

Divine Home Care Limited

# Divine Home Care Ltd

## Inspection report

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 21 March 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office.

Divine Homecare Limited is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester. At the time of our inspection there were two people using the service.

Divine Homecare Limited had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service. Staff had undertaken safeguarding training and knew what to do if they had concerns about the well being of any of the people using the service.

Staff understood risk and how they should respond to reduce this to promote people's safety and welfare. However when we looked at people's care records they did not include any recorded risk assessments to manage risks to the person's health and well being or environment. The provider told us that they would ensure risk assessments were recorded with care plans.

People said they thought staff were well-trained and knew how to support them effectively. Care staff had a thorough induction and on-going training to keep their skills up to date. Staff were safely recruited to help ensure they were suitable to work with people who used the service. Staff received support through meetings and formal and informal supervision.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and sought consent from people before providing care. Further action was needed to ensure staff fully understood the MCA and their responsibilities in supporting people to make decisions and choices.

People told us that care staff were caring and treated them with dignity and respect. People had consistent, reliable carers. This enabled people to get to know the staff who supported them.

People were directly involved in the development of their care and encouraged to be independent and make choices about how they wanted their support provided.

Staff provided a personalised service that was responsive to people's needs. However the service had not developed care plans for the people who used the service. The registered manager told us that information was always provided verbally to care staff before they began to support a person. However, due to lack of

appropriate records, we could not be confident that people's care had been designed to achieve their preferences and ensure their needs were met. The registered manager said they would address this.

People and their relatives knew how to complain, however no complaints had been received by the registered provider at the time of our inspection.

There were regular opportunities for staff to provide feedback about people's care through attending team meetings.

People told us the registered manager and registered provider often visited them and spoke to them in person to check on their well being and monitor their care and support. However the provider did not have an effective or robust quality assurance programme in place to check people received good care. The provider told us they were in the process of introducing systems to assess and monitor the quality of care in the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Care staff had an understanding of safeguarding adults including how to report concerns.

Staff understood and managed risks to people's safety and welfare. However, the provider had not recorded risks to people using the service.

People were cared for by reliable and appropriately recruited staff.

### Is the service effective?

Good ●

The service was effective.

People were cared for by skilled and competent staff. Records confirmed staff training was up to date. Staff said they were well supported to carry out their role.

Staff used the principles of the Mental Capacity Act 2005 and obtained consent and respected people's choices and decisions before providing care.

Staff understood people's health needs and supported people to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were happy with the care they received from the service.

People were cared for by caring staff who knew their needs well.

People told us they were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed when they first started to use the service but there were no written care plans to detail the support people required.

Staff provided personalised care and support and people told us that staff met their needs.

People knew how to make complaints if they needed to.

**Is the service well-led?**

The service was not consistently well led.

People were satisfied with how the service was managed.

The provider did not have an effective or robust quality assurance programme in place to check people received good care.

There was no evidence of consultation with people who used the service to promote learning or continuous improvement of the service.

**Requires Improvement** 

# Divine Home Care Ltd

## **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 21 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one 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. Our expert-by-experience for this inspection had expertise in services for older people.

Prior to the inspection we reviewed notifications and information we held about the service. We looked at statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our visit we met with the registered manager and the provider and spoke with two care staff. We also spoke with one person who used the service and one relative whose family member used the service.

We looked at the records of two people, which included their care records and daily logs. We also looked at the recruitment files for two members of staff, a range of policies and procedures, minutes of staff meetings and information relating to the provider's systems for monitoring quality assurance.

# Is the service safe?

## Our findings

The people using the service and one relative we spoke with told us they felt safe with the staff employed. One relative told us "We and my family member feel very safe with our carer. They are really good."

Records showed all staff had undertaken safeguarding training provided by an external trainer. We saw that training included types of abuse and guidance for staff in responding to abuse. This meant that staff had up to date knowledge and information to keep people using the service safe. The provider had up to date procedures in place providing guidance to care staff on reporting any concerns about people's welfare. Procedures included contact numbers for senior managers and for relevant external agencies. All the care staff we spoke with knew what to do if they had any concerns about people's safety. One care staff told us "I would call my manager straight away". Another care staff told us that their priority would always be the person using the service. They told us they would ensure their immediate safety and report concerns to their manager and to external agencies if necessary.

The care staff we spoke with understood risk and how they should respond if a person was in danger. However when we looked at people's care records they did not include any appropriate risk assessments. We discussed this with the registered manager who told us that the service used the information in the assessment provided by the local authority. It was clear that they were aware of the risks to each person using the service. Care staff confirmed that they had been made aware of the risks to individual people using the service by the registered manager during their induction and introduction to the person using the service. The registered manager agreed information about risks to people's physical and mental health needs, health and safety and their environment needed to be written down. They told us they would ensure that all risk assessments were completed and recorded in people's care records.

We looked at staff recruitment files to check that staff employed at the service had the necessary documents in place to ensure they were safe to work with people who used the service. We looked at two staff files which showed that recruitment checks were completed before new staff started working in the service. Recruitment files included a Disclosure and Barring Service (DBS) check and appropriate references. The DBS checks help employers to make safer recruitment decisions and prevent unsuitable people from working with people using the service.

Training records showed that care staff were trained to support people to manage their medicines. However at the time of our visit, the registered manager told us that people using the service were able to manage their own medicines and did not require support from care staff. This was confirmed by people and their relatives.

The provider had in place suitable systems to monitor and respond to accidents and incidents. The registered manager told us there had been no accidents or incidents in the service at the time of our visit.

# Is the service effective?

## Our findings

People who used the service and relatives told us they found care staff knew how to support them. One relative told us "The carer is very helpful and has really built a very good relationship with my family member. The carer certainly knows what she is doing." A person who used the service told us "The carer knows what I need and makes sure that I get it."

Staff told us that they thought they had received good training to give them the skills and knowledge they needed in their role. One care staff told us that they had never worked in care before and that their induction and on-going training gave them the confidence they needed to support people effectively. Another care staff told us that their induction was very thorough and the registered manager spent time making sure they had the right information and training for their job. Care staff told us about their induction which included shadowing the registered manager and being introduced to people before working alone. Care staff told us that they had recently undertaken training in manual handling, medicines and first aid.

We looked at staff training records which confirmed that staff had completed training in a range of courses relevant to their role. The registered manager told us that the service was about to implement the Care Certificate for all new staff. The 'Care Certificate' is a set of national standards for care workers which staff work through with their managers. This provides staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Care staff told us that they received regular informal and formal supervision and felt supported by the registered manager and the provider. They told us they met with the registered manager and the provider on a weekly basis and were able to discuss any concerns and obtain feedback on their performance. The registered manager told us that they had recently introduced a new system of supervision for care staff. We saw that staff were able to raise items for discussion. For example, one staff member had requested specific training. We looked at the person's training records and saw that the provider had arranged the training and the staff member had recently attended and completed the training they requested. This meant that care staff were supported to identify their training and development needs and these were met to ensure staff were effective in their roles.

People using the service told us that they did not require support with their meals but did receive assistance from staff in meal preparation. One person told us that the carer supported them by helping them with food preparation and supporting them to go shopping when they needed it. They told us that the carer was very aware of their specific dietary needs and understood what they should and should not eat. A relative told us that carers made their family member their preferred drink just the way they liked it and always left them some in a flask before the end of the visit. This showed staff were supporting people to maintain their nutritional health and preferences.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act



requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Care staff had limited understanding of the MCA. The registered manager told us that they were arranging training for all staff in MCA and Deprivation of Liberty Safeguards (DoLS) which are also part of the Act.

Care staff understood the importance of gaining people's consent before delivering care. They gave examples where they always asked the person what they wanted and how they wanted to be supported. People who used the service and their relatives confirmed this and told us that staff respected that they had capacity to make decisions and choices. For example, people using the service were able to decide on whether they wanted a strip wash to shower and their meal choice.

People using the service told us they were able to manage their own health care or relatives supported them with this. Care staff told us if people needed access to emergency medical services, they felt confident to do this on their behalf if required.

## Is the service caring?

### Our findings

People were positive about the care staff who supported them and were happy with the care they received. One person told us "The carer who comes to see me is very caring. They are very nice and always talk to me. My carer always asks if there is anything I want." A relative told us "The carer we see is really caring and I can't fault them."

People told us they had developed good relationships with care staff. People and their relatives that we spoke with said they had the same care staff who were reliable, consistent and understood their needs and preferences. For example, one person had a care staff who was able to converse with them in their first language. This was important to the person to enable them be able to communicate their needs and enjoy conversations during the visit.

Care staff demonstrated that they understood how to protect people's right to privacy and dignity and people using the service confirmed this. One care staff gave an example of how they ensured that the person's dignity was maintained by keeping them covered whilst supporting them with personal care in the bathroom. When care staff explained people's needs, they told us how they made sure people's independence was supported. For example, where people needed support in the shower to reach areas of their body which they could not reach, care staff supported them but encouraged them to wash other areas themselves.

We asked people how they had been involved in their care. One person told us that they had an initial conversation with the registered manager where they were able to say what they wanted, although they had never seen a care plan. A relative told us that they had been involved in the original planning of their family member's care. They told us they were able to check the daily notes that carers completed after each visit and saw that carers were providing care in the way their family member wished.

People received information about the service through an agreement with the service. This included contact details for the service, aims and values of the service and the roles and responsibilities of care staff. We saw that agreements to care were signed by the people who used the service and/or their relatives.

## Is the service responsive?

### Our findings

People told us that their support needs had been discussed and agreed with them when the service started and their needs and preferences were being met. However the service had not developed care plans for people who used the service. We discussed this with the registered manager who told us that they used the information in the person's assessment by the local authority as a basis to provide care. They told us that information was always given verbally to care staff prior to them commencing any care and that people using the service were able to tell the care staff how they wanted their care provided. Whilst people using the service confirmed that care staff were well informed about their care, detailed written care plans would ensure that responsive care continued to be provided if care staff had to change unexpectedly. The registered manager acknowledged that people required a written plan of care which detailed the support people required in order to meet their individual needs in a way they preferred. Within two days of the visit the provider told us that they had met with people using the service in order to develop their care plans.

There was no system in place to review people's care to make sure their care accurately reflected how people needed to be supported. One relative told us "We have not had a review yet but it must be due soon." Another person who used the service told us that they had not had a formal review of their care. However they told us that the registered manager saw them every month and checked that everything was alright and if they needed anything to change to their care. This meant that people were able to review their care on a regular basis with the registered manager to ensure their needs were met. The registered manager confirmed this but told us they had not kept records of these monthly meetings. They told us they would undertake a formal review of people's care following our visit and ensure outcomes of reviews were recorded in people's care records.

People told us that care staff were reliable, arrived on time and stayed the length of the visit. People received consistent care staff who they felt were responsive to their needs.

People were supported to access the wider community where appropriate. For example, the service supported one person to attend a local community centre by adjusting visit times so that care staff arrived in good time to support the person to prepare for the community transport. Another person was supported with their shopping. The person told us that this support was provided flexibly and that they never felt rushed by care staff.

The registered manager along with the provider provided the on-call service and had access to information should they need to call upon another care staff to cover the call in an emergency. Care staff told us that the on-call managers were responsive to their concerns.

We spoke with people who used the service and their relatives and asked them what they would do if they had any concerns. They told us they would speak to the registered manager or the provider. One person told us "My carer always does what they should and anything else I ask for. I have not had any reason to complain." A relative told us "We have no concerns at all." The provider had a complaints procedures which was up to date and included contact details for relevant external agencies should people need support to

make a complaint. There was a system in place to record complaints. At the time of our visit, there were no complaints against the service.

## Is the service well-led?

### Our findings

People told us they were happy with the service they received. One person who used the service told us "I have no concerns about my care. The [registered] manager comes every month to check if everything is alright and if I want anything else." A relative told us "The [registered] manager has been out once since the package started and they also ring every so often to check everything is alright and if there is anything else they can do. Everything is perfect at the moment and we have no concerns at all and hope the service continues."

The registered manager told us that they carried out random spot checks on care staff to ensure that they were providing quality care to people who used the service. This involved checking punctuality against timesheets submitted by staff and observing the care staff's working practices and record keeping. People who used the service and care staff confirmed that the registered manager and registered provider visited people's homes at least once a month to check that everything was ok. The registered manager told us that they did not keep a record of their spot checks. They also told us that audits had not yet been carried out as they were in process of creating a quality assurance template. This meant errors in care planning documentation had not been identified and improvements were not made until they had been picked up by the inspector during our inspection visit. The provider told us that they would ensure that they put in effective quality assurance systems in place following our inspection.

There were regular opportunities for staff to provide feedback about people's care. One care staff told us that they met with the registered manager several times a month and that they were always available to speak to." Another care staff told us "The provider is very good at understanding us. They are honest and communicate with us really well. We have staff meetings where we can talk about concerns or issues regarding clients as a team and resolve any problems as a team." Regular team meetings were held. Minutes confirmed these were well attended and used to raise staff awareness of important issues. For example, the team meeting in December 2015 was used to discuss staff induction and plans to introduce the care certificate and to refresh staff knowledge of the provider's complaints procedure.

Care staff told us that the registered manager was involved in every aspect of the service and also worked directly with people using the service which enabled them to get to know them well. Care staff said that the registered manager was always approachable and that the service operated an open-door policy where care staff and people using the service could contact them for advice and support.

The registered provider told us that they were in the process of drafting a service user questionnaire. They told us that as they were so small, they asked people on a regular basis if everything was ok and they were happy. A person using the service and a relative confirmed they were informally asked for feedback on the way in which the service was being delivered. This demonstrated that the registered provider was committed to listening to people as a means to improving service provision.