Divine Motions Healthcare Services 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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Divine Motions Healthcare Services Ltd is a domiciliary care service that provides care and support to 83 people living in their own houses or flats in the community. 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
People's care plans were not person centred and were task focused.

We have made a recommendation about person centred care planning.

We received some feedback about instances of staff lateness and timekeeping concerns particularly at the evening and weekends.

Medicines records contained unexplained gaps and lacked information in relation to topical creams and 'as and when required' (PRN) medicines.

Risk assessments lacked information in relation to managing risks to ensure people are safe.

There were systems in place to assess and monitor the quality of the service provided. However, were not sufficiently robust to identify that improvements were needed in relation to medicines, risk assessments, staff timekeeping, medicines management and care plans not being person centred.

People told us they felt safe using the service. Staff followed appropriate infection control practices. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Staff had the training, knowledge and experience to meet people's needs. People were supported to maintain good health and had access to a range of healthcare services when needed. People were supported with their food and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

The provider worked in partnership with healthcare services and professionals to plan and deliver an

effective service.

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

Rating at last inspection
The last rating for this service was good (published 20 October 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received.

Enforcement
We have identified breaches in relation to safe care and treatment, deployment of staff and good governance at this inspection.

Follow up
We will continue to monitor information we receive about the service until we 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 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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Divine Motions Healthcare Services 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
This inspection was completed by an inspector and two Expert by Experiences. 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
Divine Motions Healthcare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

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
This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. Inspection activity started on 21 November 2019 and ended on 28 November 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection
We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. 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 seventeen people who used the service and seven relatives to gain their views about the service. We spoke with four care workers, the registered manager and regional director.

We reviewed a range of records. This included five people's care plans, risk assessments and medicine records. We looked at five staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records.

Requires Improvement

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 for 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.

Using medicines safely
•Medicines were not managed safely. Medicines records did not accurately reflect the support people received. Therefore, we cannot be assured that people received their medicines as prescribed.
• There were multiple instances where Medicines Administration Records (MARs) were not completed correctly. Some showed multiple gaps were staff had not signed to say they had administered medicines and others had been signed at the wrong time of day, when people were not due to receive their medicines.
• Staff had used the code 'O' (other) in relation to the administration of one person's medicines, but there was no explanation recorded as to what 'other' referred to and whether the person had received their medicines or not.
•This person also took 'as and when required' medicines (PRN) including pain relief such as paracetamol. However, there was no PRN guidance which showed when, how much and what circumstances this was to be given to the person. When the PRN medicine had been administered, the MAR sheets did not detail the reasons why the medicine had been administered or the dosage of what was administered to the person.
•Some people required support with the application of topical creams. However, details of the creams including when, where they should and was actually applied to on people had not been included on the people's medicines records.
•On some MAR sheets, the name of the medicines was recorded however, the dosage and the number of tablets to be given was not detailed. People's care plans also lacked sufficient detail as to the support people required for their medicines. For example, in one person's care plan, it stated 'Carers to administer all the medication as per prescription make ensure it's taken before leaving.' The lack of guidance meant people were at risk of not receiving their medicines appropriately from staff.
•Monthly medicines audits were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up. However, these had not been effective as they did not identify the shortfalls we found at this inspection.

Systems in place were not effective to ensure the safe management of medicines. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•We discusses these concerns with the registered manager who responded immediately after the inspection and provided a copy of the guidance in place for staff in relation to topical creams. Examples of updated medicines records including information in relation to PRN medicines, topical creams and the dosage of medicines people required were also provided. We will follow this up at our next inspection.
• People and relatives spoke positively about the support they received with their medicines. A person told

us "They [care workers] make sure I take my tablets. I have a blister pack and they do it according to that." Another person told us "They bring in the tablets with water. They have not missed a dose."
• Care workers completed training to administer medicines and their competency was checked. Care workers were aware of their responsibilities when administrating medicines. A care worker told us, "We have the medicines charts in place to check and make sure we are giving the right medicines and we always sign it to show it has been administered."

Staffing and recruitment
•Care workers were not effectively deployed to meet people's needs. We received mixed feedback in relation to timekeeping and inconsistencies with the care and support they received from the service, particularly at the weekend. A person told us "My carer is very nice. I've been having the same one for a year now. I trust her very much".
•However, another person told us "I have a regular in the mornings. However, the visit later in the day- there are different people and the time is more varied. They have come late and once or twice they don't come at all-It happens with the afternoon call now and then. They don't phone me they just don't turn up."
•People and relatives also told us there were issues particularly at the weekends. A person told us "The times are regular with [main care workers] but on the weekend when it's neither of them it can be anytime in the morning when the carers turn up- it puts me out of my routine."
•We discussed this with the registered manager and they told us timekeeping was checked against daily records staff completed, however we noted, discrepancies in the times recorded. For example, for one person, their morning call was 7.7-45am, however the daily record showed staff attended the visit between 8-9am. The person's lunchtime call was 12.30-13.00pm, however the daily record showed staff attended the visit between 11.35 – 12.05pm.
•We also noted records showed staff were not staying the full duration of their calls. For example, for one person the duration of their lunchtime call is 30 minutes. However, on the 7 November 2019, daily records showed staff attended the call between 1-1.15pm, this meant they spent only fifteen minutes with person.

The systems in place were not effective to ensure staff were effectively deployed to meet people's needs. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•The registered manager told us they would adopt a more effective electronic system to monitor staff timekeeping including increased monitoring and a tracking system to monitor calls. Care workers, not regular to people will receive additional training to ensure people receive consistency with their care. We will follow this up at the next inspection.
•The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.

Assessing risk, safety monitoring and management
• Risks to people's safety were not always assessed. Risk assessments contained limited guidance and had not been completed fully for care workers to ensure people were safe. In some instances, the risk to the person had not been identified. For example, for one person, the risk assessment just stated, 'strip wash' and measures to manage the risk were 'to assist as required.' The level of risk had also not been assessed.
•In another person's risk assessment for personal care, the level of risk was scored as high risk, however, the risk assessment just stated 'yes' and measures to manage the risk, it stated '… to assist with personal care needs as required.' There were no further details as to what the risk was and the reasons why it was assessed as a high risk. The person also used a trolley to assist with their mobility and the level of risk was assessed as medium risk. However, there was no further information detailed explaining the risk, reasons why it was assessed as a medium risk and the support staff needed to provide to minimise the risk and keep

the person safe.

Risks to people had not been assessed effectively meant people were at risk of receiving unsafe care and treatment. This is a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•We discussed this with the registered manager who responded immediately after the inspection and provided examples of updated risk assessments. We will follow this up at the next inspection.

Preventing and controlling infection
• The service had an infection control policy in place. Care workers had received training and were aware of safe infection control practices.
• People using the service and their relatives told us care workers always wore protective clothing when providing them with personal care

Systems and processes to safeguard people from the risk of abuse
•People told us they felt safe using the service. A person told us, "They [staff] are capable and chat with me and I feel safe with them." A relative told us "[Person] has a very nice carer that comes 3 times a week. [Person's] in very safe hands".

•People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and care workers had completed safeguarding adults training.
• Care workers were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. A staff member told us, "If there is anything that is different about the person and if I spot anything, I always report it to the office. I would call social services, the emergency services and CQC if I had to."
• Where there were concerns of abuse, the registered manager had notified and worked with relevant healthcare professionals, including the local authority safeguarding team and CQC to ensure any concerns were acted upon.
•The registered manager maintained a safeguarding folder which showed clear evidence of actions taken by the provider in response including additional monitoring and spot checks to ensure people were safe, additional support was also put in place where needed. Supervision and additional training for care workers was also put in place to ensure learning and best practice was adhered to.

Learning lessons when things go wrong
•The provider had an electronic system in place to record and respond to accidents and incidents in a timely manner. The system had triggers to ensure action was taken which included notification to relevant healthcare professionals and CQC.
•The system enabled accidents and incidents and complaints to be analysed for specific trends. Any lessons learnt were used to improve the quality of service which were relayed to care workers in staff meetings and training sessions to embed good practice.

Good

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.

Staff support: induction, training, skills and experience
• People and their relatives told us staff had the skills to carry out their roles effectively. A person told us "Oh yes, she's [care worker] well trained at what she does…. She comes in and does everything automatically, I don't have to tell her anything". A relative told us "[Person] has vascular dementia, and the carer understands [person] very well".

•Care workers had completed an induction programme based on the Care Certificate and shadowed experienced staff before they provided care and support to people. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
• Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, food hygiene and first aid. Care workers spoke positively about the training they received. One care worker told us, ""The training is useful, and it keeps you up to date with things." Another care worker told us "Yes I have had the training. It is good to have the experience and it helps me to do my job."
•Care workers also received regular supervision and appraisal. A care worker told us "They always ask how we are doing. They do listen when we speak to them."
•Care workers competency was assessed by spot checks. This involved care workers being observed by a member of staff and assessing how care workers carried out their duties. Records showed that if there were any areas of improvement, this was followed up by the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Assessments were carried before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
• During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

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.

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.

•The service worked within the requirements of the MCA. Where people had capacity, records showed the service obtained their consent about their care and support. A person told us "There is only me and them there. They know what I need and like. Consent is always asked. We understand each other and always have a laugh."
•Where people lacked capacity, records showed the best interest decision making process has been followed which included involving relatives and healthcare professionals if needed.
• Care workers understood the principles of the MCA and asked people's consent before providing care. A care worker told us. "I always ask them [people] before I do anything."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat, and drink based on their individual preferences. People's care plans contained some guidance on how to manage identified areas where they were at potential risk or if they had swallowing difficulties. A person told us "They do get my breakfast for me- I always just have tea and toast and at lunch they heat up a ready meal for me and I select it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as social workers, occupational therapy, district nurses and GPs to deliver effective and timely care. A person told us "They [care workers] do check for bedsores and for example I have had a little cough and they got me some mixture from the Doctor- I think they phoned the surgery from their offices and a Nurse came out again. I am very happy with them." A relative told us "[Person] got pneumonia last year and they would stay with [person] longer than they needed to and call me if they were worried."

Good

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
• People and their relatives spoke positively about the care they received and told us care workers were kind and caring. A person told us "[Care worker] is very nice and caring and makes me feel comfortable. They do seem to understand that it's my home and they check I am happy for example they ask 'Do you want to have a wash/get dressed? They don't just assume. I get very breathless and they give me time. I don't feel rushed." A relative told us "The carer is kind and caring, the same lady has been coming for over three years now. Continuity is important when you have dementia."
• Feedback from people using the service and their relatives indicated positive caring relationships had developed between people and care workers. A person told us "We have a nice conversation. She's [care worker] very kind and compassionate." A relative told us "Yes, always treated with kindness and compassion. The regular carers have been coming for a long time, they treat [person] as a friend."
•When speaking with care workers, they spoke about people in a caring manner. They told us "My clients are the most important to me and they are my priority". Another care worker told us "
"I always make sure I can spend time with people and give them the chance to talk about they like. Today we spoke about the news and we talk about something every day".

Supporting people to express their views and be involved in making decisions about their care
• Records showed formal review meetings were held with people using the service, their relatives and local authority representatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. A person told us "They do regular checks- they phone to see if it's convenient and they go over my plan and check everything. I'm quite happy with everything." A relative told us "They have done a couple of reviews of the care plan and the meetings seemed fine."
• People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence
•People and their relatives told us their privacy and dignity were respected. A person told us "I'm happy with my morning regular carer. She doesn't leave me alone at all and if I'm washing she helps and the same in the shower. She seems to care, and she talks to me while she is helping. She is very, very pleasant."
• Care workers received privacy and dignity training. They were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care. A care worker told us, "We always make sure we have the same routine as [person] likes it that way and they know what we are going to do."
• People were supported with their independence and encouraged to do as much as they could for

themselves. A person told us "[Care worker] is a lovely lady- she gives me a lovely shower and makes my bed. She goes beyond what she has to do and so does the other carer. She will make sure my trolley is left at the bottom of the stairs for me and brings my milk in for me. [Care worker] is very softly spoken and gentle. They never discuss any other people they visit and are very respectful. I don't have to hide anything. I'm quite happy with them."

• Care workers understood the importance of promoting people's independence. One care worker told us, "If they can do it, I always encourage them, but I always ask them what they want" and "[Person] chooses what to wear and we must listen to them".

Requires Improvement

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 key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's care plans were not person-centred and were mainly task focused, lacking detailed guidance on how people should be supported appropriately. Therefore, people were at risk of receiving care that was not appropriate to their needs.
•. The language used was often a list of instructions. For example, in one person's care plan, it stated, 'To administer medication' and 'To support [person] with personal care. There was no further information detailing how this should be done. In another person's care plan, is stated 'Assist me with transfers (walking frame to commode transfers and toilet needs (commode emptying)' with no further guidance provided.
•Care plans and risk assessments used the term 'client' or 'service user' to refer to people and not their names and lacked information in relation to people's preferences, likes and dislikes, equality and diversity and people's cultural and religious needs.
•Although people using the service had been notified, we noted the care plans were headed with the previous provider's company name and had not been updated to reflect the new company name of 'Divine Motions Healthcare Services Ltd' that the provider has registered with the CQC in October 2018.

We recommend the provider seeks advice from a reputable source on care planning documentation which would reflect personalised and person-centred care.

•The registered manager told us they would review the care plans and ensure they were person centred and contained guidance which detailed the care and support people needed in accordance with people's specific needs. An action plan was put into place which progress had started to update records to reflect the new company name. We will follow this up at our next inspection.
• People and their relatives spoke positively about the service they received which met and was responsive their needs and preferences. A relative told us "The agency has been very good and accommodating. On days when [person's condition] has been playing up we've had to cancel the day centre that they attend. So, with minimal confusion, the agency has been very good with late changes and provided lunch care". Another relative told us "I had to have a major operation so was unable to support [person]. I asked Divine Motions if they could send a carer whilst I recover. We had a meeting and they sent a carer. He was excellent- so polite friendly. I told the manager how pleased we were with him. He would even do things that weren't in his remit."

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 care plans contained information which showed how they communicated and how staff should communicate with them.
•The registered manager told us they were able to tailor information in accordance to people's needs and in different formats if needed.

Improving care quality in response to complaints or concerns
•There were procedures for receiving, handling and responding to comments and complaints. Records showed complaints had been investigated and responded to promptly by the service manager.
• A person told us "I've got no complaints, they're all very nice". Another person told us "My [relative] had a word with a woman at the agency about the carers not turning up at weekends, she also got in touch with the social worker and I think it's better now. There was a lady who has come out a couple of times to see how things are going."

End of life care and support
• No one at the service currently received end of life care. The registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were identified and place measures in place to ensure they were met.

Requires Improvement

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•A compliance monitoring and improvement audit tool was in place which covered aspects of the service including complaints, safeguarding, care records, medicines and staffing. Spot checks were undertaken to assess care workers performance. However, these were not robust or effective as they had not identified the issues found during this inspection in relation to medicines management, risk assessments, staff timekeeping and care plans not being person centred or updated to reflect the new company name..

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• After the inspection, the registered manager sent us information and action plan which showed the actions they have taken and intend to take to address these issues. We will follow this up at our next 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 registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. CQC was notified of any significant events at the service when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
• The provider obtained feedback from people and relatives about the service via surveys, review meetings and spot checks to improve the service where needed. A person told us "The manager did come out to see me to see how I was getting on."
• The service promoted an inclusive and open culture. Management staff recognised care workers contributions on the way the service was delivered. Care workers told us "You can speak out and they will deal with it." Another care worker told "It's is a good agency and there is good communication."
• Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A care worker told us, "They tell us what's going on and what's going well and what we

need to improve. They always keeping reminding us things like to contact the office if we are running late, to wear our uniforms and communicate well with people.
I always speak up about what we need to do and give them ideas. They do listen."

Working in partnership with others
• The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.

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 12 HSCA RA Regulations 2014 Safe care and treatment The systems in place were not effective to ensure the safe management of medicines. Risks to people were not assessed effectively. Regulation 12 (1) (2) (a) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The current systems in place were not effective enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17 (1) (2) (a) (b) (c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not effectively deployed to meet people's needs. Regulation 18 (1)