

De Divine Service Limited

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Inspection report

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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

De Divine Service Limited is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. 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.

The service was supporting one person with personal care at the time of the inspection.

People's experience of using this service

Risks were identified but were not assessed to ensure people received safe care. People's preferences on their support needs such as with nutrition and personal care were not explored to ensure they received person-centred care. Communication plans were not detailed to ensure people's communication needs were met. Robust audit arrangements were not in place to ensure shortfalls could be identified and prompt action taken.

Staff were aware of how to safeguard people from abuse. Systems were in place to ensure staff attended calls on time. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Medicines were being managed safely.

Staff had been trained to perform their roles effectively. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

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

Rating at last inspection

This service was registered with us on 19 March 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service started supporting people with regulated activities.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified one breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 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 ●

De Divine Service 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 one inspector.

Service and service type

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

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 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.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell

us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager, care coordinator and one staff member. We reviewed documents and records that related to people's care and the management of the service. We were unable to speak to people or relatives as they were unable to speak on the phone.

We reviewed staff files, which included pre-employment checks and care plans which included peoples support needs. We looked at other documents such as quality assurance and training records.

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 active 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

- The risk assessments in place were not adequate to ensure people received safe care.
- Risk assessments had not been completed in relation to people's health conditions to ensure risks associated with people's medical conditions were minimised and people received safe care. The registered manager told us that they would ensure risk assessments were completed as soon as possible.
- Risk assessments had been completed for people at risk of falls and accessing the community.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Charts (MAR) showed that medicines were being administered as prescribed.
- Audits had not been completed on medicines to ensure medicines were being managed safely.
- Staff had been trained on medicines. Medicine support plans were in place, which included if people required support with medicines and the type of medicines they were on.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, health declaration, references and obtaining proof of staff identity and right to work in the UK.
- Systems were in place to minimise risks of late or missed calls. Staff were supported with transport to people's homes to ensure they were on time. The registered manager had oversight of staff time keeping.
- Staff were sent rotas in advance and bank staff were available in case of emergencies. A staff member told us, "If I am unable to go to the [person's] house, they [provider] will come and pick me up to take me to care visits to make sure I am not late."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.

- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had received training on infection control.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "I am always given enough PPE, we have gloves, masks and aprons." We observed staff were able to come into the office and collect PPE if they were short on supply.

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 of this newly active 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.

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

- Robust systems were not in place to assess people's needs and choices.
- Pre-assessments had not been carried out in detail to ensure the service was able to provide person-centred support to people. People's preferences were not recorded to ensure care plans were person-centred.
- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions to ensure people received the care they wanted.

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

- Care plans did not include the level of support people required with meals or drinks and did not include their preference with meals.
- Assessments had not been completed for risks associated with eating to ensure people were able to eat their meals safely.
- The registered manager told us they would ensure this was completed.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had been trained on essential areas such as on learning disabilities and moving and handling.
- Staff had also received an induction, which also involved shadowing experienced staff. A staff member told us, "I had a week's induction. I did training for three days, Health and Safety, Safeguarding, manual handling and others."
- Regular supervisions had been carried out for staff, which ensured staff were supported in their roles.
- Staff told us they felt supported. A staff member said, "I enjoy working with [registered manager]. He fulfils what I ask him to do. He is a very good manager. He is extremely supportive."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Staff knew when people were not well and what action to take. Although people's GP details had not been recorded on their care plans, staff were aware on contacting GP as they knew the contact information or emergency service if people were not well. The registered manager told us that GP details would be added on care plans.

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.

- Systems were in place to obtain consent from people to provide care and support.
- MCA assessments had been completed to determine if people had capacity to make specific decisions.
- Staff told us that they always request people's consent before doing any tasks. A staff member told us, "Definitely, when you look after somebody, you got to tell them first and ask for their consent."

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 active 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; equality and diversity

- People were treated with kindness and respect. A staff member told us, "I build good relationship by understanding their routines and care needs. I will engage with them through communicating with them." Feedback from relatives through the providers surveys showed that they were happy with staff approach.
- People's religion had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- Although care plans had been signed by people or their relatives to evidence that people were involved with the decisions made on their care, their preferences were not recorded on the care plan.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I always maintain privacy and dignity; you have to be careful not to divulge their information outside of work. Also, I will shut the door and windows to make sure they have complete privacy."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising. A staff member told us, "Encouraging independence is important. I do not take away their independence, I help them develop other skills through encouraging independence."

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 active 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 plans were not person-centred and did not include people's preferences with care.
- Care plans were generic and outlined people required support with eating and drinking, showering and mouthcare. However, they did not include how people should be supported in these areas taking into account their preferences. For example, a person's eating and drinking care plan included 'Full assistance needed' without detailing the support required and people's preference in this area. This meant there was a risk people may not receive personalised care.
- We fed this back to the registered manager who told us they would ensure care plans included people's preferences and care was personalised to people.

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.

- Communication plans did not include how staff should communicate with people.
- Communication plans included how people communicated but did not include how staff should communicate with people. The registered manager told us how staff should communicate with people and told us they would ensure this was recorded in care plans.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Complaints had been investigated, completed in a timely manner and action taken to ensure concerns were addressed.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The registered manager told us the policy was in place so they were prepared should they support people in this area.

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

- Robust audit systems were not in place to ensure people received safe personalised care.
- Audits had not been completed on care plans. The registered manager told us that they would ensure the director of the service undertakes audits to ensure robust systems were in place.
- Audits had not completed on medicines to ensure medicines were being managed safely, which would make it difficult to identify shortfalls. Spot checks had been completed to ensure staff were competent to deliver good care, which looked at some aspect of medicines such as ensuring MAR was signed.
- Staff did not always have the information they needed to provide safe and effective care. We saw staff did not have access to detailed person-centred care plans to facilitate them providing care to people the way they preferred. Although the registered manager was aware of people's preferences, staff or any new staff might not be. Therefore, there was a risk people were not able to receive safe personalised care.

We did not find evidence people had been harmed but management systems were not robust to ensure people received safe person centred care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "I have been working for them since May actually. I love working for them. I like working as a carer."

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

- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people through spot checks. Surveys had also been completed focusing on care delivery and staff approach. The results of the surveys were positive.

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 that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of

the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users to ensure people received safe person centred care at all times.</p> <p>Regulation 17(1).</p>