

Divine Global Health Limited

Divine global health Unique Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Divine global health Unique Care is a domiciliary care agency providing personal care to people living in their own homes, including, older people, people living with dementia, people with physical and learning disabilities and people with sensory impairments. At the time of our inspection visit 13 people were in receipt of personal care.

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 felt safe and had confidence in the ability of care workers to provide effective care. Procedures were in place to protect people from harm. Care workers felt valued and received the support and training they needed to be effective in their roles.

Further improvement was needed to ensure the administration of people's medicines was consistently safe. The provider took action to address the shortfalls we identified during our visit. Other areas of risk management had improved since our last inspection.

Governance had improved since our last inspection. However, audits and completed checks had not identified the shortfalls we found in relation to medicines.

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

People received care from a small number of consistent care workers. Most people's care calls had taken place at the scheduled time. However, people told us their care would be improved if care workers always arrived when they expected them.

People spoke highly of the caring nature of their care workers. Care was provided in a dignified way, people felt respected and their independence was promoted. Care workers enjoyed their jobs and knew the people they cared for well. The individuality and diversity of people and the staff team was recognised.

People's needs had been assessed before they started using the service and people were involved in planning and agreeing to their care. Overall, improvements had been made to care plans since our last inspection which helped care workers to provide personalised care.

People's nutritional needs were met. The service worked in partnership with health and social care professionals to ensure people received effective care. People confirmed care workers followed good

infection control practice in their homes.

Systems were in place to manage and respond to complaints. People were happy with the way the service was managed. Feedback gathered from people was used to drive improvement.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 5 October 2018) and there was breach of the regulations. The provider was asked after the last inspection to complete an action plan to show what they would do and by when to improve. However, they could not evidence they had submitted it. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

Whilst we acknowledge improvements have been made this is the fourth time the service has been rated Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Divine global health Unique Care

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

Two inspectors and an Expert by Experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. They were also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. We refer to them as the provider throughout this report.

Notice of inspection

We gave the provider short notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be available to support the inspection. Inspection activity started on 2 August 2019 and ended on 15 August 2019. We visited the office location on 13 August 2019. We had planned to visit the office on 7 August 2019 but postponed our visit by six days to ensure the provider was able to meet with us.

What we did before the inspection

We gathered feedback from seven people and one person's relative about the service they received via the telephone. We reviewed information we held about the service since the last inspection. We sought

feedback from commissioners who work to find appropriate care and support services for people and fund the care provided. 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.

During the inspection

We spoke with the provider, a friend of the provider who was supporting them during the inspection visit and the deputy manager. We reviewed six people's care records and medicine administration records (MAR) to ensure they were reflective of their needs. We reviewed records relating to the management of the service including quality audits, training data and people's feedback. We also reviewed two staff files to check staff had been recruited safely.

After the inspection

We spoke with one person and two care workers via the telephone to gather further feedback on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely; Assessing risk, safety monitoring and management

- Improvements had been made to some areas of medicine management since our last inspection. Guidelines for medicines prescribed 'as required' had been implemented which meant staff took a consistent approach when administering these. Also, staff had completed medication administration records (MAR) to confirm the administration of prescribed creams.
- Whilst people were happy with the support they received to take their medicines some medicine records continued to require improvement. For example, medicine risk assessments did not include assessing potential risks associated with prescribed creams. This was important as staff administered creams.
- Information documented about some people's medicines was conflicting and could be confusing for staff. For example, two people's records stated they administered their own medicines. This conflicted with guidance that instructed care workers to apply prescribed creams directly to the person's skin. In March 2017 the National Institute for Health and Social Care Excellence (NICE) published guidance on managing medicines for adults receiving social care in the community. The guidance states 'when assessing and reviewing a person's medicine support needs records should be accurate and a record of the medicines support people need should be documented.'
- Some medication care plans lacked the detail needed to ensure safe administration. One person's plan stated, 'must take his medication on time, if not his condition will deteriorate. On Parkinson's medication which are time critical.' Information to advise staff when or what medicine the person needed to take was not documented which posed a potential risk. However, discussion with care workers confirmed they knew when to administer the person's medicines.
- During our visit the provider took action to address the shortfalls we had identified.
- People's medicines were administered by trained care workers. Their competency was checked by the provider to ensure their understanding of safe procedures.
- Other risk assessments reviewed provided care workers with the information they needed to manage and reduce risk. One person required assistance from care workers to help them move. This risk had been assessed and their moving and handling plan contained clear guidance for care workers to follow to provide safe care. For example, the equipment they needed to use. Discussion with care workers confirmed they understood how to manage this risk.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with care workers. One person said, "Of course I feel safe. I don't class the girls as my carers they are my friends."
- Safeguarding procedures were in place to protect people from harm. Care workers received safeguarding training which supported them to understand the different types of abuse people may experience.

- Records demonstrated care workers had followed the providers safeguarding procedure because they had informed the provider when they had identified potential safeguarding concerns.
- The provider had shared information, with the local authority and with us (CQC) to ensure allegations or suspected abuse were investigated. This demonstrated improvements had been made since our last inspection.

Staffing and recruitment

- Care workers were recruited safely. Enough care workers were employed and the provider had checked to ensure they were suitable to work with people who used the service. Care workers confirmed they had not started work until the required checks had been completed.
- Daily records demonstrated overall, peoples care calls had taken place at the agreed scheduled times. However, some people commented they did not always know what time their care workers would arrive which made them feel frustrated.
- A care worker said, "We try to be on time. Sometimes we are a bit late, but we phone to let them know and we apologise when we get there. If we are late its only due to road works or traffic jams."
- We discussed people's feedback with the provider. They said, "The niggles with call times. After people's feedback I'm going to make a copy of the rota, with the call times and put it in their house."

Preventing and controlling infection

- People confirmed staff followed good infection control practice in their homes. One said, "My carers always wear gloves to do things for me. Whoever comes has a stash of gloves in their pocket."
- Care workers completed infection prevention training and discussion confirmed they understood their responsibilities in relation to this.

Learning lessons when things go wrong

- Accidents and incidents were recorded. Completed records were reviewed by the provider to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People had confidence in the skills and abilities of care workers. One person said, "I need to be hoisted. I feel very safe with all my carers as they certainly know what they are doing."
- Relatives shared this viewpoint. One told us, "Yes I do think they are well trained they seem to know how to do things for my wife." This positive feedback confirmed improvement had been made since our last inspection.
- Care workers developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard. One care worker member commented, "I had a good induction."
- Care workers spoke positively about their training. One explained how moving and handling training had helped them to move people safely using equipment including hoists and slide sheets.
- Care workers felt supported. They received individual support through monthly one to one meetings to help guide them with their work and continually improve their practices.

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

- People confirmed they were supported to have enough to eat and drink. One person said, "I have frozen meals and they are always hot and put on a plate properly, so they look appetising to eat and if I don't fancy a proper meal the carers will do me something else it's never a trouble to any of them."
- People's dietary requirements and preferences were documented in their care plans and care workers knew what people liked to eat and drink. For example, care workers told us one person liked to drink fizzy water and another enjoyed cups of tea without sugar.

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

- People's needs were assessed before they started using the service to ensure their needs could be met.
- Assessments included people's preferences, medical conditions, mobility and required call times. People were involved in planning and agreeing to their care.
- Protected characteristics under the Equality Act were considered. For example, people had been asked about their cultural needs and their preference of either male or female care workers.
- Information gathered during assessments was used to develop care plans which helped care workers to get to know people.

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.

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. 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.

- The provider was compliant with the MCA. They understood the relevant requirements of the Act. No one using the service at the time of our inspection had restrictions on their liberty.
- All staff completed training to help them understand the principles of the MCA. Their practices made sure people had choice and control of their lives. One person said, "The carers always ask me before doing anything for me." A relative commented, "I hear the carers always telling (Person) what they are going to do, and they ask her if it's okay."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People made their own health appointments with support from their relatives. However, they felt care workers would offer support if needed.
- The provider and staff team worked in partnership with health and social care professionals such as social workers to ensure people received effective care.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- All people spoke highly of the caring nature of care workers which demonstrated improvements had been made since our last inspection. One person said, "I am very happy with what the carers do for me. I think they genuinely care about how I am." A relative commented, "I feel they really care about (Person) as they show real interest."
- Care workers enjoyed their jobs and confirmed they would be happy for someone they loved to receive a service from Divine global health Unique Care. One said, "I like this company. Because people are the priority. On a daily basis they (people) get good care. We treat them like our family."
- Care workers felt cared for by the provider. One said, "(Provider) is always there for us, she is lovely. She listens to us and the clients, she wants to make things good for people."
- Care workers knew people well. One person said, "I get anxious sometimes, (care worker) tells me jokes she knows it cheers me up." The care worker told us, "I tell jokes to make her smile. We have a laugh together. I like to make her happy."
- Care workers completed equality and diversity training and the individuality and diversity of people and staff was recognised. A care worker said, "Everyone is different. We respect people's differences."

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

- People confirmed they had been involved in planning and making decisions about their care.
- Care records demonstrated the inclusion of people and those closest to them. The plans helped care workers understand what decisions people could make for themselves and when they needed prompting or support.

Respecting and promoting people's privacy, dignity and independence

- People were cared for in a dignified and respectful way. One person said, "I am kept covered up when the carers are helping me to wash it really makes me maintain what bit of dignity I have left." Another commented, "Staff are very polite and respectful."
- Care workers understood the importance of promoting people's independence. One explained how they encouraged one person to wash their own hands and face whilst they supported them with their personal care routines.
- People's personal information was managed securely in line with data protection law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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 were happy with the care and support they received. One person said, "They are lovely girls, before they go I am asked if I need anything else doing and have I got everything I need to last me to my next call."
- People confirmed they received care and support from a small number of consistent care workers.
- Discussion with care workers confirmed this. One said, "I visit the same people, I know them. I spend time getting to know them and read their care plans, so I know how to help."
- With the exception of medication care plans improvements had been made to people's care plans since our last inspection. This helped care workers to provide personalised care. For example, one plan stated, 'Pass my toothbrush and toothpaste to me. I am able to brush my own teeth and will rinse my mouth with water you have made ready in a glass.' Another plan instructed care workers to fill three glasses with sparkling water. One glass to be left on kitchen table and two glasses to be left in the lounge on the side table. This ensured the person could reach drinks in between their care calls.
- Care plans were regularly reviewed and contained information including people's life histories, cultural needs and what was important to them. For example, it was important to one person to remain living in their own home.
- Some people had signed their care plans which demonstrated they had been involved in planning and reviewing their care. One person said, "I have a care plan the carers write in it every time they come, and I always read it to make sure what they write is true especially about what time they come and go."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so. A relative commented, "I certainly would complain if I needed to my wife is very special to me and I want her looking after properly."
- The service had not received any complaints since our last inspection. Information on how to complain was provided to people when they started to use the service.
- The provider kept a record of compliments which demonstrated people were happy with their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred methods of communication and sensory needs had been assessed and documented within their care plans.
- Care plans described the way people communicated and how care workers should engage with them to ensure people made choices. For example, one plan stated, 'Ask me to make a choice of clothing. All my clothes are hung on a rail in my bedroom.'
- The provider told us information about the service would be provided in formats such as pictures on request. This demonstrated improvements had been made since our last inspection.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

Previously effective systems were not in place to assess, monitor and the and improve the quality and safety of the service provided. Risks to people's safety and welfare had not been escalated as required, care records were not always accurate, and people's feedback had not been used to drive forward improvement. This was a breach of regulation 17 (Good Governance). At this inspection sufficient improvement had been made and the provider was no longer in breach of regulation 17. Leaders and the culture they created had begun to 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

- The provider had quality assurance systems in place with the aim of ensuring good governance. Whilst some checks and audits made sure staff completed agreed tasks on care calls, such as checks of completed daily records other audits had not always identified where improvements were needed. For example, audits of care records had not identified people's medication plans lacked detail or contained conflicting information. Also, medication risk assessments did not assess potential risks associated with prescribed creams. This meant the provider could not demonstrate people's medicines were being consistently and safely managed.
- We shared our findings in relation to governance with the provider. They took action during our visit to address the issues we raised.
- The provider told us they understood their regulatory responsibilities and demonstrated commitment to achieving a future rating of good in this domain. They gave examples of how they kept their knowledge of legislation and best practice up to date. For example, they attended meetings with other provider's arranged by the local authority.
- However, we had requested an improvement action plan following our last inspection. The provider was unable to evidence submission of their action plan to us as required. A copy was provided prior to our inspection visit on our request.
- The management team consisted of the provider and a deputy manager. The deputy manager had recently been appointed to support the provider to run the service.
- Care workers confirmed they understood their roles and were aware of what was expected of them.
- The latest CQC inspection rating was available on the provider's website. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.

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

- Overall, people were happy with the service they received and the way the service was managed. However, some people felt their care would be improved if care workers always arrived when they expected them. The provider assured us they would address this.

- The provider had a 'hands on approach'. They worked alongside care workers on a regular basis to provide people's care. This approach ensured they had an overview of how care and support was being to people.

- The provider was a registered nurse and an experienced registered manager who people described as, 'approachable' and 'very nice.'

- The provider operated an 'on call' system which meant support and advice was available to people and staff outside of normal office hours.

- The provider understood their responsibility to be open and honest. They had learnt lessons when things had gone wrong. For example, the recording of accidents had improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's feedback on the service they received was welcomed by the provider. We saw people's feedback had been used drive forward improvement. One person said, "There was a carer who I didn't feel comfortable with showering me, so I told the manager. She took it on board and she now doesn't come any more." This demonstrated improvement since our last inspection.

- Because the service was small the provider often visited people. This gave them the opportunity to speak with people to discuss their care needs.

Working in partnership with others

- Following our inspection visit local authority commissioners informed us they had suspended new referrals to the service. The suspension would remain in place until they had been able to visit the service to check people received high quality care in line with contractual arrangements. The provider had cancelled two previously scheduled visits due to other work needing to take priority.

- Peoples care records demonstrated how the service worked in partnership with health and social care professionals such as social workers to ensure people received effective care.