

Divinus Support Limited

Divinus Support Ltd

Inspection report

Unit 1
Highbury Road
Brandon
IP27 0ND

Tel: 01842814059

Website: www.divinussupportltd.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Divinus Support Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, the service was providing the regulated activity of 'personal care' to 32 people.

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

We found that staff did not receive all the training they needed to deliver high quality care. Staff recruitment was now safe and in line with regulation. Governance arrangements did not provide assurance that the service was well-led.

People were satisfied with their care and support. People said that the service had become more reliable in recent months. People described the care staff as kind, caring and they felt safe being supported by staff from Divinus Support.

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

Rating at last inspection (and update)

This service was registered with us on 15 March 2019 and this is the first rated inspection.

The last rating for the service under the previous provider was Requires Improvement, (published on 4 April 2019). We completed a targeted inspection on 21 January 2021 due to concerns raised. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of those regulations.

Why we inspected

This inspection was to check whether the Warning Notice we previously served in relation to Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to formally rate this service.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

Enforcement

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

We have identified breaches in relation to staff training.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Divinus Support Ltd on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good 

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 caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Divinus Support 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 one inspector.

Service and service type

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

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. 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 21 April 2021 and ended on 4 May 2021. We visited the office location on 21 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies and professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, office staff and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at four 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.

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 rated inspection for this newly registered service. This key question had previously been inspected but not rated. At this inspection this key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to robustly recruit staff as required. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been enough improvement at this inspection and the provider was no longer in breach of regulation 19 (Fit and proper persons employed).

- Recruitment records were examined, and appropriate checks had been made before staff started work at the service. The policy and procedure for recruitment had been reviewed. Recruitment was ongoing specifically for the Brandon round.
- We reviewed people's daily records and compared these with the times staff attended their home. We found that the times staff attended matched those specified by the person when the package was arranged. There were enough numbers of staff deployed to meet people's needs in line with their preferences. People fed back that consistency of staff had improved in the last two months.
- A system was in place to introduce new staff to people prior to them starting to work with the person.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people from abuse and understood their responsibilities in protecting people.
- There were systems in place to respond appropriately to any concerns about a person's safety and welfare, including a policy which staff were aware of. People and relatives told us they felt safe when care staff supported them. One person said, "Yes, I feel safe when they are in my house."

Assessing risk, safety monitoring and management

- The service carried out a range of risk assessments for each person to identify any areas of risk staff should be aware of. This included risk assessments around medicines, pressure care, moving and handling and falls. Where a risk was identified, there was care planning about how staff should support the person to reduce this risk. The registered manager responded positively to feedback on making care plans relating to the risks of using oxygen clearer.

Using medicines safely

- Where the service supported people with medicines, there was a care plan in place for this setting out the support they required. An assessment was carried out by the registered manager. There was no guidance or

assessment based upon best practice that was followed. The registered manager made notes on a blank record. This would benefit from development and not solely rely on their knowledge.

- We reviewed a sample of medicine's administration records which had been returned to the office. We found that there were no gaps or omissions in these records which implied people had received their medicines correctly. They were audited by the office staff to identify any shortfalls.

Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment (PPE) to do their job and reduce the risk of the spread of infection.

- Policies and procedures were in place with regard to how the service limited the risk of the spread of COVID-19. This included routine testing for staff.

- People told us that staff helped them to keep their home clean and wore appropriate PPE when visiting them.

Learning lessons when things go wrong

- The service had a system in place to analyse incidents and accidents. Where these occurred, they were reviewed and any changes to care planning or risk assessment were made where required.

- A recently completed audit relating to medicines found that improvements were needed relating to creams. This was being actioned.

- The service had a system in place to identify shortfalls in staff practice and address these individually through supervision.

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

Staff support: induction, training, skills and experience

- Staff had not received a range of training which was suitable for the role. Staff had access to 60 training courses through the Care Skills Academy. The records from the training provider showed inconsistent completion of initial training in several key courses such as, moving and handling, first aid, fire and food hygiene. There was no completion date nor any record of when training was required to be refreshed.
- Moving and handling was completed online and then the registered manager showed staff how to use the equipment. The provider employed eleven staff however, records showed only two staff had completed their moving and handling training, one staff had completed first aid and no staff had completed the fire training specifically designed for domiciliary care. Both people and staff were placed at ongoing risk due to the lack of robust training supplied to meet the needs of people.

This is a breach of Regulation 18; staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from staff was that they would prefer more face to face training. People told us they felt the staff who visited them were trained but needed more training to become confident in what they were doing. The service was offering apprenticeships.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's needs was carried out before the package of care started. This assessment included visiting the person, collecting information from the local authority and asking people what they would like support with, when they would like this delivered and their preferences regarding this.
- Care planning was satisfactory but could further be enhanced by following best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

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

- Where people required support to eat and drink, information about what staff should do was included in their care planning. This included information about their preferences.
- People told us staff supported them with eating and drinking where this was required and recorded this support. A person said, "They make me a cooked meal – lovely." One staff member told us about how they ensured peoples fridges were clean so that food was stored properly and out of date food not used.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live

healthier lives, access healthcare services and support

- Where other professionals were involved in people's care, this was noted in their care planning. For example, one person had regular visits from district nurses. Their role and contact details were noted in their care records.
- The service recorded the contact details of people's GP's so they could be contacted for advice if required. One person told us they were awaiting a call back from their GP that day. Another person told us, "When I'm poorly the care staff look after me well."

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.

- People's capacity to make decisions about their care and treatment were assessed. Even where people were deemed as not having capacity to make some of the bigger decisions about their care, they were still involved as far as possible in arranging their care. This meant their preferences were reflected.
- Where people had a power of attorney, information about this was not consistently included in their care records. A power of attorney is a legally nominated person who can advocate for someone's best interests in the event they no longer have capacity to do so. This inconsistency increased the risk of staff being confused about who could legally consent on behalf of the person.

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 told us the staff were kind, caring and treated them well. One person said, "Oh yes they are. The present staff are very good to me. They look after me very well." Another person said, "It's not an easy job and they are so kind and look after me."
- We were given examples of acts of kindness such as posting a letter for someone who was unable to, purchasing a fresh bread roll that a person particularly liked and care staff ringing relatives with updates as they lived further away.
- Staff had access to training in equality and diversity. Most staff had yet to complete this. Care records reflected people's individuality.

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

- People's views about their care were recorded in their care plans. This included information about what they would like to happen at each visit and what time they would prefer this to happen. These preferences had been considered in the way their care package was arranged.
- People told us they felt their views were heard and that the service had improved in the last two months.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of them, their home and upheld their dignity and independence. A relative spoke of how, with the support of the agency their family member was enabled to remain independent and live in their own home safely.
- People told us staff asked them how they wanted to be supported, how they preferred to be addressed and how they would like them to leave their home when the visit finished.

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 Good. This meant people's needs were met through good organisation and delivery.

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

- People's care records reflected their diverse needs and preferences. People received care from staff who knew them as individuals. People told us staff working for the service always asked them for their preferences, such as how they liked to be addressed.
- People and their relatives told us they had been actively involved in the planning of their care and were asked to agree their care plan. Reviews were conducted with people and their representatives and their views on their care were recorded as part of this.

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.

- Information was provided to people in a way they could understand. Proposed care plans were given to people and their relatives allowing them up to seven days to consider, reflect, change or cancel.
- Staff understood how to communicate with people who had a variety of needs. Information about how people communicated was included in their care records.

Improving care quality in response to complaints or concerns

- An appropriate complaints policy was in place and people were provided with a copy of this. It included direct numbers for the office and out of hours arrangements.
- People we spoke to felt confident to raise concerns and believed they would be responded to. One person said, "I tell them what I think. I'll tell them if I have to." Another person said, "I know I can speak up if things are not right."

End of life care and support

- Where people receiving support from the service were coming to the end of their life, care plans were put in place reflecting the support they required at this time. This included information about their wishes in coming to the end of their life and what professionals were involved in ensuring they remained comfortable.

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 rated inspection for this newly registered service. This key question had previously been inspected but not rated. At this inspection 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

At our last inspection the provider had failed to ensure consistent management oversight specifically relating to persons employed. We issued a warning notice relating to regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been enough improvement at this inspection and the provider was no longer in breach of regulation 17 and has met the warning notice, but there remains ongoing development and embedding needed.

- There was a lack of systems in place to ensure oversight and governance of the service. This meant issues we identified at this inspection were not always identified and improvements were not made. This did not ensure consistent delivery of quality and safe care.
- This included good quality training to ensure it met the needs of people and staff and audits of the service, including ongoing review of policies and procedures that would drive improvement through action plans developed.
- The provider lacked an ongoing plan of development or any contingency plan should the provider not be available. The provider/registered manager was the same person and did not currently employ any other person in a managing role. They were responsible for most activities from assessments, recruitment of staff to delivery of care.
- Policies relating to recruitment and infection control were now in place. Audits on medicines had been completed and spot checks on staff performance were taking place and recorded.
- Most people made positive comments about the service they received and how it was managed. One person however was derogatory about the management of the service but valued their care staff. This with feedback from staff highlighted that some routes and areas were more consistently managed than others.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- There was a positive culture in the service demonstrated by the registered manager. Staff were encouraged to deliver person centred care, treat people as individuals and spend meaningful time with people.
- Systems were in place that enabled staff to discuss changes to the service and communicate messages.

Staff felt able to express their views and suggest improvements. One staff member said, "The manager is lovely and will always listen. I love my job."

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

- People were regularly asked for their views on the service they received. This happened via reviews of their care plan, telephone surveys and written surveys.
- The registered manager was open to the suggestion that they could develop the written surveys and ensure actions developed and taken were fed back to people.

Working in partnership with others; 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 service had developed positive working relationships with other professionals involved in people's care. This allowed for effective sharing of information between organisations to ensure people received joined up care.
- The registered manager was keen to accept support and advice from professionals. A recent audit of medication systems completed for an external professional, highlighted gaps in the current systems. The registered manager was open and transparent about improvements needed to make medicines safer.

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 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure there were sufficient suitably qualified and skilled staff to deliver the service.