

Divine Health Services Limited

# Divine Health Services Limited

## Inspection report

Unit 59  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

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: Divine Healthcare is a domiciliary care service. At the time of the inspection six people were receiving personal care. 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.

Why we inspected: This service was registered with us on 19 August 2016 and begun supporting people with personal care in May 2017 and this is the first inspection.

People's experience of using this service:

People told us they felt safe and well supported. 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 with decisions in how to reduce the risk of harm to them. 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.

People's care had been assessed and reviewed with the person involved throughout. 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.

Improvements were required regarding the delivery of care to ensure these reflected people's preferences. Any changes in people's care were communicated clearly and promptly to the staff team. Staff respected people's choices. Staff were trained to support people with their end of life care. People had access to information about how to raise a complaint.

The registered manager was approachable and responsive to requests. The checks the registered manager made were still developing to ensure the service was meeting people's needs focused upon people's views and experiences. Where the registered manager was aware of previous concerns regarding call time preferences, we found these concerns continued; the registered manager was aware they needed robust systems in place to better reflect time preferences, but these were not yet in place.

Rating at last inspection: This was the service's first inspection.

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?

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 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 ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector completed this inspection.

**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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 June 2019 and ended on 21 June 2019. We visited the office location on 20 June 2019.

**What we did;**

**Before inspection:**

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House.

**During inspection:**

- We spoke with three people who used the service and one relative.
- We spoke with the two care staff members, the care co-ordinator who also provided care and the

registered manager who was also the provider. We looked at aspects of three people's care records and other records that related to people's care such as medication records, audits and other documentation about 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.

At this inspection we found the rating was "Good". This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse as the staff supported them in the right way. 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 when these were identified.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- People said staff kept them safe from harm as they understood how to support them in the right way. One person said, "The staff are all very good at keeping me safe. I feel safe with the staff".
- Staff supported people in a way which kept them safe but maintained their independence. Staff had a good understanding of people's individual risks, such as developing sore skin and how best to support them. Staff were able to tell us who was at risk of sore skin, and how they prevented this.
- People were receiving their medicines when they should. The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines.
- 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.

Staffing and recruitment

- People told us they had a consistent and stable staff team who supported them. People told us they had not had any missed calls and if staff were running late a courtesy call was received.
- 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 care co-ordinator and registered manager understood people's individual support needs well and what skill mix of their staff was required to keep people safe.
- The registered manager carried out safe recruitment practices before employing new staff.

Preventing and controlling infection

- People told us staff kept their homes clean and used personal protective equipment (PPE) when required.
- Staff followed their infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health.

# 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 this inspection we found the rating was "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

- People told us they were 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 we spoke with had been receiving care and support from the service for some time now, but told us they were happy with their care and if there were any changes adaptations were made. Staff told us the care plans that were in people's homes reflected people's care needs. It was a small staff team who worked together to support people. 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

- All those we spoke with were confident in staff's abilities and their approach to supporting them and meeting their needs. One person told us, "They are all very lovely and do a good job."
- The registered manager had developed a comprehensive induction and used a range of training methods to deliver this to staff, such as interactive classroom training, practical and online training. 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 completed many care calls themselves and worked alongside staff to identify if there were any areas for development needed and would share this with the staff member.

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

- Support was offered to people with meal preparation according to people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People told us they were given a choice of food to eat during the day 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 decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Staff understood and applied 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 this inspection we found the rating was "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 and relatives were complimentary about the staff who supported them. One person said, "They [staff] are wonderful; I'm very happy with the support that they give me."
- People felt that staff treated them well and were respectful of their views, culture and values.
- All people we spoke with told us staff always took their time to provide the care, never rushed and put them at ease.

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

- People felt involved in decisions about their care. One person told us how staff supported them with their requests and were obliging of this.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. Staff shared examples of how they maintained good communication links with the person or their family and recorded any required actions or changes in care.

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with told us they were treated in a dignified and respectful way. One person told us, "The carers [staff] are very good and treat me with respect at all times."
- People were supported to be as independent as possible. People told us staff knew what they could reasonably manage to do for themselves and encouraged and supported them to maintain their level of independence. One person told us, "I'm very independent, and do as much as I can. They [staff] know what I can and cannot do, and respect that."
- Staff told us they respected the person'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 this inspection we found the rating was "Requires Improvement". This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All people we spoke with told us their bed time call was not always in line with their preferences. People told us staff supported them to bed too early in the evening. One person told us how they preferred to go to bed after 9pm. They explained that staff told them they could only come at 8pm, which they reluctantly accepted. However, the person told us staff came earlier than this, such as 19:40. A relative told us that staff came too early, and said, "It's like [person's name] is a little child being told to go to bed, when they do not want to as it's just too early." A further person told us, "I've raised it before, and it changed for a while but then goes back to earlier calls." We spoke with the registered manager about this, who was aware that people had raised these concerns before and had spoken with staff about this. They also told us that a call logging system was being implemented, which would help them to quickly identify if staff were persistently arriving too early for people's bedtime calls, so they could rectify this.
- The registered manager told us they had lost some of their staff group and were in the process of recruiting for additional staff so they could better accommodate people's preferred hours. We saw the registered manager had a small staff group who were working additional days and hours to pick up the gaps, while staff we spoke with did not mind this, the registered manager understood the importance of increasing their staff group.
- People felt the care and support was responsive to their needs. One person told us how staff recognised when they were unwell and required additional support. They told us how they appreciated this as it was sometimes difficult to ask for help directly.
- Staff told us there was a good level of communication between the staff group, so they were aware of any changes in care and support.
- Records we saw held information about people's preferences and how they would like their care and support to be delivered. The records gave specific details to staff which ensured staff were providing support in a way which promoted respect when working in the person's home.
- Staff told us, and we saw in people's care records. they worked with and communicated well with other healthcare professionals who were involved in the person's care and support.

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.

- 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.

#### 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.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a complaint if they needed to and where concerns had been raised they were satisfied with the response and felt lessons had been learnt.
- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. Where complaints had been raised these had been responded to in line with the provider's complaints policy.

# 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 this inspection we found the rating was "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; Continuous learning and improving care; Working in partnership with others

- The registered manager told us that people had raised concerns in the past about call time preferences, however, we found these concerns continued. While the registered manager was aware they needed to have systems in place, these were not yet in place. Therefore, the registered manager could not be assured people's preferences were being reflected in their care.
- The checks the registered manager had in place were still developing and evolving. We found that checks of care plans were not in place to identify any shortfalls within them. While the registered manager and staff understood people's care and support needs well, one of the three care files we reviewed did not have plans of care or risk assessments in place, while two other care plans were detailed and reflected people's care and support needs and any associated risks. We discussed this with the registered manager who recognised the need to develop their auditing to ensure records of people's care were reflected accurately.
- Checks to ensure staff's training and knowledge were up to date with best practice and audits of daily care that were completed by the care staff were in place. Where improvements were identified, such as informing staff of the importance of recording the exact times they were entering and leaving a call had been identified and raised with the staff group. We could see that since that time, staff were better recording their call times.
- The registered manager told us they were getting an electronic system to record staff's times for entering and leaving the care calls, as they were aware there were concerns from people regarding their call times.
- The registered manager worked with other organisations such as people's doctors and community nurses where people required this support.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives knew the registered manager and felt they listened and were responsive to their requests. Where they had contacted the registered manager, they told us they listened and supported them to their satisfaction. People felt that all the staff who worked in the office were helpful and supportive.
- People and relatives felt involved in the running of the service. People told us they could not think of anything they would wish to improve the service, with the exception of the night time calls.
- Staff told us they felt happy in the way the service was run. They told us that teamwork and communication was what supported them to carry out their roles effectively. Staff said they worked well as a team and felt supported by the registered manager in their role. Staff told us the registered manager was

approachable and would promptly address any concerns they may have about people they supported or the running of the service.

- The registered manager recognised their responsibilities of duty of candour. The registered manager was able to tell us what they would do in the event of an incident and who should be informed of this.