if additional support was needed.

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

- The registered manager told us they were not currently working with any other agencies but knew how to contact them and make referrals if needed.

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.

- Staff understood the principles of the Mental Capacity Act (2005) and how to support people to make decisions for themselves when they had capacity.
- The registered manager gained consent from people to have their care delivered and this was recorded in their care notes.

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

- Staff had received training in equality and diversity and care plans reflected people's individual wishes.
- There was a consistent team of staff who were allocated to work with people. This gave staff an opportunity to get to know people well and how they and their relatives liked them to be supported.
- One relative said, "[managers name] came and got to know [person name] before cares came, so they could provide support when needed."

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

- The registered manager worked closely with people and their relatives to ensure their care was tailored to match their needs.
- Care plans were kept up to date and regularly reviewed to ensure staff had all the information they needed.
- The registered manager had tools in place to gather feedback such as surveys for relatives and people to complete on their experience of care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported their independence.
- One member of staff said, "I enjoy the company of the person I support, sometimes when I have finished supporting them we just sit and talk about football, I end up staying beyond my hours but we enjoy chatting."

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 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

- The registered manager undertook an assessment of people's care needs when they first contacted the service. Care packages were planned with people's and relative's involvement to ensure their needs could be met.
- One relative said, "I met with [managers name] and we sat down and did the care plan together."

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 needs were assessed and staff had the information they needed to communicate effectively with people.
- Staff knew people's communication needs and care plans were very descriptive of how best to communicate. One member of staff said, "[person name] communicates with sounds and signs and I know how to communicate with them."

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure and people and their relatives were made aware of how to raise concerns or complaints.
- Relatives told us they generally did not have any complaints but if they did they would raise them with the registered manager.

End of life care and support

- The registered manager was aware of the importance of documenting discussions about end of life care so staff could understand and comply with people's wishes.
- No one required 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager had a clear vision and philosophy for the service and told us, "It is my passion to support people to help them maintain their independence and to go the extra mile to put a smile on their faces."
- Care documentation we reviewed was very person centred putting the person at the centre of all their care and support needs.
- A member of staff said, "I want to support people so they can stay in their own home and be as independent as possible."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was aware of their responsibilities in relation to duty of candour. Duty of candour requires providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC.
- Staff were clear about their roles and understood regulatory requirements to provide safe care to people.

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

- The registered manager was in frequent contact with people being supported and their relatives to ensure care being provided was meeting their needs. In addition, the registered manager had survey's for people and relatives to complete so formal feedback could be gathered.
- The registered manager had systems in place for staff to share information and had frequent contact with staff to gain feedback on the care they were providing.

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to review care and was developing audits to monitor and improve outcomes for people.
- Staff were supported with all aspects of training required. The registered manager had joined networks

with other registered managers where they shared ideas and information on the care system.