

Divine Care Connections Ltd

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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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Divine Care Connections limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, nine people were using the service of which, four people were receiving personal care.

People's experience of using this service:

The quality assurance system was not robust, as the provider had not always identified some of the issues we found at this inspection or acted upon them in a timely manner in relation to care visit call records, staff recruitment checks, and concern record.

People and their relatives gave us positive feedback about their safety and told us staff treated them well. People were protected from the risk of infection. Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the management team members at any time for support.

The provider worked within the principles of the Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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.

An assessment of people's needs had been completed to ensure these could be met by staff. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

People's care plans reflected their current needs with sufficient guidance for staff to follow. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

There was a management structure at the service and staff were aware of the roles of the management team. They told us the registered manager was supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 27 November 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take, at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Divine Care Connections Ltd

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

A single inspector carried out the inspection and an expert by experience made phone calls to people and their relatives to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

Inspection activity started on 06 May 2022 and ended on 18 May 2022. We visited the location's office on 06 May 2022.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with one person and three relatives of people who used the service about their experience of the care provided. We spoke with three members of care staff, an operations manager and the registered manager. We reviewed a range of records. This included three people's care records, four staff recruitment files and a variety of records relating to the management of the service, including policies and procedures.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were supported by effectively deployed staff however, there were concerns around recording presented a risk. Accurate records of call times were not in place; therefore we could not be assured people received their care on time. For example, one relative told us, "Staff arrival times vary, because they have to travel a bit, but that doesn't impact on the care." Staff were incorrectly recording the times of their visits. We looked at four people's care records and found staff recorded identical times for log in and log out on all their visits.
- We found this information contradicted with the electronic call monitoring (ECM) record. For example, one person's care log from 01/04/2022 to 30/04/2022, showed staff visited from 6.00pm to 6.55 pm. However, the ECM showed the login times at 7.00pm and 7.45pm.
- Feedback from staff also demonstrated they were completing records incorrectly and there was a variation with the times when people received their care. A member of staff told us, "Most of the time, I visit them at 9.00pm and on some other days at 8.00pm or 8.30pm." Another member of staff told us "I go by 9.45am and start working and I do not wait for 10.00am to start. I record the actual time I'm supposed to start as is written in the care plan, to start at 10.00am." There was a lack of oversight from the registered manager and we reported these concerns in the well-led section.
- The registered manager had not completed robust recruitment procedures prior to staff being employed. For example, a member of staff was working in the office without their DBS checks carried out. We brought this to the attention of the registered manager and they immediately stopped their services until a clear DBS was obtained. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. We have further reported on these concerns in the well-led section of the report.
- However, for the remaining staff recruitment checks were carried out prior to their employment. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Baring Service (DBS) checks, health declarations and proof of identification.

Assessing risk, safety monitoring and management

- The registered manager completed risk assessments and risk management plans that included guidance for staff. For example, how to manage mobility needs, manual handling, and potential risks with the home environment.
- Risk assessments were reviewed periodically or as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's needs. The registered manager monitored them to ensure they remained reflective of people's current needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "They [staff] really look after me well and keep me safe." One relative said, "My [loved one] generally feels safe and protected with the care they receive."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistleblowing and said they would use it if they needed to.
- The registered manager confirmed there had been no safeguarding incidents since their registration in November 2019.

Using medicines safely

- The service had a medicines policy in place and staff had completed medicines training.
- The registered manager told us, they do not prompt or administer medicines to people. Either people who have capacity self-medicate or their family members administer their medicines, care records we saw confirmed this.

Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "The staff wear gloves and aprons all the time." One relative said, "The staff always wear protective clothing."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately. This protected people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff knew how to complete accident and incidents records, as well as details of who they would notify, such as the registered manager.
- The registered manager told us, there had been no incidents since their registration in November 2019.

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 for 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

- People's needs were assessed to ensure these could be met by staff. Assessments looked at people's medical conditions, likes and dislikes, cultural requirements, physical and mental health; mobility and nutrition.
- Where appropriate, relatives were involved in this assessment and the information was used as a basis for developing personalised care plans to meet each person's needs. One relative told us, "I have used the service for around two months and we [with the manager] had discussions regarding my [loved one's] care plan."

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One person told us, "They [staff] really know what they are doing. They look professional." One relative said, "They [staff] are well trained and look confident." Another relative commented, "I feel there are no training issues because they [staff] always look professional when they are carrying out the care."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- Staff completed training required to do their jobs. The training covered areas such as basic food hygiene, health and safety, moving and handling, infection control and safeguarding adults. A member of staff told us, "I have received safeguarding, health and safety, food hygiene, dementia, and infection control training."
- Staff told us the training programmes enabled them to deliver the care and support people needed.
- The provider supported staff through regular supervision. The registered manager told us, none of the staff had been working for over one year, so staff appraisals were not carried out. Staff told us they felt supported and could approach the registered manager at any time.

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

- Most people catered for themselves or had family to prepare their meals. When people required this support, staff ensured them they ate and drank enough to meet their needs.
- One person told us, "They [staff] get exactly what I want and prepare it. Sometimes, I get involved in the preparation of food."
- People's care plans included a section on their diet and nutritional needs. Staff told us people made choices about what food they wanted to eat, and their preferences were met.

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

- People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse or GP.

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 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.

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.

- People's capacity to consent to their care and support was documented. People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

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 for 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

- Staff treated people with kindness and respect. People and their relatives told us they were happy with the service and staff.
- One person told us, "I am well respected." One relative said, "The staff are willing to do extra and always check everything before they leave."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, faith and culture.
- The service was non-discriminatory, and staff supported people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care.
- One relative told us, "They[staff] would know my [loved one's] likes and dislikes. They sit and talk to [loved one] and are very caring."
- Staff involved people in making decisions about their care. They told us, people were asked about their choices and preference before care was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, and their privacy was respected. A relative commented, "My [loved one] is treated with respect and dignity." A member of staff said, "I do not share personal confidential information with others and make sure that I cover them with towel when washing and dressing, I close the door and window and draw the curtain when giving personal care."
- People were supported to be as independent in their care as possible. One relative said, "Staff will motivate both of us in a nice way to maintain our independence and are very talkative."
- Staff told us they would encourage people to complete tasks for themselves as much as they were able to.

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 for this newly registered service. This meant people's needs were met through good organisation and delivery..

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints. The registered manager told us, no complaints had been received about the service, however concern raised by relatives had not been recorded. For example, a relative told us, "I did raise my concerns regarding one of the staff behaviours. The registered manager looked into and resolved." We have further reported on these concerns in the well-led section of the report.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had knowledge of the support people needed when delivering care.
- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves. One person said, "I'm involved with my care plan and it's discussed with me on a regular basis and it fits my care needs."
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

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 needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.
- Staff understood the importance of effective communication when supporting people.
- The registered manager told us, they could produce information in a different format when asked for that met people's needs, for example, for people who required a different font size.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people.

- The registered manager was aware of what to do if someone required end-of life care to ensure people's end of life needs were met.
- The registered manager told us there was no one that required end-of-life support.

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 for this newly registered service. This key question has been rated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There were audits in place to monitor the quality of service including care plans and staff training. However, these were not robust enough to identify the issues found during this inspection. For example, staff had not recorded the actual time of their visit to people's home in the care log and ECM, the registered manager had not completed robust recruitment procedures prior to staff were employed, and a complaint raised by a relative was resolved but was not recorded.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives commented positively about care staff and the registered manager. One person told us, "I feel, I get on well with management. I can contact them if I need any advice." One relative said, "I think the service is managed well."
- Staff described the leadership at the service as approachable and supportive. One member of staff told us, "[The registered manager] is nice because of the way they approached people and have a compassion for people."

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

- There was a clear management structure at the service. Staff were aware of the roles of the management team.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- The service had a manager in post who was registered with CQC. They were aware of their registration requirements with CQC.
- There was a duty of candour policy. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

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

characteristics

- The provider sought people's views using satisfaction surveys. We found the responses were positive.
- Staff meetings were held to discuss any changes in people's needs, guidance for staff about the day to day management of the service, coordination with health care professionals and any changes or developments within the service.

Working in partnership with others

- The registered manager was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

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 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and process were not effective.