Divine Motions Acacare Limited

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Inspection report

Square Root Business Centre
102-116 Windmill Road
Croydon
Surrey
CR0 2XQ

Tel: 02086654334
Website: www.divinemotions.co.uk

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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

We inspected Divine Motions Acacare on 15 and 16 August 2016. The inspection was announced 48 hours in advance because we needed to ensure the registered manager was available. Divine Motions Acacare Limited provides personal care to adults in their own home. At the time of our visit there were 117 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

We previously inspected the service in March 2014. We found the provider was meeting all the legal requirements and regulations we inspected.

During this inspection we found that care was not planned and delivered in a way so as to ensure people were protected against the risk of foreseeable harm. People's risk assessments did not identify obvious risks or give staff sufficient information on how to manage the risks identified. People's needs were assessed but the assessment process was not effective. People's care plans did not give staff sufficient information to enable all staff to provide personalised care.

There were procedures in place to protect people from abuse which staff were aware of. Staff had received safeguarding training and had good knowledge about how to identify abuse and report any concerns.

Staff were recruited using an effective procedure which was consistently applied and appropriate checks were carried out before staff were allowed to work with people alone.

People were cared for by a sufficient number of suitable staff to help keep them safe and meet their needs. Staff were appropriately supported by the provider through an induction, relevant training, supervision and appraisal. Staff were supported to obtain further qualifications relevant to their role.

People were supported to maintain good health. There were appropriate arrangements in place to help ensure people received their medicines safely. Staff supported people to have a sufficient amount to eat and drink. Staff controlled the risk and spread of infection by following the service's infection control policy.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. Staff were kind, caring and treated people with respect. People were satisfied with the quality of care they received and but felt there could be better continuity of care.

People were supported to express their views and give feedback on the care they received. The provider listened to and learned from people's experiences to improve the service. There were systems in place to

assess and monitor the quality of care people received but these were not always effective.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the arrangements in place for assessing and managing the risks people face and the lack of care planning to ensure people received person-centred care. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were safe.

The provider did not adequately assess and manage the risks to people's health and safety associated with receiving care.

Staff knew how to recognise abuse and how to report any concerns. There was a sufficient number of staff allocated to people to care for them safely and meet their needs. There were appropriate arrangements in place to protect people from the threat and spread of infection.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the knowledge and skills to carry out their roles effectively. Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink. People were supported to maintain good health and have access to healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People were supported by staff to be as independent as they could and wanted to be.

Staff involved people in making decisions about the care and support they received.

Is the service responsive?

Requires Improvement

Some aspects of the service were responsive.

People's needs were not adequately assessed.

People were given the opportunity to make suggestions and comments about the care they received which staff used to improve the quality of care.

Is the service well-led?

Requires Improvement 

Some aspects of the service were well-led.

There were systems in place to regularly monitor and assess the quality of care people received but they were not always effective.

We saw evidence of learning from concerns raised and that concerns were acted on.

Divine Motions Acacare Limited

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 15 and 16 August and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available. The inspection was carried out by a single inspector.

Before the inspection, we reviewed all the information we held about the service. This included feedback from people using the service and their relatives, the minutes of safeguarding meetings and the previous inspection report from our inspection in March 2015.

During the inspection we spoke with ten people and two people's relatives. We spoke with eight staff members and with a member of the commissioning team from a local authority that commissions the service.

We looked at eight people's care files and nine staff files which included their recruitment and training records. We spoke with the registered manager about how the service was managed and the systems in place to assess and monitor the quality of care people received.

Requires Improvement

Is the service safe?

Our findings

The risks people faced were not adequately assessed and managed. Risk assessments were carried out but they did not identify obvious risk related to people's health or environment. For example, the risk assessments for one person who was unable to leave their bed did not consider the obvious health risks such as, pressure ulcers or discomfort from being in the same position for long periods of time and how to manage these. There was no information for staff on how to manage obvious risks that people faced such as, how to minimise the risk of falls where people had a history of falls or what staff should do if a person were to fall.

We saw three instances where people were at risk of falls and the guidance for staff in their risk assessments on how to minimise the risk was, "staff to assist." None of the risk assessments we looked at had guidance for staff on how to manage the risks people faced such as, the risks posed by their environment or the risks associated with moving and handling people who needed assistance to move. This meant that there was a risk of people receiving care and treatment which was inappropriate or unsafe.

We raised this with the registered manager who told us that staff regularly supported the same people and were aware of the risks associated with doing so. However, we remain concerned that because of the lack of relevant information and guidance for staff in people's risk assessments, there was a risk of people receiving care and treatment which was inappropriate or unsafe, particularly if the staff member who usually attended to provide care was unable to do so.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 –Safe care and treatment.

People told us they felt safe from abuse and that they trusted the staff. One person commented, "I feel safe." Another person told us, "I trust them." Other people commented, "I like all the carers and I feel safe", "I think I'm safe" and "I'm not worried about my safety". A relative told us, "They [care staff] are nice and I think [the person] is safe with them."

People were protected from abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had been trained in safeguarding adults and demonstrated good knowledge of how to recognise abuse and report any concerns. Staff told us they would not hesitate to report another staff member if they thought the staff member posed a risk to a person they were caring for.

We saw confirmation the provider had acted appropriately to deal with allegations of abuse or concerns about a person's safety. The registered manage fully co-operated and participated in local authority safeguarding investigations. Records demonstrated that procedures and staff practices were reviewed and amended according to the recommendations made by the relevant local authority safeguarding team.

People told us staff arrived on time and stayed for the time allocated. Although three people we spoke with

told us that staff were sometimes late. People knew who to contact in the event that staff did not arrive on time. The number of staff required to deliver care to people safely was assessed and reviewed when there was a change in people's needs. People told us they received care and support from the right number of staff.

Appropriate checks were undertaken before new staff began to work with people and these checks were consistently conducted. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Staff were responsible for prompting and assisting people to take their medicines. People received their medicines safely because staff followed the service's policies and procedures for storing, administering and recording medicines. People told us they were supported to take their medicines when they were due and in the correct dosage.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

Good

Is the service effective?

Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. People commented, "They [care staff] are experienced and know what they are doing" and "I think they have been trained." A relative told us, "They do appear to be experienced."

The provider supported staff through induction. Newly appointed staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role. The registered manager or care co-ordinators introduced new staff to the people they would be supporting. They also provided staff with a summary of people's needs and details of how people preferred their care to be delivered.

Staff received supervision and appraisal although these did not happen as frequently as the registered manager said they should. The registered manager told us that supervision meetings should be held three times per year. Staff told us they felt supported by the registered manager. They had supervision meetings once or twice per year but were able to get advice and guidance from the care co-ordinators or the registered manager at any time. During supervision meetings staff received guidance on good practice, discussed their training needs and their performance was reviewed. Staff received basic mandatory training in areas relevant to their work such as moving and handling people, infection control and food hygiene. Staff were encouraged and supported by the provider to obtain further qualifications.

Care staff asked for people's consent before care and support was provided. One person told us, "They always ask permission." Another person told us, "They respect my wishes." A relative told us, "They ask [the person] before doing anything." A staff member told us, "I know what to do but always ask as they may not want to have a shower that day." Another staff member commented, "I do what they ask."

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager and staff were familiar with the general requirements of the Mental Capacity Act (MCA) 2005. Although no applications had needed to be made, the registered manager told us they would liaise with the person's GP and obtain the support of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People received the support they needed in relation to nutrition and hydration. This enabled people to have a sufficient amount to eat and drink. Staff supported people to maintain good health. Records

demonstrated that staff supported people to have access to healthcare services by arranging and where necessary attending hospital and other healthcare appointments with them.

Good

Is the service caring?

Our findings

Staff treated people with compassion, kindness, dignity and respect. People commented, "I have no complaints. They are nice. Always respectful", "They are patient and very willing", "They are caring, good" and "I'm very happy with them so far. They're always cheerful and do their best". Relatives told us staff always treated their family members with respect. One relative said, "They are very patient with [family member] and respectful.", Another relative told us, "They respect her wishes and are very good with her." People told us staff referred to them by their preferred name and asked for their permission before providing support.

Staff told us they were reminded to respect people's privacy and dignity during induction and supervision meetings. Staff spoke about the people they supported in a respectful way and were able to give examples of how they upheld people's privacy and dignity. This included ensuring people's doors were kept closed and making sure people were not unnecessarily exposed when they were being supported with personal care. Care co-ordinators carried out unannounced spot checks to observe staff interaction with people and assess their competency in how they maintained people's dignity and treated them with respect.

People and where appropriate their relatives were involved in helping the agency to plan the care and support their family members received. The provider ensured people were given information to help them understand the care and support choices available to them before they started using the agency. People told us they had been given a booklet about the agency which helped them understand what they could expect from the agency.

The registered manager told us people's care plans were formally reviewed annually with people and where appropriate their relatives. Reviews were also held when there was a change in a person's needs or circumstances. People confirmed they had been involved in such reviews and we saw evidence of reviews in people's care files.

People were supported to be as independent as they could and wanted to be. Staff were encouraged to prompt people to do as much for themselves as they could, to enable them to retain independence and control over their lives. For example, although most people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged to continue doing so.

The service had a confidentiality policy which staff were familiar with and were able to give examples of how they applied it in practice. Staff told us they did not discuss people's care with people's family or friends unless they had express permission to do so.

Requires Improvement

Is the service responsive?

Our findings

People had mixed views about how responsive the service was in meeting their needs. People commented, "They are good", "I'm happy with them", "They are fine", "They do what they have to most of the time" and "They are fine over all but there are a few things I'm not happy with."

Staff who often supported a person knew their needs through daily interaction and getting to know the person's routine rather than following agreed guidance based on comprehensive and up to date assessments and care plans. This meant there was a risk of people receiving inconsistent, inappropriate or unsafe treatment when their regular carers were unable to attend. People commented, "I don't have the same people and some don't seem to know what they have to do" and "I keep getting different people. Some are good and others not so good. I never know who is coming and I don't like that."

People told us they were involved in the care planning process. However, we were concerned about the standard of care planning. People who had been referred to the service by a local authority had care plans which had been designed by the local authority. People's needs were assessed before they began to use the service. Staff were given a summary of people's needs and routines and staff relied on the summary for information on the care to be provided. Copies of the local authority care plan were not in people's homes and the summaries did not contain sufficient detail to enable staff who were not familiar with the person they were supporting, to understand that person's specific needs, routines, life histories, preferences or what was important to them. People who had not been referred by a local authority did not have a care plan and staff relied on the summary for information on the care people required. This meant that the provider did not design care plans with a view to achieving service users' preferences and ensuring their needs were met.

We found that the issues highlighted above were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 – Person-centred care.

We raised this with the registered manager. She told us that summaries were used and care plans were not kept in people's homes as some people became distressed when they read about their health conditions and because this information was confidential.

People had the opportunity to give their views on the quality of care they received. This included surveys as well as telephone calls and visits from the care co-ordinators. People also felt comfortable ringing the office to discuss any issues affecting their care or raise queries.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and their relatives knew how to make a complaint if they were unhappy with the care and support provided. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording any actions taken to resolve any issue that had been raised. Records showed where negative feedback or complaints were made about the quality of care, the service acted to improve it. For example, where there had been complaints that staff arrived late to deliver care, this was raised with the staff involved. One person told us, "I complained about a member of staff and they were

replaced." Another person told us, "They are very good at dealing with any queries or complaints I have had.

A variety of external health care professionals were involved in people's care. The communication between staff and external agencies was good. There were systems in place to ensure people attended their hospital and other health care appointments and to ensure that staff were aware of the appointments.

Requires Improvement

Is the service well-led?

Our findings

People had mixed views on whether the service was well managed. People commented, "I think they are a bit disorganised. I've had two carers turn up when it should have been one and on another occasion nobody turned up and the office didn't seem to know anything about it", "So far they seem to be on top of things", "They're fine" and "Things were a bit chaotic for a while but it's getting better".

Since our last inspection in March 2015, the number of people using the service had grown from 29 to 117. The majority of people had started to use the service in the five months before our inspection. This meant that many of the functions which had previously been carried out by the registered manager had to be delegated to other staff members. The registered manager, care co-ordinators and administrative staff were still in the process of adjusting to the increased workload that came with the sudden increase in the number of people using the service.

There were established arrangements in place for checking the quality of the care people received. These included monitoring staff performance through supervision meetings, checking people's care records and making contact with people using the service to obtain their views on the care provided. However, the arrangements were not always effective as they did not always identify areas of the service which required improvement, such as the standard of people's risk assessments, needs assessments and care plans. We raised this with the registered manager who told us that a quality auditor had been employed four weeks prior to our inspection whose role was to check that that staff were adhering to the provider's policies and procedures and that records were accurate and up to date.

There were arrangements in place for recording accidents, and incidents affecting people. The records were reviewed by the registered manager and where appropriate procedures were changed to minimise the risk of such an accident or incident happening again. The registered manager sought and acted on advice from external agencies such as local authorities, to improve the provider's policies and procedures and the quality of care people received.

There was a clear staff and management structure at the service which people using the service and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people using the service. There were clear lines of accountability in the management structure. Records indicated that where staff performance was not of the required standard, the registered manager took prompt action to remedy this.

Staff felt supported by the registered manager and care co-ordinators. Staff told us the registered manager and care coordinators were always on hand to offer them advice and support. Staff were confident any concerns or poor practice issues they raised would be taken seriously and dealt with quickly. When staff first began to work for the service they were given copies of the service's policies and procedures. These detailed their role and responsibilities and the values of the service. Staff knew their roles and responsibilities and the service's main policies and procedures. They were well motivated and spoke positively about their

relationship with the registered manager and the support they received from her. They told us there was always sufficient resources available for them to carry out their roles, such as personal protective equipment.

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 9 HSCA RA Regulations 2014 Person-centred care The provider did not design care or treatment with a view to achieving service users' preferences and ensuring their needs were met. Regulation 9 (3) (b).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not provide care and treatment for people in a safe way by assessing the risks to the health and safety of people of receiving the care or treatment and by doing all that is reasonably practicable to mitigate any such risks; Regulation 12 (1) and (2) (a) and (b).