

Divan Care Limited

5th Floor Hyde Park

Inspection report

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Tel: 02089823540

Date of inspection visit:
24 May 2022

Date of publication:
31 May 2022

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

5th Floor Hyde Park is the only location for Divan Care Limited, a privately run domiciliary care agency providing care and support 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 inspection, one person was receiving support with personal care.

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

People were happy using the service. They received personalised care and support and liked the staff providing this support. Their cultural needs were met and they explained the agency had helped them access other services.

People's care was well planned and the agency undertook regular reviews involving the person to make sure they were happy with their care.

The staff felt well supported and had the training they needed to care for people safely and well.

The registered manager was appropriately qualified and experienced. They had developed systems for monitoring and improving the quality of the service and dealing with adverse events.

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.

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 25 February 2020 and this is the first inspection.

Why we inspected

The inspection was conducted based on the date of registration.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

5th Floor Hyde Park

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 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 houses and flats.

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 short 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 20 May 2022 and ended on 24 May 2022. We visited the location's office on 24 May 2022.

What we did before the inspection

We looked at all the information we held about the service, including information they shared with us when they were registered.

We used the information the provider sent us in the 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.

During the inspection

We spoke with the person using the service, their relative and one care worker by telephone. We met the registered manager and human resources manager. Both managers were directors of the company. We looked at a range of records which included the care records for one person, one staff member's file and records used for monitoring the quality of the service, such as audits, meeting minutes and checks made by the provider.

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

- The provider had systems to help safeguard people from abuse. They had policies and procedures regarding safeguarding adults. The staff had training about this.
- The provider shared information with people using the service and staff about how to recognise and report abuse.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and wellbeing. The assessments included information about people's health, mobility, medicines, skin integrity and nutrition. There were plans to minimise risk and these were regularly reviewed.
- There were also assessments of people's home environment and the equipment they used to make sure these were safe.
- People told us they felt safe with the agency. The staff were trained to support people in a safe way.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and keep them safe. People using the service told us staff arrived on time and stayed for the correct length of time. The provider had a number of staff available for work and only took on new care packages when they had enough staff. At the time of our inspection, only one care worker was working regularly. The registered manager told us they aimed for staff to work locally to minimise travel time between visits.
- There were appropriate systems for recruiting new staff which included checks on their identity, eligibility to work in the United Kingdom, employment history, references from previous employers and checks with on any criminal records. New staff completed an induction and the registered manager assessed their skills and competencies.

Using medicines safely

- No one was receiving support with medicines at the time of our inspection. The provider had a procedure regarding safe handling of medicines, staff were trained to understand this and there were templates for recording and auditing medicines administration.
- The provider had carried out a risk assessment relating to medicines for one person, who managed their own medicines. This highlighted factors staff needed to be aware of such as the type of medicines the person was prescribed, what to do if they did not take them and where medicines were stored.

Preventing and controlling infection

- There were appropriate systems for preventing and controlling infection. These included procedures, training for staff and information for people using the service.
- People told us the staff followed good hygiene practices, washing their hands and wearing personal protective equipment (PPE) such as gloves and masks. The staff told us they had good supplies of PPE.
- The provider had assessed risks relating to infection prevention and control and carried out observations of staff to make sure they were following procedures.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They had regular meetings and shared information with staff. They carried out audits and checks, which included asking stakeholders for feedback. We saw they had responded appropriately when they had received a concern and had changed the service as a result of this.

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 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

- The provider carried out thorough assessments of people's needs, wellbeing and choices. These assessments were used to develop care plans. . The assessments and care plans were regularly reviewed. People were involved in creating and reviewing these.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably trained, supported and experienced. One of the managers was a qualified trainer. They worked with the registered manager to facilitate training. They used a range of resources to help staff learn about good practice in care.
- The provider carried out spot checks to observe staff and provide them with guidance and support. They had regular meetings and individual appraisals where they discussed their work with the staff.

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

- People had enough to eat and drink. The provider was supporting one person with meal preparation. The person told us the staff understood their cultural dietary requirements and how they liked food prepared.
- The provider carried out an assessment of people's nutrition and hydration needs. They had also created additional guidance for staff about how to prepare meals safely and well.

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

- People's healthcare needs were assessed and there was information about these and things staff needed to be aware of.
- One relative told us how the agency had provided support to help them access another service when the person had an identified need. They told us this had made a difference to the quality of the person's life and had helped them.

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. We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA. They had obtained people's consent for care and people had been involved in planning and reviewing their care.
- The provider had procedures for assessing people's mental capacity, although the person being cared for at the time of the inspection had the mental capacity to make decisions, so further assessments were not needed. They confirmed they were asked to consent to care, and staff made sure they obtained their consent at each visit.

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 of 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

- People were well treated and supported. The person using the service and their relative told us the staff were kind, respectful and caring. They had good relationships with the staff.
- The provider told us they aimed to match staff to meet people's culture and language needs. This was the case with the person being cared for and the staff member came from the same cultural background. The person and their family spoke about the importance of this. Their care plan described things that were important about their religion and when they needed time to pray.

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

- People were able to express their views and were involved in decisions about their care. The care plan had been developed with them and there were regular reviews which they were involved in.
- People were offered choices at each visit. Staff were reminded to do this through prompts and reminders in care plans. The person we spoke with told us they were offered choices and made their own decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They confirmed this. The staff had undertaken training to understand about the importance of respecting people's privacy.
- The staff supported people to be independent where they were able. For example, being involved in some cooking tasks, making purchases in shops and with aspects of their personal care.

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 of 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

- People received personalised care which met their needs and preferences. They had been involved in planning their own care. Care plans were personalised and included details about people's likes, dislikes and things which were important to them.
- Records of care showed care plans had been followed. The management team audited these and asked people for feedback to make sure they received good care.
- The agency had been responsive to people's requests for changes to their care hours and this was recorded.

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 met. The person using the service had requested their care plan in a large print format and they had been provided with this.
- Staff supporting the person spoke the same language and were able to communicate with them using this.
- The person's care plan included information about sensory impairments and the support they needed in relation to this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to access the community when this was part of their planned care. The person using the service was supported to access local shops and go for walks with the staff. The agency had helped enable this because they had sourced a wheelchair for the person to use when outside their home.

End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection. The care assessment and care plan included questions about end of life care and support so people could discuss this if they wished.

Improving care quality in response to complaints or concerns

- The provider had suitable systems for dealing with complaints. They had not received any formal complaints but had treated a concern the way they would treat complaints. They had investigated this and put in place improvements as a result of this.
- The person using the service and their family knew who to speak with if they had a complaint and felt this would be addressed.

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

- There was a person-centred culture. People were involved in making decisions about their care, they were listened to and respected. People felt valued by the staff and agency. The language used in care plans and assessments was respectful and focussed on people's strengths. For example, when describing one person, the registered manager had written, "[They are] a wonderful living person with a beautiful nature." They went on to describe their skills and wrote how they liked to cook when they were well and pain free, stating, "[They make] the most wonderful sauces."
- Staff also felt respected and valued. They told us they were able to speak with the registered manager whenever they needed. They said, "[They] help me and give me all the support I need." They told us they enjoyed working for the company and would recommend it to others.
- The registered manager regularly engaged with people using the service and staff, asking for their feedback and experiences.
- They planned to develop the service to cater for the local ethnic minority communities, providing support, information and personalised care from staff of the same backgrounds.

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 registered manager was suitably experienced and qualified. They were one of the directors of the company. They and other members of the management team understood their responsibilities and legal requirements. They kept themselves updated with changes in guidance and legislation.
- The agency had a range of policies and procedures which linked to relevant guidance. They understood their responsibilities under the duty of candour and were open and transparent when things went wrong.

Continuous learning and improving care

- The provider had effective systems for monitoring and improving the quality of the service. These included regular audits, contacting people for feedback and spot checks to observe staff providing care.

Working in partnership with others

- The provider had made links with other care providers to share ideas and support. They had contact with the local authority and received updates and information from them about good practice.

