

Elba Care Limited

Divine Care Centre

Inspection report

Front Street
Station Town
Wingate
County Durham
TS28 5DP

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 7 March 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting.

Divine Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Divine Care Centre accommodates 44 people with residential and nursing care needs across two floors. On the day of our inspection there were 35 people using the service. Facilities included en-suite bedrooms, several lounges, dining rooms and kitchenettes, communal bathrooms, shower rooms and toilets, a hairdressing room, a prayer room and communal gardens.

The home had a registered manager in place. A registered manager is a person who has registered with CQC 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.

Divine Care Centre was last inspected by CQC on 17 November 2015 and was rated Good. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home was clean, spacious and suitable for the people who used the service. The provider had procedures in place for managing the maintenance of the premises and appropriate health and safety checks had been carried out.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were managed safely and administered to people in a safe and caring way. We saw that people received their medicines at the correct times.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

Staff were supported to provide care to people who used the service through a range of mandatory and

specialised training, supervision and appraisal. Staff said they felt supported by the registered manager.

People who used the service and their relatives were complimentary about the standard of care at Divine Care Centre.

People told us staff treated them with dignity and respect and helped to maintain their independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person-centred way and were reviewed regularly. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

People had access to healthcare services and received ongoing healthcare support.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

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 remained safe.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service remained caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? The service remained well-led.	Good ●

Divine Care Centre

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 was planned to check 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.

This inspection took place on 7 March 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people who used the service and seven relatives. We spoke with the registered manager, a nurse, three care staff, the activities co-ordinator, kitchen assistant and the maintenance worker.

We looked at the personal care or treatment records of eight people who used the service and observed how

people were being cared for. We also looked at the personnel files for five members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Divine Care Centre. One person said, "I've been here five weeks and the carers are helping me all the time, so I feel safe because of them" and another person said, "I've been here since it opened and I've always felt safe, the girls are very good to me." One relative told us, "I'm very happy that my wife is in here, I've no worries at all about her safety." Another relative said, "I think my mam is safe in here, you have good security and a sign in and out book. I've had no concerns about her safety" and another relative told us, "Mam has been here since October 2016 and I've always had no concerns about her safety due to the way the staff check in on her."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

There were sufficient numbers of staff on duty to keep people safe. The registered manager told us that the levels of staff provided were based on people's dependency needs. Staff, people who used the service and visitors did not raise any concerns about staffing levels. A relative told us, "I visit my wife at all times of the day and I've seen plenty of staff around, I've got no problems or worries over staffing levels." A person said, "I use the bell quite a lot for help and the carers come quite quickly." Our observations confirmed call bells were responded to by staff in a timely manner.

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

Entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. The home was clean and tidy. En-suite bathrooms, communal bathrooms, shower rooms and toilets were well maintained. Appropriate personal protective (PPE) and hand washing facilities were available. Staff had completed infection control training. Infection control audits were up to date to ensure people lived in a clean and safe environment.

Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends or lessons learned and made referrals to professionals when required, for example, to the falls team.

People had risk assessments in place relating to, for example, falls, moving and handling, choking, pain,

malnutrition and skin integrity. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. The service also had health and safety risk assessments in place relating to, for example, safe use of wheelchairs and falls which contained detailed information on particular hazards and how to manage risks. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Arrangements were in place for keeping people safe in the event of an emergency. The provider had a fire risk assessment and a business continuity plan. A fire emergency plan was displayed in the reception area and regular fire drills were undertaken. The tests for firefighting equipment, fire alarms and emergency lighting were all up to date. People who used the service had Personal Emergency Evacuation Plans (PEEPS) and staff had completed fire safety training.

Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Wardrobes in people's bedrooms were secured to walls and window opening restrictors were in place.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing, gas safety and electrical installation were all up to date.

Appropriate arrangements were in place for the safe management and administration of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis to ensure they were within safe limits.

Each person had an individual medication administration record (MAR) that included a photograph of the person, GP contact details, details of any allergies, and information on how the person preferred to take their medicines. Medicine administration was observed to be appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date and included action plans for any identified issues.

Is the service effective?

Our findings

People who lived at Divine Care Centre received care and support from well trained and well supported staff. One person told us, "They are really good staff, they always seem to know exactly what they are doing." One relative told us, "I think the staff are very professional and friendly and I couldn't ask any better for my mam" and another relative said, "They always seem to know what they are doing with my mam. They seem well trained."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

New staff completed an induction to the service and some were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The majority of staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely.

People's needs were assessed before they started using the service. Pre-admission assessments included details of the person's medical history and an assessment of the person's care needs, including the level of support required and details on people's communication needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Consent to care and treatment was documented in people's care records.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's nutrition, hydration and weight was monitored regularly. Staff were knowledgeable about people's special dietary needs and

preferences. The provider had a nutrition policy in place and staff had completed training in food hygiene and focus on undernutrition. The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 17 October 2016.

At lunch time we observed staff assisted people to their tables in the dining room and we saw staff supporting people on a one to one basis if they required assistance with their meal. Staff chatted with people and the mealtime was not rushed. Lunch was a sociable experience. People were supported to eat in their own bedrooms, if they preferred. One person told us, "I love the pies because it's got thin pastry and plenty of stuff just the way I like them. You get a good choice of food and get biscuits, cake and tea in between" and another person said, "I think the food is always good and we always get a good choice." A relative told us, "Mam likes to stay in her room most of the time for her meals but occasionally goes to the dining room and I can say she definitely enjoys the food, it's very good."

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, speech and language therapists, district nurses, opticians, dentists and chiropodists. A person told us, "My doctor has been in three times to see when I needed him, I've got a chiropodist appointment at the weekend and I've had my flu jab as well" and relative said, "The staff sent for my mam's doctor before because she had a chest infection and the doctor came to the home to see her."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitable for the people who used the service.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Divine Care Centre. Staff had completed training in dignity, and equality and diversity. One person told us, "I like all the carers, they really look after me" and another person said, "I enjoy it here." A relative told us, "When I'm visiting I can only describe the staff that I have seen as very caring and respectful."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to people in a kind and caring manner. A person told us, "Yes, I do, I get looked after really well, nothing seems to be any trouble for them." A relative said, "From what I have seen it's brilliant, I've no worries about this home caring for my sister."

People were well presented and looked comfortable in the presence of staff. We saw staff assisted people, in wheelchairs in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way. One relative told us, "It's very friendly and from what I've seen of the staff, they are pleasant and helpful."

Staff worked very well as a team giving individualised care and people told us they were treated with dignity and respect. For example, one person told us, "I've no complaints at all, on the odd occasion my door is closed they always knock before coming inside" and another person said, "I've always been treated with respect, when they come to change me they close the door and my curtains, the carers are really nice." A third person told us, "The staff are lovely, they shut the door, they do it for dignity." A relative said, "I've no concerns with the level of care and respect shown towards my mam by the staff."

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. A person told us, "The staff are really very good, I don't like the hoist so they respect my wishes and use a walking aide instead. When they wash and bathe me they are very caring." A relative told us, "She always seems to be happy and content."

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff were able to tell us about people's relatives and how they were involved in their care. A person told us, "My husband and family can visit anytime they want" and a relative said, "There are no problems visiting my wife as I can come and go as I want."

We saw staff supporting people to maintain their independence. One person told us, "The staff don't try to stop me as I can get about on my walker" and another person said, "I still look after my own money, I don't need any help yet." One relative told us, "There is always help there if she needs it especially for the shower, mam is independent by nature" and another relative said, "I've know her for about 70 odd years and she's always been the same, independent."

People's bedrooms were individualised, some with their own furniture and personal possessions. Many

contained photographs of relatives and special occasions. A member of staff was available at all times throughout the day in most areas of the home. People received help from staff without delay.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. At the time of our inspection no one in the home had an advocate. Advocacy information was made available to people who used the service.

People were provided with information about the service in the providers 'statement of purpose' and 'service user guide' which contained information about the facilities, services, safeguarding, activities, meals, spiritual support and complaints. Information about health and local services was also prominently displayed on notice boards throughout the home.

We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Is the service responsive?

Our findings

People's care records were person-centred and demonstrated a good understanding of their individual needs. People's care records contained a 'life story' document which had been developed with the person or their relative and detailed what was important to the person and how they wanted to be supported.

Care plans were in place and covered a range of needs including continence, personal-care, skin integrity, mobility, nutrition, communication, personal safety and sleep. Care plans included the person's identified need in that area, the anticipated outcome and the approach required from staff. People's preferences were recorded and met by staff.

Staff used a range of assessment and monitoring tools. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition. Waterlow, which assessed the risk of a person developing a pressure ulcer and body maps were used where they had been deemed necessary to record physical injury.

People and their relatives were aware of and involved in the care planning and review process. We saw Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making.

People and their relatives were complimentary about the activity co-ordinator and the activities in the home. Planned activities and events were displayed in communal areas and included bingo, dominoes, arts and crafts, board games, quiz, mobile library, entertainers, Easter bonnet competition and nostalgic sounds. We observed a well-attended 'Naughty but Nice' session organised by the activities co-ordinator in the ground floor lounge which involved a sing along DVD and free confectionery. It was a sociable event with people laughing and chatting amongst themselves.

A person told us, "I like to watch the television and read my books" and another person said, "I like to sit and watch television and talk to my husband and family in my room." One relative told us, "The home had the local school kids in the other day, it holds services in the chapel and there's always entertainment on" and another relative said, "There's a man who brings his dog in regularly."

The provider's complaints policy was on display in the reception. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example the local authority and the local government ombudsman. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken.

People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. One person told us, "I've had no problems but if I had any I would speak to [Name], the manager" and another person said, "I haven't had

any complaints so far, but I would know what to do."

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with CQC since 7 July 2014 and told us they felt supported in their role.

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. A person told us, "It seems to be well managed and everyone is friendly." A staff member said, "The management team have an open-door policy so you can speak to them about anything." A relative told us, "The home in my opinion is well run because of the quality of care and food."

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns. One person told us, "Couldn't wish for better" and another person said, "Very friendly." A relative told us, "Very friendly, no concerns there" and another relative said, "[Name] (the manager) is very approachable and friendly and she is definitely interested in what you've got to say, nothing is a trouble to her."

Staff we spoke with felt supported in their role and felt they were able to report concerns. A member of staff told us that the registered manager was "Very approachable", another staff member said, "It's a really nice place to work, the manager is fabulous and very supportive and knows the business in and out" and a third member of staff told us, "The manager is really good, if you've any problems she is always there for you."

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits of care records, medication, infection control and catering. All of these were up to date and included action plans for any identified issues.

Residents and relatives meetings were held regularly. Discussion items included activities, the environment, care, safeguarding and laundry. The quality assurance surveys for 2017 for people who used the service and their relatives received very positive responses. Themes included care received, safety and security, food quality and choice, dignity and privacy, activities, homely atmosphere, laundry, comfort and cleanliness. Comments received included, "Very good home with very nice, helpful staff", "Concern raised, very happy how quickly it was addressed", "It's my home from home" and "I have now settled in and happy due to the friendliness of staff."

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly and showed staff were able to discuss any areas of concern they had about the service or the people who used it. One member of staff told us, "I love working here, it's a great job" and another said, "I am part of a brilliant team; we are one big happy family."

The service had close links with the local community. Local school children came into the service to join in with the activities and religious services were provided for people by the local churches. Pet Therapy sessions were organised for people and local entertainers performed in the service.

The provider had policies and procedures in place that provided staff with clear instructions. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.