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	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 inspection took place on 7 September 2018 and was announced. Divine Motions Acacare is a domiciliary care agency which provides personal care to people in their own homes. It provides a service to older adults and younger disabled adults. People received support through scheduled visits. At the time of our inspection there were 98 people using the service.

The service had a registered manager who had been in post since 2014. 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 December 2017. At that inspection we gave the service an overall rating of "Requires Improvement". This was because we found the provider did not always provide safe care and treatment or notify the CQC of notifiable events and we found there was a lack of effective systems to assess and monitor the quality of care people received. The provider was required to send us an action plan detailing how and when they planned to make the required improvements. This inspection was conducted to check that the required improvements had been made.

People told us they felt safe whilst being supported by the staff. People were protected from the risks of abuse. Risks associated with people's care had been identified and there was guidance for staff on how to manage these risks and keep people safe. Accidents and incidents were reported in line with the provider's procedures and the registered manager reviewed them to make sure the correct action was taken in response. Staff understood their responsibilities in regard to infection control and used protective equipment, such as gloves, when required.

People's needs were assessed. They had a care plan which reflected the support they needed and provided guidance for staff. People were supported to maintain their health and had access to healthcare professionals. People's medicines were managed safely and they received them as prescribed

Staff had been recruited safely. They had the training and skills to provide people with effective care and support. They received appropriate support from the provider through regular supervision and performance review. There were sufficient staff to provide people with the care they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice. Staff had an understanding of the Mental Capacity Act 2005 and how it impacted on the people they supported.

People received care that was responsive to their needs. Staff were caring and respected people's privacy and dignity. People were usually supported by the same staff who knew them well and understood their

needs. People were involved in making decisions about the level of care and support they needed. People told us they knew how to complain.

The provider had effective systems in place to assess and monitor the quality of care people received.

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.

Staff knew how to recognise abuse and report any concerns. Risks to people were assessed and staff had guidance on how to manage the risks identified.

Staff arrived on time and stayed for the time allocated.

People were protected from the risk and spread of infection because staff followed the provider's infection control procedures.

Is the service effective?

Good

The service was effective.

The provider supported staff through relevant training and supervision.

Staff understood the main provisions of the Mental Capacity Act 2005.

People who required it were supported to have a sufficient amount to eat and drink.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. They were involved in making decisions about their care and the support they received.

People were supported by a consistent staff team who knew people well.

Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in their care planning. They received personalised care which met their needs.

There was a complaints procedure in place but the provider did not have a system in place to monitor complaints so as to identify trends and drive improvement.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to assess and monitor the quality of care people received.

The provider submitted statutory notifications as required to the CQC.

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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 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 was conducted to follow-up on concerns identified at our inspection in December 2017 and to ensure the provider had implemented their action plan. The inspection took place on 7 September 2018 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure the registered manager would be available at the registered office. The inspection was conducted by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made calls to people who used the service.

Before the inspection we spoke with a representative of a local authority which commissions the service. We reviewed the information we held about the service including the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at reports from previous inspections, the provider's action plan and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we spoke with the registered manager and deputy manager. We looked at ten people's care records, four staff files, medicines administration records (MAR) for five people and other records relating to the management of the service.

After the inspection, we spoke with twelve people using the service, two relatives and five staff. We

requested further information from the provider regarding staff and this was provided promptly.

Good

Is the service safe?

Our findings

At our last inspection in December 2017, we found that the provider did not always manage people's medicines safely. We also found that people were not always safe because staff often arrived late and sometimes did not turn up at all to provide care.

Since that inspection the provider had introduced new systems for staff to record each time they administered medicines and to audit medicine administration. The provider had introduced an electronic system which staff were required to complete to confirm the care they had provided to individuals. Staff were also required to record every time they administered medicine to a person. The records we looked at were fully completed which indicated that people received their medicines when due. Where a person had not taken their medicine, an explanation was recorded. People told us they received their medicines as prescribed.

People told us that staff arrived on time and stayed for the time allocated. They commented, "They [Staff] always turn up on time", "They are never late and they stay as long as they need to", "They are usually on time" and "There is no problem with their time-keeping. They come and do what they have to." One person told us, "They don't always spend the full half hour." Nobody we spoke with had experienced missed visits. The provider had a monitoring system which 'tracked' the time staff entered and left the person's home. The system flagged up any late or longer that scheduled visits. This helped the administrative staff to monitor care staff attendance and raise any concerns with them promptly

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Accidents and incidents were monitored by the registered manager to ensure that action was taken to avoid recurrence and any necessary referrals and notifications were made. Staff we spoke with were aware of the signs of possible abuse and how to identify abuse. They were aware of the action to take and who to speak to if they were concerned about a person's safety. A staff member said, "I would record and report any concerns to the office. I could also ring safeguarding or you guys (CQC)."

Risks to people's health and well-being were identified and care was planned to minimise the risks. Staff showed a good understanding of each person's risks and how to support them to maintain their independence and keep them safe. People were supported by sufficient numbers of staff to meet their needs and preferences.

An appropriate recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS). DBS checks alert the provider to any previous convictions or criminal record a potential staff member may have which helps them to make safer recruitment decisions. As part of the recruitment process each staff member had provided an application form, a full employment history, proof of identity and attended a competency based interview to check their suitability for the role.

The provider had appropriate infection control policies and procedures in place to help staff protect people

from the risk and spread of infection. Staff had been trained in infection control. They understood the importance of wearing personal protective equipment such as gloves and aprons when providing personal care. They were fully aware of the importance of good hand hygiene and the appropriate disposal of waste.

Good

Is the service effective?

Our findings

At our inspection in December 2017, we found that the provider did not ensure staff received regular supervision and training.

During this inspection we found that the provider had employed additional senior staff whose role was to conduct supervision meetings and spot checks on care staff. Newly recruited staff received an induction which met the requirements of the Care Certificate. The Care Certificate is designed to help ensure care staff have initial training that gives them an understanding of good working practice within the care sector. The initial training covered areas including health and safety, person-centred care and safeguarding.

People were cared for and supported by staff who had relevant training. For example, staff had completed training in safeguarding, moving and handling and equality and inclusion. Ongoing support for staff was achieved through individual supervision sessions and an annual appraisal. Staff told us they received regular supervision which measured their own development and identified any additional training needs. This was confirmed by the records we reviewed. Staff competency was checked through regular spot checks on their practice.

People felt that staff had the necessary skills to provide effective care. They told us, "I think they have the skills, they are very familiar with the work", "I couldn't manage without their care, it helps me maintain my health", "They do what I ask, we get on very well together", "my regular carer is very good", "They are capable of doing the job" and "They are conscientious and thorough."

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 make 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. The MCA requires providers to submit applications to the Court of Protection if they consider a person should be deprived of their liberty in their best interests. We checked whether the service was working within the principles of the MCA. We saw the capacity assessments formed part of the initial assessment of people's needs. The registered manager told us that when they had concerns regarding a person's ability to make a particular decision they would contact the local authority and the person's GP to arrange for a formal assessment to be conducted.

The registered manager was aware of the importance of ensuring that only those with the legal right to do so were involved in making decisions relating to a person's care. Staff understood the main principles of the MCA. They told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision.

People had access to the equipment they required to enable them to be as independent as possible. For example, the provider liaised with social workers and occupational therapists to ensure people with mobility difficulties had appropriate aids.

Care co-ordinators carried out assessments of people's physical, mental and social needs; they did so in line with national guidance such as the Department of Health guidance on care and support planning. This helped to ensure that people were involved in their care planning and that people's care was planned to promote their well-being.
People's care files contained relevant information for staff about the support they needed to manage their health conditions. Where appropriate staff liaised with external healthcare professionals to help maintain people's health. For example, we saw that staff contacted a person's care manager and GP when they had concerns about the person's memory. This led to the person being referred to a memory clinic and occupational therapist. The care people received not only helped to maintain their health but also helped to improve their health. A relative had written to the provider stating, "[The person] has really improved since the lovely carers have been coming in."

People's dietary needs and how they wished to be supported with this formed part of the initial assessment process and was documented in their care plans. We saw evidence that people were involved in decisions about this. This meant that any dietary, cultural or religious needs were respected. People were encouraged to have a balanced diet that supported their health and well-being whilst respecting their rights to make unwise decisions.

Good

Is the service caring?

Our findings

People continued to receive care and support from staff who were caring. People were supported by a consistent staff team who knew them well. This facilitated the development of meaningful relationships which in turn benefitted people's general well-being. People commented, "The carers are all very nice and helpful", "My regular carer is good", "They are the friendliest people I've met", "They are conscientious, thorough and very caring" and "The carers are all very nice and helpful." A relative told us, "The care I get for a member of my family is fantastic."

People's privacy and dignity were maintained. They told us, I have two carers per visit, they're very respectful", "I get two visits a week for personal care, I always feel safe and they respect my dignity", and "I always feel respected and they don't take liberties in my home." People told us staff referred to them by their preferred name and asked for their permission before providing support. This helped to make people feel they mattered and were in control of the care they received.

Staff gave examples of how they helped maintain people's dignity while they were providing personal care. People were supported to retain as much independence as possible. People's records detailed the level of support they required from staff with day to day tasks. People told us they did as much for themselves as they wanted and were able to. They told us, "If someone is able to get undressed by their self I stand back until they have done it. I'm there to help, not take over" and "I help with personal care in stages so that they are never totally naked as this could cause embarrassment" and "I respect people's wishes." Records we reviewed demonstrated that the need to treat people with dignity and respect was a core value of the service. Staff were made aware of this at induction and reminded during supervision meetings. Records demonstrated that care co-ordinators checked whether people were treated with dignity and respect during unannounced visits where staff were observed interacting with people.

People and where appropriate their relatives told us they were involved in helping the service to plan the care and support they received. Before people began to use the service they were visited by a care coordinator who carried out an assessment of their needs and preferences with their input. 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 service which helped them understand what they could expect.

Staff understood that people may communicate their needs in different ways. They told us how they observed changes in people's behaviour which demonstrated that they may be anxious or upset. There was guidance for staff on how to communicate effectively with and reassure people when they showed signs of anxiety.

Good

Is the service responsive?

Our findings

At our previous inspection we found that the care people received did not always meet their needs because staff were often late and sometimes did not turn up at all to provide care.

Since that inspection, the provider had introduced an electronic monitoring system which enabled the administrative staff to identify when the time staff arrived and left people's homes. The registered manager told us, "It is much easier now for us to track our staff. It means if we can see they haven't arrived we can contact them to find out why they are running late and let the client know or arrange for someone else to go." People were no longer experiencing issues with staff punctuality or staff not turning up for scheduled visits. People told us, "There is no problem with them being late", "I have a regular carer who is always on time", " Their time time-keeping is much better than it was" and "I think they are pretty good. They're usually on time."

People were satisfied with the quality of care they received. The only aspect of the service which some people were not satisfied with was the responsiveness of the office staff. Four of the twelve people we spoke with gave negative comments. They told us, "The office is quite bad, the carers are fantastic", "The office is a bit lackadaisical. They often don't phone back, I have to chase them", "The office is not very helpful" and "The carers are excellent, the admin need some improvement." We raised this issue with the registered manager who told us there had been a change of office staff recently which she felt would improve people's communication with the office. She also told us she would do more to make people aware of the office mobile number which is responded to 24 hours per day. We will monitor this issue and check it again at our next inspection.

People received responsive care which met their needs. People commented, "They do what I ask, we get on very well together", "I'm very happy with them", "My regular carer is the best" and "The carers are excellent." People were involved in planning their care. Each person had a care plan which gave staff guidance on the support people needed and their preferences. Care plans contained information about people's physical and mental health needs and their specific medical conditions. Staff had a good understanding of people's needs. This helped staff to provide person-centred care.

The provider continued to have appropriate arrangements in place to record, investigate and respond to people's concerns and complaints. People told us they knew how to make a complaint if they needed to and would feel comfortable doing so. People told us, "I would have no problem complaining if I had to", "I've called the office before to discuss something that was bothering me" and "I haven't made a complaint so far but I would speak to the carer or call the office." The registered manager monitored complaints and concerns raised by people so as to identify trends and drive improvement.

A variety of external health care professionals were involved in people's care. The communication between staff and external agencies was good. People with newly identified health care needs were referred to the appropriate specialist promptly. 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.

Good

Is the service well-led?

Our findings

At our previous inspection we found that people received care and support from a service which was not well-managed or well organised. The provider had failed to submit notifications as required by law meant the CQC. We also found that the quality assurance systems in place were not as effective as they needed to be.

Since that inspection, our records indicated the provider had submitted statutory notifications promptly to the CQC. This meant we now had oversight of and could fully monitor the risks associated with the service.

The provider had introduced and embedded new systems. They had also developed existing systems to improve the management of the service. The provider was now using technology to assist in monitoring staff which meant the administrative staff were able to quickly spot issues, understand trends and take relevant action. Consequently, staff punctuality and attendance at scheduled visits had improved which had a positive impact on the quality of care people received.

There were effective quality audits in place in relation to people's care plans. People's medicines were checked to make sure they had received them correctly. There was a system in place which identified when staff supervision and training were due which helped to ensure that staff training and supervision were up to date.

The registered manager worked closely with key organisations, including the local authority safeguarding team and commissioners to support care provision, service development and joined up care. The registered manager also attended meetings with representatives from other provider's where they exchanged ideas on good practice.

People had opportunities to give feedback and comment on the quality of care they received. The provider conducted annual surveys to obtain people's feedback on different aspects of the service provided. The care coordinator also obtained people's feedback during day time visits to their homes, when staff were also observed providing care. The feedback obtained included a range of issues such as whether people were happy with the staff and whether they were treated with dignity and respect.

We requested a variety of records relating to people, staff and management of the service. The information we requested was securely stored, promptly located and well organised. Some of the information requested was not available at the time of our inspection. However, this information was sent to us by email within 24 hours of the inspection.