Divers Support Services Limited

Divers Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 19 December 2016. We gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available.

This was the first inspection of the service since it was registered in September 2014.

Divers Care was a domiciliary care agency providing personal care and support to people living in their own homes. The agency was located in the London Borough of Ealing. The majority of people receiving support at the time of our inspection lived in the London Borough of Richmond upon Thames. Two people lived in other London boroughs. The agency was not restricted to providing care in these boroughs alone. At the time of our inspection nine people were using the service. People using the service included adults with physical disabilities, adults with mental health needs, adults with long term health conditions and people over the age of 65 years. The agency started operating in 2015. They had links with a provider of mental health services and support, who made referrals to the agency when people they cared for needed additional support. At the time of the inspection there were six members of care staff, a field care supervisor (who was also a care worker) and the registered manager employed.

The agency was the only branch of Divers Support Services Limited. The provider supplied training to other care providers and had a training centre separate to the domiciliary care agency.

The person who set up the organisation was also the registered manager. 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 and associated Regulations about how the service is run.

There were appropriate procedures for the recruitment of the staff but these were not always being followed because the provider did not always obtain the required information about the staff. This meant there was a risk that the staff were not suitable. The provider talked to us about the difficulties they had experienced obtaining this information, such as references from other previous employers. However, they had not put in place additional checks to monitor new staff when they had been unable to obtain the necessary information about these staff.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service and their relatives were happy with the care and support they received. They liked the staff who cared for them. They felt the agency had made a positive difference in their lives. They had regular contact with the registered manager and felt their care was monitored. People felt safe. They had been given information about how to make a complaint and safeguarding procedures. They told us

they trusted the staff and the agency.

The staff were appropriately trained and supported. They liked working for the agency and found the registered manager supportive and approachable. Information was shared appropriately with the staff and they were able to contribute their views about the service.

There were systems to monitor how the service was being managed. People using the service and their representatives were asked to complete anonymous surveys stating how they felt about the service. These were all positive. The provider also carried out regular reviews of people's care when they met with people and asked for their feedback. The records used at the agency were clear, up to date and appropriately maintained.

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

Some aspects of the service were not safe.

The provider had procedures for the safe recruitment of staff but these were not always followed because the provider had not always received the required information about each member of staff.

People using the service felt safe and trusted the staff and the agency.

Risks to people's wellbeing were assessed and there were plans to reduce the likelihood of harm.

There were enough staff to meet people's needs and keep them safe and there were contingency plans for emergency situations.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were appropriately trained, supported and supervised.

People had consented to their care and treatment and the provider was working within the principles of the Mental Capacity Act 2005.

People were given the support they needed around mealtimes.

Is the service caring?

Good

The service was caring.

People were cared for by kind, considerate and polite staff.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care needs were appropriately assessed and planned for. They were given the support they required and were able to contribute their own ideas about the care they received. Their preferences were recorded and considered by the staff.

People received care from the same regular staff who arrived on time and stayed for the agreed length of time.

People knew how to make a complaint and felt these would be responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People who used the service and other stake holders felt the service was well-led.

The registered manager was also the provider and had a good knowledge of the people using the service, their needs and their requirements.

There was an open and inclusive culture where people using the service and staff were able to contribute their views and opinions.

There were systems for monitoring the quality of the service and making improvements.

Divers Care

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 was 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.

This inspection took place on 19 December 2016. We gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available.

The inspection visit was carried out by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events.

As part of the inspection, we spoke with one person who used the service and the relatives of three other people who used the service by telephone to ask them about their experiences. We also had feedback from five members of staff, one social care professional who worked with the provider and a representative of the local authority where the service was located.

During the inspection visit we met the registered manager and the field care supervisor.

We looked at the care and support plans for five people who used the service, the staff recruitment records for four members of staff, staff training records and other records the provider used for managing the service, including checks and audits.

Requires Improvement

Is the service safe?

Our findings

The provider had appropriate systems for the recruitment of staff. However, these were not always followed. We looked at the staff recruitment records for four members of staff. All the staff had completed application forms but two members of staff had not recorded a full employment history. The provider's procedure and the legal requirements are that gaps in employment history are discussed with the member of staff and recorded. However this had not happened. There was only one reference from a previous employer for all four members of staff. In one case the reference did not give any feedback about their person's conduct or performance. Another person had recorded that they had worked for three other care providers before applying for the job with Divers Care. However, the referee they had named and the reference Divers Care had obtained was from a previous employer who was not involved with care of children or vulnerable adults. In addition the person had not recorded this employer on their application form under the section about previous employers. It is a legal requirement that the provider seek evidence of satisfactory conduct from previous employers providing care to children or vulnerable adults.

We discussed these incomplete staff recruitment records with the provider. They told us that it was sometimes difficult to obtain references from previous employers. Whilst we accept this was the case, there was also no evidence the provider had sought additional references. In addition they had not put in place extra checks to monitor the staff once they started work to ensure they were suitable and to minimise the risks to people using the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us they were invited to attend an interview with the registered manager. They supplied information about their employment history and identification. They also told us the provider requested references and a criminal records check. We saw evidence of staff interviews, checks on their identity and eligibility to work in the United Kingdom and checks on their criminal records.

People who used the service and their relatives felt safe with the agency. They told us they did not have any concerns about the care provided or the care workers. They said they trusted the staff. They knew how to raise concerns and they had information about the provider's procedure for safeguarding vulnerable adults.

The provider had a procedure regarding safeguarding vulnerable adults. The registered manager knew their responsibilities under the procedure. The staff received training in this and we saw that safeguarding was discussed at individual supervision meetings with the staff so that their memory about this was updated. There had not been any safeguarding concerns since the service started operating. The local authority representative who we had contact with confirmed there had been no safeguarding concerns with the provider.

The staff understood about the safeguarding procedures. They told us they had received the relevant

training and had the information they needed. They knew what to do if they suspected someone was being abused. One member of staff said, ''We make sure we support clients and protect them from any harm or neglect - physical, emotionally, financially and we know we need to stick to the support agreed in their care plans.'' Other comments from the staff included, ''Safeguarding means respecting the clients, do not neglect nor shout at the client, allow the client to do certain things by themselves where they can'' and ''I understand that we support clients and protect them from harm or neglect and physical or emotional abuse and financial Yes, I have had training.''

The risks to individual people had been assessed as part of the initial assessment. This included looking at the person's environment and any risks within this. The assessments also considered the person's health conditions, mental and physical health and any equipment they used. The assessments included information about existing measures to reduce risk and any action the staff needed to take to reduce the risk further. Information about the serving and maintenance of equipment being used by the staff was recorded. The field care supervisor and the registered manager carried out reviews of care for each person at least four times a year. As part of this the risk assessments were reviewed. We saw evidence of this in the files we looked at.

At the time of our inspection no one was receiving support with the administration of medicines. The provider had procedures for dealing with this if people required support in the future. The staff had all been trained to administer medicines and the template for spot checks on staff included observations of medicines administration.

There were enough staff to meet the needs of people who used the service. The registered manager told us they considered the staffing skills and availability when deciding whether to accept a new referral. People told us that their care visits always took place as planned and that the staff were not late or rushed. The field care supervisor carried out some of the care visits. The registered manager told us they had also provided care and support in the past when needed.

There were contingency plans to be followed in different emergencies situations or problems with the staff travel. The majority of people using the service lived with (or close to) relatives who were able to offer support if the staff could not attend the care visits. In addition the provider had a system where the staff rang or messaged the field care supervisor when they arrived and left each care visit. The provider had emergency contact telephone details for each person's next of kin or representative and told us they would contact these people if needed. Everyone receiving a service at the time of the inspection had capacity to make decisions about their own care and was not considered to be at risk of harm or neglect if for any reason care could not be provided by the agency. However, there had been no instances where care visits had been cancelled by the agency since it started operating.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they felt the staff were well trained and had the skills and knowledge needed to care for them.

The registered manager was a qualified trainer and part of the business was providing training for the care sector. The registered manager trained all the staff as part of their induction and held refresher courses for training updates. The staff were supported to undertake vocational qualifications by the provider.

We looked at the records of training and induction for the staff. They included training in a number of areas over a seven day period.

The staff told us they were able to shadow experienced staff as part of their induction. They told us they had been given information about their responsibilities and training for the role.

The staff told us they had undertaken a range of training which was relevant to their roles. One member of staff said, ''I had a lot of training such as health and safety at work, fire safety awareness, safeguarding of vulnerable adults, the Mental Capacity Act 2005, mental health awareness, learning difficulties, autism spectrum, food hygiene, manual handling, basic life support, first aid, medication awareness, infection control, equality diversity and I will get a refresher courses yearly.'' Another member of staff told us, ''I have done manual handling, fire safety awareness, mental health awareness and many others. I have been on refreshment courses regularly and it's very useful for my job. We were told to put our request in whenever we want to do any training.''

The registered manager and field care supervisor told us they regularly met with the staff and observed their work. They also had contact with the staff by telephone and email to discuss any concerns they had. They told us that the staff were very good at reporting concerns and discussing issues with them whenever they needed. We saw records of staff supervision and spot checks (on site observations of the staff caring for people).

The staff told us they had been issued with a handbook of information about their roles, responsibilities and the agency. They said that before they were asked to care for each person they were able to read the person's care plan and had information about the care and support they would be providing.

The staff told us that the registered manager regularly checked on their work through formal meetings and through monitoring how they performed at work. They said that the registered manager asked the people who they cared for to feedback about them. The staff also said that they had annual appraisals of their work.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People who used the service and their relatives told us they had consented to their care and treatment and had been involved in making decisions about the care they received.

The care records we looked at included records of consent. The provider had involved people in regular reviews and they had consented to these too.

Everyone at the service had been assessed as having capacity to make decisions. We discussed this with the registered manager and field care supervisor. They had a good understanding of their legal responsibilities and the support they needed to give to people. For example, they told us that one person regularly made decisions which put themselves at risk. The person had capacity to make these decisions. The registered manager told us they had discussed this with the person, and with their permission had also raised concerns about the person's wellbeing with their GP and social worker. The staff caring for the person offered the care they were able to each visit, but they also respected the person's right to make decisions which they considered may be unwise.

The staff told us they had received training about the Mental Capacity Act 2005 and understood their roles and responsibilities. One member of staff said, ''Our clients make their own decisions, if they do not have capacity the families have to go to court to become Power of Attorney in order to make decisions for them.''

At the time of the inspection some people were being supported with meal preparation. Their care plans describe the support which was needed and also the aspects of meal preparation the person could undertake themselves. People were able to make their own decisions about the food they ate and the staff respected this. The staff recorded any support they had given and the meal people ate within the logs of the care visits.

People's health needs were recorded in their care plans. There was information about health care professionals involved in the person's care and contact numbers for these professionals. The registered manager told us that the staff reported any changes in people's health conditions and spoke to us about an example when the staff had alerted them to a concern which they had reported to the person's GP.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were kind, caring and polite. They said that they had good relationships with the staff. Some of their comments included, ''[The care workers] who visit my [relative] are wonderful'', ''they are a brilliant bunch'', ''Our carer is very good'', ''[My relative] can be quite rude to the carers, but they never react, they are very kind and caring'' and ''The carers do their job with love.''

People who used the service and their relatives told us the staff respected their privacy. They said that they provided care behind closed doors and made sure people were offered choices and able to refuse care if they wished. Some of their comments included, ''They are gentle and sensitive'', ''If they are giving me care they always close the door, they wait outside if I need them to and they knock to come in'' and ''Yes, they respect [my relative] they make sure [my relative] has privacy.''

The staff demonstrated a good understanding about respect and dignity. Some of their comments included, ''We make sure that our clients are treated respectfully while giving personal care, being respectful while giving support and while in their homes'', ''We greet them with knocking on doors before entering a room in their home'', ''Dignity and respect in care mean the kind of care in any setting which promotes and supports and does not put down a person's self respect regardless of any difference. Not making fun of the client, giving the client their privacy'' and ''I make sure my clients are treated with respect while performing personal care and to be respectful when giving them support while in their homes. We treat them how we would like to be treated making sure knocking before entering a service user's home making them aware of my presence.''

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us the agency met their care needs. They said that their preferences were respected and that any requirements they had were met. Some of their comments included, ''They have done more for [my relative] than anyone else has ever done, I cannot fault them'', ''The care workers take [my relative] out and make sure [they] do the things [they] want'', ''They took [my relative] out to the theatre, [my relative] really enjoyed this experience'' and ''The care workers really understand [my relative]'s needs.''

Some people using the service received support with physical personal care, for example helping them to wash or have a bath. Other people received support to access the community and try different activities. The staff also provided support with cleaning and laundry, although this aspect of the service was not regulated by the Care Quality Commission.

The registered manager or field care supervisor met with people to assess their needs before they started using the service. The assessments were detailed and included the person's views about the care they would like to receive. Each person had a care plan which explained how the staff should care for them and support them.

The staff kept records of the care they had provided in log books. These were checked by the registered manager and field care supervisor. We noted that some of the records were not clearly written, some did not always describe the details of the way the person had felt about their care and none of them recorded the time of the visit. We discussed this with the registered manager who agreed to speak with the staff to ensure that the records were completed with more detail in the future.

People who used the service and their relatives told us that they usually had the same regular care workers who they had good relationships with. They told us the care workers arrived on time, stayed the agreed length of time and carried out all the required tasks. Some of their comments included, ''They have never let us down'', ''They are very flexible and can make changes to the times of calls if we ask them'' and ''They are never late.''

The external professional who we spoke with used the agency to provide care to people within their service. They told us, ''The agency sends the same carers consistently, which is very much welcomed.'' They went on to say, ''Where a carer does not match, we are confident that a new carer will be found. I can recall just one occasion where the first carer sent did not match. The service user liked the second carer sent, who continues to provide his support a year on. ''

The staff told us they usually cared for the same people. One member of staff said, ''Most of the time we have the same clients but if someone is sick or leaves we have to cover as we're not a massive company.''

The staff told us they had enough time to travel between different care visits and that they had enough time

to support people when they were on the visit.

The provider's complaint procedure was shared with people using the service and the staff. They all received a copy of this for their own reference. There had been no recorded complaints since the service started operating.

People who used the service and their relatives told us they knew how to make a complaint. They said that they would feel happy raising a concern with the registered manager and this would be acted on.

Good

Is the service well-led?

Our findings

People who used the service told us they felt it was well-led. They said the registered manager was approachable and that communication was good. They felt the service responded to everything they needed and they did not have any concerns. Some of their comments included, ''It is absolutely brilliant'', ''I have never had a better service in my life'', ''Hand on heart I could not wish for a better company'', ''I am very happy with the support'', ''The manager is very good, if I call and he is unavailable he always rings me back'' and ''They really try their best.''

The external professional who we spoke with who used the agency to provide care to people within their service told us, ''The feedback we have had from service users has been very positive.'' They went on to say, ''For my part, I have confidence in [the registered manager] and his desire to deliver a good service and always find him open and receptive to the needs and preferences of our service users.''

The staff told us they liked working for the agency. Some of their comments included, ''I get a lot out of working with people like our clients we help them reach goals, like helping them attend colleges while we accompanying them or to interviews or hospitals or jobcentre and accompanying them to activities so they can have some fun with people'', ''I like that I get to meet different walks of life I learn something new all the time from clients that have lived all different lives and I enjoy that I can make a difference in their life with my help and care towards each service user'' and ''I am very happy at the moment.''

The staff told us they felt the service was well managed. They felt supported by the registered manager and told us that they were always available to offer support and to speak with them if they needed.

The registered manager also ran the organisation. They were a qualified trainer who had run their own business as a trainer for care providers for several years. They told us that before this they had worked in various roles providing care. The company still ran training courses and support for other providers as well as training Divers Care's own staff.

The provider had various systems for auditing the quality of the service. These included regular audits of records and care planning. In addition each person's care was reviewed every three months and the person was able to contribute how they felt about the service. Changes in their needs or wishes were recorded and plans were adjusted appropriately. The registered manager and field care supervisor carried out unannounced spot checks to observe how the staff supported and cared for people. These were recorded along with any improvements which were needed.

People using the service, their relatives and the staff had been asked to complete anonymous satisfaction surveys about their experiences. All of the returned surveys were positive.

There had not been any accidents, incidents or safeguarding alerts since the service started operating. However, the registered manager was aware of their responsibilities to report these to the Care Quality

Commission and other agencies should they occur.

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 The registered person had not obtained the required information in relation to all of the persons employed. Regulation 19 (3)(a), Schedule 3 (4), (5) and (7)