Divine Enterprise (UK) Ltd

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Inspection report

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28 December 2016
13 January 2017
31 January 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection was carried out on 28 December 2016, 13 January and 31 January 2017. We gave the provider 48 hours' notice of our intention to conduct this inspection, as we needed to ensure that key staff would be available to access the information we required. At our previous inspection on 21 February 2014 we found the provider was meeting regulations in relation to the outcomes we inspected. The service is registered to provide personal care to people residing in their own homes and at the time of our inspection 47 people were receiving a personal care service. The provider is a franchisee of Bluebird Care UK (the franchisor) and does not offer services outside of the London Borough of Hammersmith and Fulham, in accordance with the terms and conditions of its franchise. (Franchising is the granting of a license to entitle franchisees to own and operate their own business under the brand, systems and model of the franchisor).

A registered manager was in post. A registered manager is a person who has registered with the 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.

People informed us they felt safe with staff, who were described as "trustworthy" and "reliable". Staff demonstrated their understanding of how to protect people from the risk of abuse and harm, and had received training in relation to safeguarding adults and children. They were aware of how to report any concerns about a person's safety to their line manager; however, some staff were not confident about how to use the provider's whistleblowing procedure in order to contact external organisations if necessary. Systems were in place to identify risks to people's safety and welfare, and written information was provided for staff to enable them to mitigate these risks.

Staff were provided with training, support and supervision in order to meet people's needs and wishes. Recruitment practices demonstrated that staff had been robustly vetted in order to determine their suitability to work for the provider. People told us they thought there were sufficient staff to ensure their personal care and support was provided in a stable manner by regular care staff, although a few people told us that they had previously been unsatisfied with inconsistently delivered care at weekends.

People confirmed that staff spoke with them politely and asked for their consent before they provided personal care and other support. Staff spoke about the importance of always supporting people in a respectful way that maintained people's independence, dignity and privacy.

The individual assessments and care plans we looked at showed that people were consulted about how they wished their personal care and support to be delivered. People's care plans were regularly reviewed and amended when necessary to reflect any changes to how their care and support should be provided.

The provider issued people and their relatives, where applicable, with written information about how to make a complaint. People told us they were confident about speaking with the registered manager if they

had any concerns and felt that he would promptly respond in an open and professional way.

Practices were in place to monitor the quality of the service, which included the auditing of a range of records and 'spot check' visits to people's homes. Different methods were used by the provider in order to seek people's views about the quality of the service, which included telephone monitoring calls, detailed surveys and other correspondence that invited people to comment about their care. People told us that the provider had listened to their feedback and made improvements.

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 received their care and support from staff who understood about different types of abuse and how to report their concerns.

Risk assessments were in place to identify potential and actual risks to people's safety, with actions to take in order to minimise these risks.

Rigorous recruitment checks were carried out to make sure that employees were suitable to work with people who used the service.

Staff received training and guidance to safely support people to take their prescribed medicines, if required.

Is the service effective?

Good

The service was effective.

People were supported by staff who received effective training and supervision to carry out their roles and responsibilities.

Staff demonstrated a basic understanding of the Mental Capacity Act 2005 and asked people for their consent before providing care and support.

People were supported with eating and drinking in line with their assessed needs and wishes.

Is the service caring?

Good

The service was caring.

People were consulted about how they wished to receive their care and support, and their choices were respected.

Staff provided care and support in a kind and respectful way.

People were given useful written information about the service.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their wishes were taken into account, in order to develop individual care and support plans.

Care and support plans were kept under review and the provider responded to people's changing needs and requirements.

People were asked for their views about the care and support provided. Information was given about how to make a complaint or express any concerns.

Is the service well-led?

Good

The service was well-led.

People reported they were pleased with the quality of their care and support, and thought the office-based staff were amicable and obliging.

Staff felt fully supported by an approachable management team.

Thorough quality assurance systems were used in order to monitor and improve the quality of the service.

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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 checked 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 announced inspection was conducted by one adult social care inspector on 28 December 2016, 13 January and 31 January 2017. We gave the provider two days' notice of the inspection because Bluebird Care (Hammersmith and Fulham) is a domiciliary care agency and senior staff are sometimes out of the office supporting people who use the service and care staff.

We looked at information we held about the service in order to help us to plan the inspection, which included the inspection report for our last inspection in February 2014, any complaints that people had informed us about and statutory notifications. These are notifications of significant incidents which the provider is required by law to report to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with a field supervisor, the registered manager and the director. We spoke by telephone with eight people who use the service, three relatives and four care staff. A range of documents were checked which included five care and support plans, five recruitment files, staff records for training, supervision and appraisal, and a variety of policies and procedures. We also looked at specific records relating to the management of the service. Five local health and social care professionals with knowledge and experience of the service were contacted to find out their opinions and we did not receive any comments.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe with staff. Comments included, "I have got to know [care worker] well and feel quite at ease with him/her" and "They strike me as being very nice and gentle, [my relative] welcomes them into his/her home and feels safer knowing there will be daily visits." However, some people told us that there had been difficulties in the past when the provider had sent staff they were unfamiliar with. One person described how they had not felt safe, "It was worrying, opening my front door in the winter when it gets dark early and trying to look at the carer's identification badge as the person is a complete stranger to me." People stated they had spoken with the provider about their concerns and felt this aspect of the service had improved.

The provider had systems in place to protect people from the risk of abuse. We looked at the provider's safeguarding policy and procedure, which clearly stated the necessity to inform the local safeguarding team about any alleged abuse and notify the Care Quality Commission. The provider had appropriately followed up any recommended actions issued following safeguarding investigations. Records showed that staff were given training in regards to how to safeguard adults and children from abuse. Staff understood how to identify different types of abuse and were aware of the need to immediately report any concerns to their line manager. We noted that not all of the care staff we spoke with demonstrated a comprehensive understanding of the provider's whistleblowing policy in relation to how to report any concerns to external organisations, if necessary. (Whistleblowing is the term used when a worker passes on information concerning wrongdoing). We discussed this finding with the registered manager and the director, who confirmed that they would organise additional training and support for staff to address this.

The care and support plans we looked at showed that measures were in place to protect people from risks related to their personal care and health care needs, and their home environment. Risk assessments were in place and contained information to advise care staff about how to safely provide care and support to address identified risks, for example mobility difficulties and susceptibility to falls. The home environment risk assessments were meticulously undertaken and addressed a wide assortment of issues that could impact on people's safety within their own homes, including checks to ensure people had functioning smoke detectors and were not at risk from loose rugs or wiring.

The provider had established protocols to promote people's safety in the event of an incident, accident or acute medical situation. Care workers told us they had received training and guidance about what to do if they encountered a range of unforeseen difficulties when visiting people, for example if they could not gain access to a person's home. Staff confirmed that they were always able to contact the office or the on-call manager if they needed advice but would call an ambulance straightaway if a person presented as requiring urgent medical attention.

There were sufficient staff deployed to safely meet people's needs. People told us they received a dependable service, did not feel rushed during visits and were allocated regular care workers. The care staff we spoke with reported that they had enough time to properly meet people's needs. The provider issued care workers with a mobile telephone, which enabled care staff to keep in touch with the office if they were

running late for their next visit due to traffic or unexpected circumstances at a previous visit. One person told us there had been occasions when the provider had not given them the name of a care worker who had been assigned at short notice to cover their usual care worker but there was now better contact from office staff. The care workers' mobile phones had been adapted to facilitate 'real time' communication with their line managers, which enabled the registered manager and the office team to monitor if people had received their visits within the agreed timescales and if personal care had been delivered in line with the people's individual care and support plan. The registered manager demonstrated how the system worked and stated that it was a vital means to check whether people received the care and support they needed to ensure their safety. It was also used by office staff to identify and act on any concerns regarding the safety of lone-working care staff, for example if care workers did not upload the anticipated information at a visit.

Careful recruitment practices were used to ensure people were supported by safely appointed staff. The provider was aware of the need to make sure that any gaps in employment had been scrutinised and we were shown evidence that Disclosure and Barring Service (DBS) checks had been completed before prospective employees were permitted to commence employment. (The Disclosure and Barring Service provides criminal record checks and a barring function to help employers make safer recruitment decisions). Other checks were noted to be in place, for example proof of identity, proof of eligibility to work in the UK, health questionnaires and a minimum of two references.

People were provided with support to take their medicines safely, in line with their assessed needs and wishes. Staff were given a copy of the provider's medicines policy and procedure during their induction, which was contained within the staff handbook. Records showed that care workers received medicines training and competency assessments took place during their probationary period. We were shown how the office team or the out of hours' on-call manager monitored the electronic communication and alerts from care workers, to ensure that people received their medicines. The care and support plans we looked at contained information about people's medicine needs. Care workers confirmed to us that they immediately informed their line manager of any medicine changes, so that a supervisor could visit and update the care and support plan. The records for 'spot checks' showed that supervisors looked at how care staff supported people with their medicines and whether records were properly completed.

Good

Is the service effective?

Our findings

We received positive remarks from people, and relatives where applicable, about whether care workers had suitable knowledge and skills to proficiently meet their personal care needs. Comments included, "I am happy with how they help me, they seem experienced and friendly", "I tried other agencies but the carers at Bluebird do things well" and "I believe [my relative] is well looked after and any dealings I have had with his/her carers has been good."

Systems were in place to ensure that people received their personal care from staff with suitable training, supervision and support. Records demonstrated that staff were provided with induction training and other relevant training, including the Care Certificate. (The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care service). We noted that staff had received mandatory training which included moving and handling theory followed by a practical assessment, awareness of end of life care, equality and diversity, dementia awareness, infection control, person centred care, health and safety, and food safety. The provider's training matrix highlighted if staff had any overdue training and staff were sent a gentle reminding letter to state they needed to refresh their training. The director told us that the service had established links with a NHS resource centre for people living with dementia and more dementia care training was planned for the future. Care staff spoke favourably about the quality of their training and felt they were offered beneficial opportunities to develop their skills and knowledge, for example through undertaking national qualifications in health and social care.

We spoke with a care worker about their induction, "I did training in my first week and then shadowed experienced carers. I was introduced to the customers who I now look after and learnt about their needs. [Field supervisor] did lots of spot checks during my probation, I felt supported." Records showed that newly appointed staff received a concentrated frequency of one-to-one supervisions and spot checks during their probationary period, which lasted 12 weeks but could be extended if necessary.

A field care supervisor told us about their training since joining the service, which included a training course with other care coordinators at Bluebird Care UK locations. They felt fully supported by the registered manager and were encouraged to develop their knowledge, through enrolling on a management and leadership course.

Staff received regular one-to-one supervision with their line manager, which provided an occasion for staff to discuss their work, training and development needs, and any concerns. We noted that supervision sessions reflected relevant observations made by the supervisor when they carried out spot checks, which meant care staff had an opportunity to discuss what aspects of their role they did well and any areas for improvement. The provider carried out annual appraisals, which gave staff an opportunity to consider their own progress, discuss their performance and set goals for the next 12 months.

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 found that the provider was meeting the requirements of the Act. The provider asked people or their representatives to sign their consent to their care and people's care and support plans evidenced that their mental capacity was assessed. In circumstances where people had representatives to act on their behalf, the provider checked that documentation was in place to determine that their representatives had the legal right to do so. Care workers had received training about MCA and consent. Staff displayed a basic understanding of the principles of MCA and stated that they would inform their line manager if they had any concerns about a person's ability to make their own decisions.

People's care and support plans demonstrated that their needs and wishes in regards to eating and drinking were discussed during their initial assessment and then kept under review. Where people needed support to prepare and serve food and beverages, or prompting and assistance with eating and drinking, their required level of care was clearly recorded in their care and support plans. One care worker told us how they needed to encourage a person to maintain a healthy intake of food, in line with instructions in their care and support plan, and another care worker told us they prepared snacks for a person who was able to eat independently. The registered manager told us that where necessary they maintained food and fluid balance charts, and reported any concerns about people's nutrition and/or hydration to their relative, GP or other health care professional that the service had contact with.

Discussions with the registered manager indicated that people managed their own health care appointments or were supported by a relative or friend. The care and support plans we looked at showed that people were asked about their health care needs during their assessment and their needs were reassessed where necessary, for example after a hospital admission. The registered manager told us that the provider had established good links with local health care professionals, which was evident in a care and support plan we looked at for a person with complex needs and a large package of care. This care and support plan contained the contact numbers for several health and social care professionals who were closely involved and the daily record sheets evidenced when care workers supported the person during health care assessments. We noted that the registered manager and office staff liaised with nurses, occupational therapists and dietitians where required, for example when care staff needed to follow specific instructions issued by health care professionals, or new aids and adaptations were being issued that care workers required training to use. The director informed us that the service contacted people's GPs, in order to introduce themselves and promote better communication.

Good

Is the service caring?

Our findings

People told us that care staff were kind and caring. Comments included, "They are all nice and helpful to me, I look forward to my calls", "The carers they choose seem very suited in their temperament, caring and considerate" and "From my observations they interact well with [my relative] and I know he/she is pleased." The provider's most recent customer questionnaire showed that 95% of respondents thought their care workers were polite.

The care and support plans showed that there was a clear emphasis on valuing people as individuals, finding out how they wished their personal care to be given and where possible supporting people to be as independent as possible. There was a section titled 'What is important to me', which asked people to share information about themselves so that care workers could develop a better understanding of their interests and wishes. This form was completed during people's initial assessment prior to starting a care package but could be undertaken at any time if people were not originally comfortable talking about their background and social activities. We saw how one person spoke about their homeland, spiritual beliefs, former occupation and family composition, which provided staff with useful information in order to initiate meaningful conversations. People were consulted about their preference in regards to the gender of their care worker and this was recorded. The registered manager informed us that people generally chose to receive personal care from an employee of the same gender and most of the staff were female, however the provider had recently recruited three male care workers to widen people's choices.

Care staff told us that they always asked people for their consent before providing personal care and, gave explanations and reassurance if people seemed anxious about engaging with them. The registered manager informed us that all visits were a minimum of 45 minutes, which meant that staff had time to speak with people and be flexible in how they met people's needs and wishes. Staff told us they had received training in how to provide care that respected people's entitlement to dignity and privacy. A care worker described how they ensured that the door was shut and curtains closed when they supported people with a bath or shower, and people were provided with towels and bathrobes so that they were not unnecessarily exposed.

People were provided with a brochure about the service so that they had accurate information about how the service was operated. The brochure included information about the qualifications and experience of the director, registered manager and staff team, contact telephone numbers, guidance about how to make a complaint and details about the standard of service that people should expect. The provider had separately produced a list of local advocacy organisations, to enable people to seek independent advice and support if they wished to make a complaint about the provider or about a service they received from another organisation.

The provider showed us photographs and literature about a public event they organised last year for people who used the service and local people who might have a future interest in using domiciliary care services. The director and registered manager hosted a garden party with refreshments and invited local charities and a children's choir to participate. The purpose of the event was to provide entertainment and companionship within the local community and also publicise different types of support available to people

wishing to remain living safely at home within the London Borough of Hammersmith and Fulham. The director told us they planned to build on the success of this event and organise an event to support people living with dementia and their informal carers.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs and wishes. They informed us that staff understood and adhered to their preferences. At the time of the inspection most people who used the service were self-funding and people said they liked how the service could promptly accommodate requests to meet their changing requirements, for example if they needed to alter the usual time of a visit to fit in with a hospital appointment or important commitment.

We noted that the provider had carried out detailed assessments and involved people and their families in the care planning process. Care and support plans we looked at contained people's views about their own needs, for example one person had explained during their assessment that they understood their care needs were likely to increase in the future but currently wished to retain as much independence as possible.

Care workers told us they felt able to respond well to people's needs as they were allocated a small number of people to regularly visit. The care and support plans gave information about people's likes and dislikes, which enabled staff to give personalised care.

The care and support plans were kept under review and updated when required. One of the care and support plans for a person with complex needs showed that changes were made when the person's needs were reassessed by health and social care professionals, which resulted in new professional guidance about how to meet the person's needs. One relative told us they had been present at a review meeting for their family member and we noted in another person's care and support plan that the person's relative was closely involved in all aspects of the planning and reviewing of their personal care, in accordance with the person's expressed wishes.

People and relatives were asked for their feedback about the quality of the service. We saw that where people gave neutral or negative comments, the registered manager had addressed these views as complaints and had contacted people with a response. The registered manager told us that some people and relatives preferred to have hand written records at the end of each visit, so that they could read the care worker's account of the personal care and support they had provided. As the provider had now switched to electronic recording on mobile telephones, hand written records were produced in line with people's individual preferences.

People and relatives told us they did not have any complaints about the service at the time of the inspection, although a few people said they had raised concerns which had been addressed. People and relatives said they would use the provider's complaints procedure and initially complain to the registered manager. They believed that he would conduct a transparent and comprehensive investigation. We checked how the provider had investigated complaints received since the previous inspection visit and noted that issues were looked into in an in-depth manner and people were provided with a detailed response within the provider's agreed timescales. Complaints were analysed in order to look for any trends, which could then be dealt with.

Good

Is the service well-led?

Our findings

The registered manager joined the service in 2015, having previously worked in the domiciliary care sector in a range of different roles for 12 years. The director established the service in 2013 and was actively involved with its daily management. Both the registered manager and the director, who had a prior professional background in pharmacology and nursing, demonstrated a passionate approach in regards to providing bespoke personal care packages tailored to people's needs and wishes. People and relatives told us the registered manager was easy to contact if they wished to speak with him and promptly returned calls if they left a message for his attention. Remarks from people and relatives indicated that all of the office team were amenable and dealt with their enquiries in a professional and cheerful manner. One relative told us the invoicing system was efficiently organised which made their responsibilities easier.

Staff told us the registered manager and director were approachable and supportive. Office staff and care workers told us they enjoyed working at the service and felt that the management team provided good support. Staff said they liked how office staff kept in touch with them, which made them feel less isolated if they mainly carried out visits as a lone worker. The provider also kept in touch with people through monthly newsletters which contained important updates related to their employment and relevant articles about health and social care.

The provider endeavoured to show staff that their input was valued and several schemes were in place to recognise their contributions to the organisation. The notice board in the main office showed that achievements by staff were celebrated and the provider operated an 'employee of the month scheme', which was designed to boost morale. The director told us they invested in their staff through training and development opportunities and also funded social occasions where staff could build positive relationships in an informal setting. The management team explained that they aimed to lead by example so that staff understood their vision and values. For example, the registered manager and director drove staff without access to private transport to their visits on Christmas Day and the director visited people living on their own to give them small seasonal gifts.

The provider had systems in place to monitor and audit the quality of the service. This included auditing of care worker's notes to ensure that personal care was delivered in line with people's care plans and that the language and terminology used was courteous. Other monitoring tools included frequent spot checks, auditing of care and support plans, staff recruitment and training records, and by sending questionnaires to people's homes. We looked at the results of the most recent questionnaires, which had been collated and analysed. People's comments were predominantly positive and the service received complimentary cards. The head office carried out detailed audits of how the provider was operating and we noted that the service had completed required improvement actions within the agreed timescale.

The registered manager had notified the Care Quality Commission of all significant events that had occurred, in accordance with legislation. Records of accidents and incidents were kept, which were explored to see if there were any emerging trends that needed to be addressed.