

365 Divine Care LTD

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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 responsive?

Good ●

Is the service well-led?

Good ●

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, this included older people and also younger adults with physical disabilities.

At the time of the inspection, there were six people using the service who were receiving help with personal care. The Care Quality Commission (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 found that the provider had made improvements in relation to the breaches of regulations we found at the last inspection.

People and their relatives were happy with the care they received and said care was delivered in a safe way. They said care workers attended on time and stayed for the full duration of their visit. The provider operated safe recruitment procedures. Risks to people, including those associated with medicines support were assessed, and management plans included ways in which the risks could be reduced to keep people safe from potential harm.

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.

The provider carried out assessments before people started to receive care and people were supported in relation to their health and dietary needs. The provider supported its staff to attend training which helped to ensure they were competent in carrying out their roles and staff attended regular supervision meetings.

Care plans were individual to people, reflecting their current needs and contained person centred information such as their likes and dislikes and how they wished to be cared for. The provider encouraged feedback from people, relatives and staff and people were given details on who to contact if they were unhappy about the care they received.

The service was well-led. The registered manager was open to learning and improving the service, listening and acting upon feedback received. Quality assurance checks were in place to monitor the quality of service that people received.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 June 2021) and there were breaches of regulation in relation to safe care and treatment and staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was not in breach of regulations.

At our last inspection we recommended that the provider reviews its processes around meeting the accessible information standards and its quality assurance processes. At this inspection we found the provider had acted on these recommendations and had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

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

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 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 ●

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.

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 August 2022 and finished on 03 August 2022. We visited the office location on 03 August 2022

What we did before the inspection

We reviewed information we had received about the service since it had registered with us.

The provider completed 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.

We used this information to plan our inspection.

During the inspection

We spoke with two people and three relatives of people who used the service. We spoke with the registered manager, two field care supervisors and three care workers.

We reviewed a range of records. This included four people's care records, six 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.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found care plans and risk assessments lacked detail and records were incomplete, placing people at increased 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 .

Enough improvement had been made at this inspection and the provider was not in breach of regulation 12.

- The registered manager confirmed that all the risk assessments had been reviewed since the last inspection to ensure they were fully completed.
- The provider assessed risks and there were management plans in place which helped to keep people safe . For example, risks in relation to moving and handling included the level of risk for each individual transfer and the steps that staff needed to reduce the risk.
- Staff were aware of the risks to people that they supported and told us they followed the guidelines in place.

Using medicines safely

At our last inspection, we could not be assured that all the necessary steps were being taken to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 12.

- The provider's medicines management systems were safe.
- People and their relatives told us staff supported them to take their medicines. Comments included, "Yes they help [family member] with medicines."
- Medicines assessments were completed to assess whether people needed staff to support them to take their medicines. Where staff support was required, this was clearly recorded along with a list of medicines that people had been prescribed.
- Medicines records were checked by a field care supervisor or the registered manager for accuracy.
- Records showed that staff had received medicines training.

Staffing and recruitment

- We were assured that the provider operated robust recruitment procedures.

- Staff files contained comprehensive information in relation to the recruitment checks that were completed before staff were employed.
- Staff files included completed application forms, interview notes, evidence of right to work, identity and Disclosure and Barring service (DBS) checks. DBS checks are criminal record checks that employers undertake to make safer recruitment decisions.
- People and their relatives told us that care workers attended on time and on occasions that they were running late, they were kept informed. One person said, "Very happy, [care worker] turns up on time." One relative said, "They turn up on time, we always get notice if they are late but it hardly ever happens."
- Staff completed timesheets for each visit which were signed off by people or their relatives as being accurate.
- The registered manager acknowledged that there had been some staffing pressures recently due to care workers taking leave, but they were working hard to ensure all calls were covered.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help safeguard people from abuse.
- We saw evidence that where concerns were raised, the provider worked with the local authority to investigate the circumstances of these completing investigation reports and liaising with the relevant professionals. Statutory notifications were submitted to the CQC about these.
- People and their relatives told us they felt safe in the presence of care workers. One person said, "I feel safe."
- Staff demonstrated a good understanding of safeguarding reporting procedures and records showed they had received safeguarding training.

Preventing and controlling infection

- The provider managed risk in relation to infection control, including those associated with COVID-19.
- People told us and staff confirmed they wore personal protective equipment (PPE).
- The provider carried out regular testing for staff for COVID-19.
- Records showed the provider arranged training for staff in relation to infection prevention and control and other areas such as food hygiene.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Records showed that incidents and accidents were recorded and reviewed by the registered manager..
- There was a system in place to learn from any incidents and accidents, for example records included full investigation reports with details of what happened, who was involved and the action taken.
- Records also included any corrective and preventative action taken. The provider acted upon these, for example arranging extra training for staff where needed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we were not assured that care workers received appropriate training to carry out their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 18.

- People received care from staff who had received the appropriate training needed to support them.
- The provider maintained a training records which showed that staff received regular face to face training and access to a range of e-learning topics to ensure they had the skills to carry out their roles effectively.
- New staff were supported to complete the Care Certificate if needed. 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.
- Staff told us the registered manager was approachable and willing to provide any extra training that they requested.
- Records showed that staff received regular supervision and an annual appraisal to discuss their roles and any ongoing training and support needs.

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

- The provider assessed people's needs before supporting them with personal care.
- People's care plans included their assessment records that were completed before they began to receive a service. These were then developed into care plans which were shared with people and their relative to ensure agreement to their content.
- People and their relatives told us they were involved in the assessment process and the provider consulted and worked with them to develop care plans that met their needs.

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.

- People received care that was in line with their wishes and which they had consented to or had been agreed in their best interests.
- Care records included signed contracts and terms of business that had been signed by people or their power of attorney. A power of attorney (POA) is legal authorization for a designated person to make decisions about another person's property, finances, or medical care.
- Care plans included information about people's capacity to make decisions and who to liaise with if best interest decisions needed to be made.
- People and their relatives told us that care workers delivered care with people's consent, according to their individual needs.

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

- People were supported to maintain a balanced diet.
- People and their relatives told us care workers supported them to eat meals that had been supplied by family members or prepared simple snacks for them.
- Care plans included information about people's dietary requirements including their preferences of what they liked to eat for breakfast, lunch and in the evening. They also included details if people required a modified diet such as pureed or softened food.
- Care workers were familiar with people's dietary requirements.

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

- People were supported to access healthcare services if needed. One relative said, "[family member] suffered a stroke and the carers did a lot of work to help her recover."
- Details for important professional contacts were within people's care records so that staff were able to access them should people's needs change.
- Records showed that the provider liaised with healthcare professionals where required to support people, these included occupational therapists and other community professionals.

Is the service responsive?

Our findings

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

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

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

We made a recommendation at the last inspection around the provider reviewing its procedures to better implement the AIS. At this inspection, we found the provider had acted on this recommendation.

- The registered manager had developed new care plans which captured people's communication support needs more effectively.
- The provider completed a needs assessment when they received a referral where they captured all information with regard to disability related information or communication needs, including people's preferred methods of communication.
- Staff we spoke with were familiar with these instructions and communication care plans captured people's verbal/non-verbal methods of communication.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans for people captured their individual support needs, these had been reviewed recently which helped to ensure they were up to date.
- The provider had made improvements to ensure that care plans were more person-centred, capturing people's preferences in relation to how they wanted their care to be delivered and including their likes and dislikes.
- Care plans included people's support needs in relation to personal hygiene, dressing/undressing, continence and other support needs such as their daytime routines.
- People and their relatives told us that care workers delivered care in line with their wishes.
- The provider had systems in place to record people's end of life care needs if needed.
- Care records included details about any advanced decisions and any end of life care needs. Where people had declined to discuss these, the provider recorded these decisions.

Improving care quality in response to complaints or concerns

- The provider had systems in place to monitor people's feedback and complaints.
- People and their relatives told us they had no complaints but would speak with the registered manager of

they did.

- People's feedback was obtained through telephone and home visits and through feedback surveys People were issued with a service user guide which included details of how to raise complaints and also included a complaints form should they need to put in a formal complaint.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we made a recommendation to the provider to review its quality assurance checks to ensure they continue to be effective in identifying areas of improvement.

- New care plans and risk assessments had been implemented which were an improvement on the previous versions.
- The provider's quality assurance checks included unannounced spot checks and telephone monitoring to gather feedback from people and observe staff carrying out their roles. These were recorded and showed that people and their relatives were satisfied with the care being delivered.
- Daily logs and medicines records were monitored during home visits to check for accuracy and gaps.
- The provider was aware of its regulatory responsibilities and submitted statutory notifications such as for incidents that were notified to the police in line with their legal requirements.
- The registered manager demonstrated a commitment to learning and improvement. We found that the registered manager listened to our feedback and had made improvements in a number of areas since the last inspection, taking appropriate action against the breaches of regulations we found and acting upon our recommendations.
- A field care supervisor had been recruited and the registered manager confirmed that a quality assurance officer had also been recruited to further develop their processes around quality assurance and governance.
- Other initiatives that the registered manager had introduced to further improve the quality of the service included a monthly newsletter, and having a 'carer of the month' award for staff.

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

- The provider was aware of its responsibilities under duty of candour.
- The provider's CQC rating was on display in the office and also on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- We received positive feedback from people, relatives and staff about the provider. Staff told us they felt confident in approaching the registered manager for any issues. One relative said, "Very happy with them,

they are a good agency. I'm very happy with the quality of care." One staff member said, "[the registered manager] is a kind of person that listens and he goes out of his way to listen, he's a very good leader."

- People using the service received a service user guide and the provider's statement of purpose , giving them details about the provider's values and aims and providing contact details if they needed to get in touch.

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

- The provider had systems in place for engaging and gathering feedback from people, relatives and staff.
- Service user questionnaires and annual surveys were sent out to people and their relatives. We reviewed these and saw there were high levels of satisfaction with the provider and how the service was managed.
- A staff survey had also recently been completed and the feedback from this was equally positive.
- The registered manager provided regular updates to the staff team through individual supervision or general staff meetings and also through regular contact via a social media application .

Working in partnership with others

- There was evidence that the provider worked in partnership with other stakeholders such as district nursing teams and other agencies to support people and the staff.