

Divinus Support 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

Divinus Support Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

This was an announced, inspection which commenced on 12 February 2018. There were 40 people using the service. We gave 48 hours' notice of this inspection to make sure that people who used the service and staff would be available to speak to us.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was brought forward from the planned date due to concerns raised by the local authority regarding the care provided to people.

At the last inspection of 29 July 2016, the service was rated Good. At this inspection we found the service has deteriorated to Requires improvement.

At this inspection, we found that there was a lack of managerial oversight of the service. Effective quality assurance checks were not in place to enable the registered manager and senior staff to assess and monitor the quality of the service. The service arrangements were not robust as they had not recognised the issues we identified during our inspection. Improvements were required to ensure that all staff employed by the service received training in the Mental Capacity Act 2005.

Despite this training not being in place we found at the time of the inspection that people were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible.

Recruitment checks had been completed on all staff before they commenced working at the service. However, processes had not been recorded with regard to employing and supporting staff of the same family. Suitable arrangements were not in place to ensure that newly employed staff received suitable training opportunities, robust induction, formal supervision and an annual appraisal of their overall performance. The provision of planned staff supervision and reviewing people's care plans had declined over the past three months. This was due to care staff leaving the service and despite attempts, the recruitment of sufficient new staff members had not been successful. The service continued to try to recruit additional staff. As a result, the senior managers of the service were frequently providing care to people at the expense of the managerial oversight of the service.

Suitable control measures were not always in place to mitigate risks to the people using the service. Risk assessments had not been developed for all areas of identified risk to people and the service had not

successfully communicated with other professionals so that there were clear care plans in place.

Despite the above, people told us that they felt safe. The senior staff were providing regular care visits and people told us that there had not been any missed calls.

The medicine records were unclear as to whether people had taken their prescribed medicines. At the time of our inspection medicines audits were not being carried out but were planned for the future.

Although staff delivering care were supporting people and people told us they were well cared for, the senior staff of the service were not always acting in a way that demonstrated that they cared about the wellbeing of the people they supported. This was because they did not ensure that the service being delivered maintained people's safety and wellbeing.

People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of some of the people they cared for and supported, such as people with a diagnosis of diabetes, but this information had not always been recorded and reviewed in the person's care plan. Staff lacked knowledge in other areas of care such as how to support a person with pressure ulcers.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. However, we found that people's care plans did not always contain relevant and current information to guide staff on the most appropriate care people required to meet their needs.

The service had a complaints process in place and people informed us that the on-call system was effective.

You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Proper arrangements were not in place to manage and mitigate risks to people's safety.

Medicine records were not always clear with regard to whether the person had taken their prescribed medicines.

Senior staff were supporting the care staff to attend care visits and deliver care.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not receive an effective induction and training to ensure they had the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard or to meet people's needs.

Care plans did not contain information that people had given their consent to care.

Is the service caring?

Good ●

The service was caring.

Although staff delivering care were supporting people and were caring, the service did not have robust systems of monitoring to check upon the wellbeing of all the people they supported.

People told us that they were treated with respect and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's support plans did not reflect information to guide staff on the most appropriate ways to meet their needs.

The service had a complaints policy and procedures in place.

Is the service well-led?

The service was not consistently well led.

We found that the service had failed to maintain robust quality monitoring systems that operated effectively to ensure compliance with CQC regulatory requirements.

The senior staff had not always recognised and identified the shortcomings in the service to improve the quality and safety of the services provided.

Requires Improvement 

Divinus Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned four people who used service to gain their views about the service.

This inspection took place on 12 and 14 February 2019 when we visited the service office. Two inspectors undertook the inspection on day one and one inspector on day two. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager and staff would be available. On the first day of the inspection, one inspector visited three people in their own home and on day two an inspector interviewed members of staff.

Before the inspection we reviewed the information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and contract monitoring teams to obtain their views. A Provider Information Return (PIR) had been submitted to the Care Quality Commission. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, director, quality manager, two associate directors, one team leader, two members of care staff and two professionals from the local authority and clinical commissioning group. We reviewed six people's care records.

We saw records about how the service was managed. This included three staff recruitment files and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

At our last inspection of 29 July 2016, this key question was rated Good.

Appropriate arrangements were not always in place to manage risks to people's safety. Risks relating to people's health and wellbeing had not always been considered and the care records were not clear. For example, one person required support from the staff with stoma care. A stoma is a surgically-created opening in the abdomen, which allows the discharge of waste from the body. The support plan in place did not detail the specific care and support to be provided by the staff to promote good stoma care. In addition, the associated risks had not been considered and recorded, such as, the skin site becoming damaged or infected, the stoma bleeding and the risk of dehydration to the person. Not all of the staff had received training in stoma care from a healthcare professional and had learnt how to support the person from other staff.

No risk assessments were in place for one person who had diabetes with regard to what the staff should do, if the person became unwell through conditions of hyper or hypoglycaemia and what indicators to look for. The care plan although identifying the person had diabetes did not explain to the staff how to support the person to manage their diabetic condition. The staff we spoke with were knowledgeable about diabetes and did know how to support people with diabetes and this lessened the impact of any harm occurring. The registered manager informed us they would review the care plan and ensure it contained the required information to inform the staff how to support the person.

People told us they received their medicines as they should and at the times they needed them. One person told us, "The staff do give me my tablets when they come." People's care plans did not contain a record of what medicines had been prescribed or any as required medicine protocols. The staff were recording on one medicine administration record (MAR) the letter M. The MAR chart had information for the staff to follow and when the letter M was written this meant the medicine had been made available. The daily records did not record if the person had or had not taken the prescribed medicine. Some of the medicines were to help the person to manage their diabetes. The care plan did not express what the staff were to do when they were unsure if the person had taken their prescribed medicine. There was insufficient information for staff to ensure that they supported people with their medicine as prescribed and this placed the person's health and wellbeing at risk. The registered manager told us they would address this issue so that the staff recorded exactly what medicines people consumed.

The staff we spoke with were able to demonstrate an understanding and awareness of the different types of abuse and how to report abuse. The staff informed us about the training of how to safeguard people they had received. However, a safeguarding referral had not been made regarding concerns of other professionals for the care of one person the service had been caring for. During our inspection the registered manager did report a safeguarding matter to the appropriate authorities regarding a person with whom they had concerns and they followed the service policy for safeguarding.

The service had a system in place for the recruitment of staff. This included having the Disclosure Barring

Service (DBS) checks in place and any gaps in employment history were clarified. There were references obtained for the employee prior to starting employment with the service. Members of the same family worked for the service in senior positions and the policy and procedures did not cover the system for recruiting family members or how to support them through training and supervision. The quality manager explained how this was managed and informed us that they would include this information into the service policy and procedures.

People told us they felt safe and had no concerns about the care provided. One person told us, "I like the manager, they know me very well." Another person told us, "I like the staff and they know how I need to be cared for."

People told us that there were sufficient numbers of staff available to provide the care although recently staff numbers had been an issue. Staff employed part-time were working increased hours to cover for vacancies while the service recruited additional staff. People told us they had a consistent team of staff supporting them in the past but due to staff leaving they did not always know who would be coming to support them. One person told us, "I have the same team of staff there does seem to be a big turnover of staff. You get to know someone and then they are gone."

People told us that care staff always completed the care tasks required and stayed for the length of time stipulated. On occasions the staff were late for the visits but people informed us this was rare, and that on those occasions they were informed ahead. The service worked on a minimum call visit of 30 minutes. One person told us, "We have been with the service for three years and I have to say that they are pretty much always on time and always turn up."

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff had access to protective equipment, such as disposable gloves and aprons when required. Staff told us that part of their role was to maintain a safe environment and report any concerns about infection control to the registered manager.

The quality manager informed us the senior staff would meet to review findings from incident investigations, any learnt lessons and how to improve and develop of the service as the need arose. The service had reviewed how to support people during inclement weather and had devised a colour scheme of red, amber and green calls with red being must attend. This had been put into operation during the last bout of bad weather and had worked well. With agreement the service had not supported all people recorded as green on the worst day of the weather as they had been supported by family members.

Is the service effective?

Our findings

At our last inspection of 29 July 2016, this key question was rated Good.

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

From the training records for staff employed at the service, two members of staff had not received Mental Capacity Act 2005 (MCA) training. When speaking with staff, they were unable to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. Staff told us that they did provide care to people living with dementia. One member of staff told us that a person they supported became confused and anxious at times. Staff members informed us that they were not aware assessments had been completed for people living with dementia regarding their capacity. One care plan we saw was not clear if the person did or did not have capacity. The service had not always recorded that the person gave their consent for the care they received and asked the person to sign their care plan to confirm they were in agreement with the care to be provided. Some of the information suggested the person did not have capacity to make decision for themselves. We spoke with the registered manager and they told us that they would arrange the MCA training for the following week and take steps to ensure that assessments regarding people's mental capacity and ability to consent to care and treatment would be completed.

Staff informed us that they did have some training and were working towards the care certificate. We saw certificates in staff files. However, the senior staff could not inform us at the time of the inspection what training had been provided in the past six months and what was planned in the future. We understood this was because the senior staff had become increasingly involved in providing direct care themselves and as a consequence had not been working upon the staff training arrangements. The service was supporting some people with dementia but the staff we spoke with were not fully aware of the signs symptoms and aspects of caring for a person with dementia.

Although some staff had received training in stoma care. The most recently employed had not received specific training relating to stoma care and instruction had been given by other members of staff not trained to deliver this specific training. This meant that the care could be taught incorrectly by staff untrained to deliver training to their colleagues.

Staff informed us that they had received training in how to safeguard people. However other professionals involved with the care of an individual had made a safeguarding referral about concerns for their welfare. Therefore, the training had not been effective to provide the knowledge and empower staff to make a safeguarding referral.

People's individual support plans included the level of support required and the number of staff required to provide support at each visit. Records showed that assessments relating to moving and handling were not fully completed with regard stating how to use the equipment for each person. Staff members had received moving and handling training and had been shown by senior staff how to operate each piece of equipment. This meant that not all of the staff had been shown how to use the equipment by staff trained to provide this training.

Staff told us that they had received supervisions although this had not been on a planned regular basis for the past three to four months. However, they did inform us that senior staff were always available by telephone and at meetings to discuss issues, and that this could be arranged with senior staff in the office the same day to resolve. We looked at staff files and spoke to members of staff and identified that there had been regular planned supervision for staff as per the service policy of every six weeks up to six months ago. Since then the supervision was delivered less frequently on a required basis. We understood from the senior staff this was due to them providing more direct care themselves.

Where appropriate, people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would initially discuss these with the office staff or family members. The registered manager told us if staff were concerned about a person's health and wellbeing they would relay the concern to them for escalation and action.

We found due to a reduction in spot checks of staff performance and a reduction of the senior staff visiting people using the service to review their care had meant the senior staff had not always checked upon the wellbeing of people in their care.

Some people's needs were assessed and their support was planned having been discussed with them about their choices of how the support was to be provided. The registered manager informed us they carried out visits to people so they could continue to understand their needs, likes and dislikes and respond accordingly. People told us that staff had the skills that were required to care for them. The person we spoke to said, "The staff are lovely and I have no problem with them at all."

The staff were knowledgeable about food hygiene and when there was a need to record and monitor people's weight. Although the staff were not supporting a person with their dietary needs we noted the care plan had recorded important information including allergies.

Is the service caring?

Our findings

At our last inspection of 29 July 2016, this key question was rated Good.

Overall people and those acting on their behalf told us that staff cared for them or their member of family in a caring and compassionate way. Staff demonstrated a good understanding of the people they were caring for, this was due to the relationships they had built with people. Care records for people did not always contain detailed information on people's preferences and choices. Staff that were unfamiliar with the people using the service would not have been able to provide the support people required in a way they needed as records and support systems were not in place to inform staff practice.

The quality manager was working on a new care planning and recording system which would build on the initial and on-going assessments of the individual. The plan was to record more information in particular around people's life histories and choices which would increase the person-centred information within the care plans.

One person told us, "The staff treat me with dignity and understanding." Another person told us that they were treated with care, kindness and compassion. A relative told us, "The carers are very nice and look after [my relative] very well."

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. One person told us, "The staff are dedicated and seem mostly to be suited to their job. There does seem to be a shortage of staff at times. They are always polite and respectful and there is never any sense of them being in a rush. There is never any rudeness. I am very grateful to them all for their help."

The registered manager informed us about the importance of people being able to observe and practice their religious, personal and cultural beliefs. This information was discussed at the assessment and at reviews. Emphasis had been placed and recorded in the care plan upon the fact that the person's needs could change from visit to visit. Hence the staff needed to be flexible and understanding to respond as necessary.

Is the service responsive?

Our findings

At our last inspection of 29 July 2016, this key question was rated Good.

Peoples care plans had not always been reviewed and updated as the result of changes to their needs. For example, one person's diet had changed to a soft diet and although the staff were aware of this information the care plan had not specified what a soft diet entailed and the need for the person to be sitting upright when eating to reduce the risk of choking. We were aware that the registered manager was in the process of working through reviewing the care plans. However, this had not been completed and one person told us, "I feel I can always discuss things with Angie and she listens. I have a care plan in a folder here but I can't remember any reviews of it."

Improvements were required to ensure that risks to people's health, wellbeing and safety were identified and recorded. No evidence was available to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf.

We spoke with the registered manager who told us that the risk assessments would be completed of the person's needs in their own home. This information was used to complete the care plan. The registered manager told us that the referral from the Local Authority provided information on the person that was also incorporated into the support plan.

People's care plans did not always include clear information on how to care for them and meet their needs. For example; one person had nine pressure ulcers but there was no repositioning chart in place. People with pressure ulcers can be repositioned when in bed to relieve the pressure from areas of their body to reduce the likelihood of the pressure ulcers deteriorating. Hence a repositioning chart informs the staff how frequently to reposition the person. There was no care plan with regard to managing the person's skin integrity. The records of when the bed linen was changed and also incontinence pads changed was inconsistent.

The service had a complaints policy and procedure. The procedure clearly explained how any complaint would be investigated. People using the service informed us that they did know how to complain and would do so if the need arose. One person told us, "When I have raised something in the past with the boss it has been dealt with immediately." The registered manager explained that they would record complaints using the service procedure but when a matter could be resolved immediately such as this example by quickly reacting it had not developed into a complaint.

The service had supported with other professional's people with palliative care in the past but was not currently supporting anyone with care at the end of their life.

Is the service well-led?

Our findings

At our last inspection of 29 July 2016, this key question was rated Good.

People using the service and their relatives knew the registered manager and felt able to approach them regarding to raise any concerns about their care or the care of their relative. One person told us, "I have been with the service quite some time and I have no concerns." However, despite this positive feedback, we found that the service was not always well-led.

The senior staff had not always carried out audits to check and oversee the quality of care people received. The service did not have systems in place which identified the issues we found as part of this inspection. This meant that people were placed at risk of harm and were at risk of not receiving care and support that was current and reflective of their needs and requirements.

Systems were not in place to effectively consider people's experiences and identify issues so that learning and improvements could be implemented.

During the inspection we identified a significant lack of robust oversight and leadership within the service. Staff had left the service and while new staff were being recruited, the senior staff had become increasingly involved in providing direct care themselves. This impacted on the stability, safety and welfare of the people receiving care. We identified that people's personal safety was at times compromised and exposed them to the risk of potential harm in a number of areas, for example risk assessment not sufficiently detailed. There was a lack of systems in place to ensure shortfalls were being identified and prompt action was being taken to mitigate the risks.

We found systems and processes were not operating effectively to assess and monitor the quality of service that was being provided. For example, we found that there were no effective systems in place to monitor and audit people who were supported by staff to take their prescribed medicines. People's records in their homes did not contain sufficient details of how the staff would meet their care needs. For example, a person had pressure ulcers but there was no plan of how the service would care and support the person. Furthermore, although other professionals were involved in the persons care the service did not have a comprehensive record and care plan for the staff to follow.

During this inspection we found that staff competencies and observational supervisions had reduced and the induction process was not comprehensive. The induction did not include MCA training. Therefore, the service was unable to evidence how they were monitoring the different aspects of the service to ensure continued improvement and safe delivery of care.

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

The service was managed by a registered manager who owned the business and a director who was also the

owner of the business. They were supported by a quality manager and two associate directors and a team leader. All six of these senior staff provided direct care to the people using the service.

We had a discussion with the quality manager who confirmed that medication audits would be introduced. The service had carried out surveys and had acted upon the results of the 2017 survey for example by giving people using the service a rota of the staff coming to care for them. The quality manager assured us they would consider the result of the 2018 service user survey as soon as possible, but this had not happened at the time of the inspection. They also showed to us a detailed plan of spot checks, medicine audits and process for regular care plan reviews they planned to introduce. The senior staff wished to implement these as soon as possible but currently were responding to the greatest need which was to provide care themselves to cover staff vacancies.

Staff told us that they felt supported in their roles by the registered manager making themselves available to support by phone or arranging a meeting with the staff. People using the service told us that they found the registered manager helpful and approachable. One person told us, "I have talked to Angie about things and she is most obliging and will put things right. She is really very helpful."

The registered manager told us that they worked in partnership with a variety of healthcare professionals so that the service supported people to access the appropriate services. They wished to further develop those relationships to ensure the care to people was joined up through effective communication. The registered manager showed us a template which was in each care plan for other professionals to use to inform the service of important information. The registered manager informed us they would continue to highlight this to other professional staff to record information so that the staff of the service were aware.

The service had an out of hours on-call system in operation. One person told us, "The manager is good and I am very happy with them. I have used the out of hours number and though it is an answering machine, they did get back to me quickly."

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 person must regularly assess and monitor the quality of the service provided in the carrying on of the regulated activity. Regulation 17.</p>