

Divine Care Provider Ltd

# Divine Care Provider Ltd

## Inspection report

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09 January 2020

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Divine Care Provider Ltd is a domiciliary care service. It is registered to provide the regulated activity of personal care to people in their own homes including older people, people with dementia, people with a physical and sensory impairment and younger adults. At the time of the inspection, 41 people were receiving a regulated service. 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.

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

Concerns raised during the previous inspection had not been effectively addressed. The provider did not have effective systems and processes in place that enabled them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service.

Risk assessments for people were not in place including their current needs and known risks

Medicines were not well managed, and people were at risk from poor practice

The service did not follow safe recruitment processes to ensure staff were safely recruited

People's care and support was not delivered in line with current standards and guidance.

The service was not well led. Management lacked knowledge and oversight of the service.

Systems were in place to monitor the quality of the service; however, these were not effective and failed to highlight concerns raised during the inspection.

Staff were instinctively caring but did not always have the skills and knowledge to undertake their role.

End of life plans had not been completed to record people's last wishes. We have made a recommendation about this.

Assessments of people's capacity were not undertaken in line with the mental capacity act. We have made recommendations about this.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had not been made or sustained and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Divine Care Provider 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, an assistant inspector 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. On the 18 and 20 December 2019, an Expert by Experience spoke with other people who used the service and their relatives.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats including specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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 16 December 2019 and ended on 09 January 2020. We visited the office location on 18 December 2019 and 09 January 2020. We visited people in their own homes on 09 January 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, registered manager, care co-ordinator and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who work with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Assessing risk, safety monitoring and management; Using medicines safely;

- Risks to people's safety were not effectively managed. For example, one person had pressure damage to their skin. There was no risk assessment in place to provide guidance to staff on how to reduce the risk of the pressure damage becoming worse. We asked the registered manager and nominated individual to identify people at risk of skin breakdown, however they were unable to do so. Staff and management were also unaware of the categories of people's pressure damage. This meant we could not be assured the service knew who was at risk of pressure damage and what support and treatment they required.
- Medicines were not well managed. Medication Administration Records (MAR) showed the service did not use patch charts to record the administration and removal of patches. For example, one person was prescribed transdermal patches for pain relief. Staff had not checked and recorded that the previous patch was no longer in situ. This meant the service user could be at risk of receiving an overdose of medicines.
- Medication Administration Records (MAR) and Topical Medication Administration Records (TMAR) were not kept in line with national guidelines. For example, people's TMAR (Topical Medication Administration Records), used to record when topical creams had been administered and MAR's, had multiple missing signatures. This had not been identified by staff and meant we could not be assured people had received creams as prescribed.
- Medicines were supplied from the pharmacy in the original packaging as well as in monitored dosage systems (MDS). These are medicine compliance aids used to store medicines. MAR's did not include an accurate list of medicines contained in the MDS as per national guidelines. This meant staff would be unable to identify what medicines had been taken previously.

We wrote to the nominated individual and asked for this to be addressed immediately to mitigate any risk posed to people. The provider responded immediately and confirmed all the immediate actions had now been taken. This was checked again on 09 January 2020. Whilst some immediate action had been taken, not all risks for people had been identified. We spoke with the provider and asked for this all to be addressed immediately to mitigate any risk posed.

Following our concerns during inspection, we raised a safeguarding referral to the Local Authority.

Whilst we did not find people had been directly harmed, the risk of harm had not been mitigated to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment processes were not safe, and checks did not make sure the right staff were recruited to support people. We reviewed the recruitment files for three members of staff and identified robust checks had not taken place. For example, one recruitment file had only one-character reference. We asked the registered manager about this who told us, "Normally we will ask for three or four references if we don't have one from the last employer, however we haven't here." Another recruitment file found a full employment history was not evident and there were gaps in their employment which had not been explored at interview. The registered manager confirmed this should take place at interview stage and is requested on the application form.

Whilst we did not find people had been directly harmed, the risk of harm had not been mitigated to keep people safe. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and staff told us there were enough, regular staff to meet care calls for people. However, people gave us mixed feedback about non-regular staff. One person told us, "It's a very good service. They are on time and they are very prompt, and she mainly has regular staff. The replacements are ok but just not as right or as on time as much." Another person told us, "When they are fully staffed it's pretty good, if someone does not turn up it gets chaotic. Mum in law has the same girl for six days and she is very reliable but when she is not there we can wait and they might turn up any time, they don't always tell us."

#### Learning lessons when things go wrong

- At the last inspection, we identified the service did not always use learning from incidents to improve the quality of care provided. At this inspection, there had been no improvement meaning that the service had not used learning from the previous inspection or from feedback received to support better outcomes for people. For example, we identified safe recruitment processes were not followed. This had been caused by both the registered manager and nominated individual believing each other had completed the appropriate checks on people. At the last inspection, we highlighted clear management tasks and responsibilities had not been put in place and acted upon.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. We received comments including, "I've had no falls or accidents so I'm safe and at ease with staff" and "Staff are checking I'm safe and that I have my pendant on."
- People were protected from potential harm and abuse. Staff understood their responsibilities on how to protect people. One member of staff told us, "Safeguarding is about protecting vulnerable adults, and making sure they're not being neglected or taken advantage of by family or other carers."

#### Preventing and controlling infection

- People and relatives told us staff followed infection control procedures when supporting people. One person told us, "When staff help me with food, they wash their hands and put gloves on." A relative told us, "The staff wear gloves and an apron."
- Staff told us they had received infection control training and understood how to prevent the spread of healthcare related infections.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments of people's individual needs were in place prior to them receiving care from the service to ensure their needs could be met safely. However, the service had not always kept up to date with best practice and guidance for delivering care. For example, people who were at risk of skin breakdown had no assessment in place, in line with national guidance, to assess, identify or monitor skin.

We wrote to the nominated individual and asked for this to be addressed immediately to mitigate any risk posed to people. The provider responded immediately and confirmed all the immediate actions had now been taken. This was checked again on 09 January 2020 and found skin assessments were in place for people at risk of skin breakdown.

- The service did not always work with other agencies to support effective and timely care. We identified people who were supported by district nurse teams. Information relating to the support provided by partner agencies was not included for staff to follow. This meant that staff may not know what specific support was required for a person.
- We spoke to the registered manager about what involvement and joined up working had taken place with these people's care. The registered manager told us, "We aren't managing their pressure sores, this is for the district nurse to do. We don't get involved in that." Following the inspection, we spoke to the district nurse team who told us the service had now engaged with them and had undertaken a joint visit.

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 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.

- Capacity assessments were not completed for people where their capacity was questioned. The registered manager and nominated individual confirmed the service supported people who lacked capacity to make day to day decisions. We asked whether capacity assessments were completed. The registered manager told us, "It is not our responsibility to do capacity assessments, it's for the GP to do them."

We recommend the service reviews and completes mental capacity assessments, where applicable, to ensure they are compliant with MCA 2005.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible;
- Staff understood the importance of gaining consent before providing support. Staff told us they had received mental capacity training and understood what this meant.

Staff support: induction, training, skills and experience

- At the last inspection, There was not a robust system in place to prepare and train staff for their role This was a breach of regulation 19 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Since the last inspection, the nominated individual had undertaken training in areas in which they train staff including manual handling and medicines administration. Equipment to train staff within the service had been replaced and facilities had been improved to support this.
- Staff received blended training both face to face and online training. This included medicines administration, infection control and manual handling.
- Staff had the training they needed to support people's individual needs. One member of staff told us, "We get inhouse training as management are train the trainer. We do lots of different training with her face to face and online training. The training is good here." However, staff still did not receive competency assessments to ensure they were competent following manual handling training.
- At the last inspection, staff were not provided with an effective induction process. At this inspection, the provider had improved the induction process. However, they did not always follow the services own policies and process for inducting staff. For example, inductions had not always been signed off by management as completed and that staff were competent to undertake the role. This meant we could not be assured staff were competent to undertake the role before working alone.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to eat and drink by staff. One person told us, "The food is well prepared and nicely presented." However, where people had specialist needs such as diet controlled diabetes, staff were not provided with adequate information. For example, one person was supported by staff with their food and had diet-controlled diabetes. Records showed their care plans lacked any information about this and how to support the person. However, despite this, staff knew people and their needs well.
- People had good access to healthcare services and support. People and relatives told us staff supported people when required to seek healthcare assistance. One person told us, "I can't fault the staff, they alert me if I need the doctor and they have rung them more than once." A relative told us, "One of the carers found a

lump on [person] breast and told us so we got the doctor to see it's checked up on. That's thanks to the care staff we got it done quickly.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People did not always receive a service which was caring as they were not always protected from potential risk, as documented in the safe and effective areas this report.
- People and relatives told us they were supported well by their regular staff. However, some feedback raised concerns about other staff. One person told us, "Most of the carers are lovely, but one or two are not so nice. They tell me to do things like 'lift your arm' rather than asking me." A relative told us, "The regular carers have been fantastic. The only problem I've had is with one carer who came and didn't do their job, I've written down everything that [person] needs, It's really clear, plain as day and they didn't do it. I asked for this carer not to come back again and she came in the other day, it was late so I just let her get on with it, but I wasn't at all happy." We spoke to the registered manager and nominated individual about this and asked for them to look into this.
- People were supported to maintain their independence. However, care records did not always tell staff what people were able to do for themselves. This had not impacted the quality of care because staff knew people well.
- People and relatives told us staff treated people with dignity. One person told us, "Staff help me wash and do things with dignity, They are very respectful." One relative told us, "They help [person] getting washed and ready. Staff are very respectful and polite, they provide the care with dignity and they are considerate in the house."

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

- People and relatives told us they were involved in decision making about care. One relative told us, "I can't recall any major review but they did go through the care plan. There's been no formal review recently but there have been some over the time [person] has had care with them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement

This meant people's needs were not always met.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. However, should anyone require end of life support this could and had been provided.
- Documents to record the arrangements, choice and wishes people may have for the end of their life were not in place to ensure people's final wishes were met. We spoke to the registered manager and nominated individual who told us this was being developed.

We recommend the service develops and implements end of life care plans for people in line with national good practice recommendations.

Improving care quality in response to complaints or concerns

- Processes and procedures were in place to deal with complaints or concerns.
- Complaints were logged and managed by the service, including investigations and responses given to complainers. However, one complaint had been received relating to concerns about a care staff member. Records showed that no response was given, and no action was taken in relation to the member of staff. We spoke to the registered manager who told us they had investigated the complaint and contacted the person but had not recorded it.
- People told us they knew how to complain but had no reason to. One person told us, "The company is very good, I've no complaints."

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

- People's care plans were not person centred. Care records lacked detail about people's preferences, likes and dislikes and individual needs. For example, we spoke to the registered manager about one person receiving a service. They were able to give us information about the person's likes and dislikes, as well as what they were able to do for themselves. When we checked care records, this information had not been recorded. This meant that the person may not receive care in a way that gives them choice and control.

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.

- The registered manager was able to demonstrate how people's communication needs were being met.
- Staff demonstrated an awareness of people's communication needs. Care records provided basic

guidance to staff on meeting these needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was not well led. The provider has failed to address concerns from previous inspections to improve the rating to at least good. At the last two inspections, the service has been rated as requires improvement. This demonstrates a lack of understanding of the risks and regulatory requirements and a failure to continuously learn and improve.

At our last inspection, systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Some of the concerns raised at this inspection, have been raised at previous inspections and have either not been addressed or improvements not sustained. Whilst the management of the service was clearly caring, their lack of oversight on the service meant that people did not receive safe care.
- At the last inspection, quality assurance processes were not being operated effectively to assess, monitor and improve the quality and safety of the services. At this inspection, quality assurance processes continued to be ineffective and failed to highlight concerns. For example, audits had been completed on care plans and medication, however none identified the concerns found on inspection. Where audits had highlighted any issues or concerns, this had not been used to improve the service.
- At the last inspection, policy and procedures had been updated with current requirements by an external company. At this inspection, we found that these policies remained generic and had not been tailored to meet the needs of the service. We spoke to the nominated individual who told us they would review the policies to tailor them to suit the service
- Clear management tasks and responsibilities had not been put in place and acted upon since the last inspection. There continued to be a lack of clarity in roles between the registered manager and nominated individual. This had led to a failure of oversight and to identify concerns.

- The ratings from the previous inspection were not displayed on the provider's website. The registered manager and nominated individual was not aware that this was incorrect. We spoke to the nominated individual who took immediate action to ensure the rating was displayed by the end of the first day of inspection.

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 manager was aware of their duty to be open and honest when something went wrong. We found systems were in place to ensure this happened/

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff completed surveys about the service. Whilst some analysis had been completed on feedback received, it was not clear how this had been used to improve the quality of care provided.
- People and relatives told us they could talk to the management at any time and had no concerns in doing so.

Working in partnership with others

- The service did not always work in partnership with other organisations. The service had not engaged with the local authorities training programmes despite this being offered.
- As explored in the effective domain, the service had not always engaged with other professionals that were supporting people. Following the inspection, the nominated individual told us they would be engaging with the local authority and others more.



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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not safely managed or mitigate in the service.</p> <p>Medicines were not safely managed in the service.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure the quality and assurance processes to operated effectively to guarantee compliance with regulatory requirements.</p>