

Divinus Support Limited

# Divinus Support Ltd

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

Divinus Support Ltd is a domiciliary care agency providing personal care to people living in their own homes. 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 our visit 37 people were receiving personal care from the service.

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

We received information raising concerns how people using the service were being kept safe. This related to staffing and recruitment processes.

We found concerns relating to the safe recruitment of staff. This had led to potentially inappropriate staff being employed. These concerns were not identified by the registered manager because the policy and procedures in place for recruitment was unsuitable and had not been reviewed.

There was a lack of systematic overview of the quality of care being provided. Updated policies and procedures were not in place. The updated policy on infection control was not forthcoming despite being requested. Auditing was lacking in areas such as medicines management. Despite this we did not identify a negative impact on people. People's views were sought but there was a lack of planned action to improve the service based on their feedback.

People's experience was mixed in terms of consistent reliable staff. Half of the people told us they had a small group of staff that they knew who arrived on time and stayed the length of time people needed them. Others were satisfied but didn't always know who or when staff would arrive to support them. One person's breakfast visit had slowly moved to 11am from 10am. People were complimentary about the staff and all said they felt safe with staff. One person said, "I'm pleased with my carers; most are good and most go out of their way to help." People also felt the registered manager was accessible to them and were confident to contact them if needed.

People told us staff were well trained and knew their job. This included the recent changes around personal protective equipment (PPE) and keeping COVID-19 at bay. One person said, "They all wear mask, gloves and aprons." Staff we spoke with corroborated that they had good training alongside the 'boss' and were always provided with enough PPE and given updated guidance electronically sent to them.

People confirmed they received their medicines when needed. Others spoke of how they were enabled to remain independent with medicines administration.

### Rating at last inspection

This service has yet to be formally rated.

### Why we inspected

We undertook this focused inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about staffing and recruitment. A decision was made for us to inspect and examine those risks. Please see the safe and well led sections of this full report.

### Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe and provider oversight of the service at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was inspected but not rated

**Inspected but not rated**

### Is the service well-led?

This service was inspected but not rated

**Inspected but not rated**

# Divinus Support Ltd

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had met the requirements of the specific concern we had about staffing and recruitment. We will assess all the key question at the next comprehensive inspection of the service.

#### Inspection team

This inspection was undertaken by one inspector and one expert by experience.

#### 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 a short notice announcement of this inspection the day before our visit. This was to ensure someone would be available in the office to assist the inspection and assess for COVID-19 risks. We telephoned people on 22 and 25 January 2021.

#### What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager who is the owner and a member of staff in the office. We examined a number of records relating to management of the service, one set of care records and recruitment records for two staff that included their induction and training provided.

After the inspection

We gained feedback from four care staff by email and telephone and we spoke with nine people or their family member in receipt of the service. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

We have not rated this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to explore the specific concerns we had. We will assess all the key question at the next comprehensive inspection of the service.

### Staffing and recruitment

- We received concerns that staff were not recruited safely in line with regulation. We looked at the records of recruitment for two staff. One person who had been employed for two years until the end of 2020 and little or no checks in place to show their suitability. The application form was blank on education and previous work. Reference names supplied were either related to the applicant or their friend. No references were on file. The registered manager stated that a Disclosure and Barring Service (DBS) check had been completed but had never been received back.
- The registered manager stated they knew the person had a criminal record. However, there was no process in place to risk assess convictions to enable the person to work, if appropriate. This risk has since been mitigated as the staff member no longer works at the service.
- There was no completed health screening in place for two staff to ensure they were mentally and physically fit for their role.
- The recruitment policy in place was out of date and inadequate and didn't state what the procedures for recruitment were to meet regulation and thus keep people safe.

This was a breach of regulation 19 (Fit and proper persons employed) schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's experience was mixed in terms of consistent reliable staff. Half of the people told us they had a small group of staff that they knew who arrived on time and stayed the length of time people needed them. One person said, "We have about three [staff] on the rota, we have three calls daily. Always leave me a rota on Friday so I know who's coming next week. Timekeeping can vary, 9.30 - 10am, but they will let me know if they are running very late."
- Other people were satisfied but didn't always know who or when staff would arrive to support them. One person's breakfast visit had slowly moved to 11am so was too near lunchtime. One person told us. "Not the same girls every time, I know most of the girls. Most come on time but don't always stay full time, but don't always have enough time."
- Staff we spoke with said that despite some staff leaving, people's calls were made as needed. Management were said to be flexible if staff needed to stay longer with people to meet their needs, then extra time was given.

### Preventing and controlling infection

- People told us that they felt safe receiving a service during this pandemic as staff who visited acted appropriately to protect them. One relative said, "As they get to the front door, I can see them putting on clean gloves and aprons, already wearing their masks. When they get back to the car, they put their gloves and aprons in a plastic bag."
- Staff told us that they felt safe working during COVID-19. The registered manager supplied all staff with a uniform and gloves, mask, apron and shoe protectors. People consistently told us that staff wore these each time they visited. We were assured that the provider was using PPE effectively and safely.
- Staff had access to personal protective equipment 24/7. One staff member explained, "We have all the equipment we need and can access this any time. We have regular updates sent to us about it." The registered manager told us of the two ways electronically that they sent information to staff.
- The registered manager was keen to keep people and staff safe and refused to provide care to COVID-19 positive people. Where two staff had tested positive, this had been traced to an external source, staff isolated to ensure no one else was at risk.
- The registered manager had staff tested regularly and had just distributed the link to enable staff to join them in receiving the first vaccination.
- Despite requests we did not receive a copy of the agencies infection and control policy to ensure it had been updated considering COVID-19. Therefore, we were only somewhat assured that all possible was in place to manage COVID-19.

#### Using medicines safely

- People were encouraged to maintain their independence in terms of medicines. Those people who had their medicines managed by the service consistently told us this was done well. One person said of the staff, "They get my tablets out for me, put them in a little beaker and wait until I take them. I have them delivered by (the chemist). I have never run out of tablets."
- We examined a sample of medication administration records (MAR) that had been returned to the office. These had been completed appropriately, contained no gaps and codes had been used to good effect to communicate when and why medicine had not been administered.
- There were no systems in place to audit and monitor medicines to ensure all medicine was administered as required or to develop practice. We received assurances from the provider that this would be addressed immediately, and an audit tool put in place to monitor MAR charts upon their return to the office.

#### Systems and processes to safeguard people from the risk of abuse and learning lessons when things go wrong

- People consistently said that they felt safe with staff. Feeling safe with them coming into their home and safe because they found them to be well trained. One person said, "No problems with having them in my home. I get on with all of them all, they are like friends." People also we confident in who to contact should they have any concerns and were able to name the registered manager.
- Staff told us they had received safeguarding training and knew about the whistle blowing procedures as this was covered on induction.
- The registered manager told us they were keen to learn lessons where things had not gone to plan. They gave us an example and stated that staff would always contact health professionals about pressure ulcers and ensure people had equipment as requested such as beds and appropriate mattress. This was based upon staff receiving training on pressure care.



# 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.

We have not rated this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to explore the specific concerns we had. We will assess all the key question at the next comprehensive inspection of the service.

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

- Overall, there was a lack of management oversight. There was a lack of cohesive systems to monitor the service and drive improvement. The post of quality manager was vacant.
- There was a lack of monitoring of medicines as no audits were in place. Spot checks on staff performance were not recent, such as the last three months and only older records could be found. Therefore, this measure of quality and potential for development was lost.
- There was a lack of up to date policies and procedures to guide the staff working in the service. Staff recruitment and infection control policies and procedures were not in place to meet regulation and best practice.
- More regular monitoring and auditing of people's care records was required by management, so they could assure themselves that people's needs were being met.
- Feedback from people had been sought in December 2020. This had been collated, but no plan was in place to develop the service from these outcomes. The lack of follow up meant that development and improvement opportunities were lost.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and staff spoke highly of the registered manager. They spoke of their empathy and kindness. People were confident to get in touch with them and had telephone numbers to do so. One person said they were told, "Any problems dear, you tell me. I would tell her if there was a problem."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff were not recruited safely in line with regulation. Information required by Schedule 3 was not available to inspect.