

Divine Healthcare Business Solutions Limited

Divine HomeCare Solutions

Inspection report

Unit 22, Midsomer Enterprise Park
Wansdyke Business Centre
Radstock, Midsomer Norton
BA3 2BB

Tel: 01761408158

Date of inspection visit:
30 November 2016

Date of publication:
21 December 2016

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

The inspection took place on 30 November 2016 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Divine Homecare is a domiciliary care agency which provides personal care and support for people living in their own homes. There were 12 people receiving support with personal care.

This was the first rated inspection of the service since it was registered with us.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff received training in the MCA; however not all staff were able to explain clearly to us what the MCA was about.

The provider had systems in place to safeguard vulnerable people from risk of abuse. They made sure that safeguarding alerts were raised with other agencies. All of the people who were able to talk with us said that they felt safe with staff providing the service; and said that if they had any concerns they were confident these would be quickly addressed by the registered manager. Relatives felt their people were safe in their home.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service. The provider operated safe recruitment procedures. Staff had received regular individual one to one supervision meetings as stated in the provider's policy. People were supported with meal planning, preparation and eating and drinking.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

The provider had quality assurance systems in place to monitor and improve the quality of the service provided. We saw that audits were being undertaken as a part of the monitoring process.

The provider was aware of and fulfilled the requirements of the service's conditions of registration with the Care Quality Commission including notifications of serious incidents and accidents.

People spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

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?

Good 

The service was safe.

Staff understood about safeguarding adult procedures. The provider had taken necessary steps to protect people from abuse.

There were effective recruitment procedures and practices in place to ensure suitable staff were employed.

The agency carried out risk assessments to protect people from harm or injury.

Is the service effective?

Good 

The service was effective

People's human and legal rights were respected by staff.

Staff received training in areas such as Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However not all staff were able to explain clearly to us what the MCA was about.

Staff received on-going training in areas identified by the provider to enable them to meet the needs of the people they that they supported

Staff supervisions took place regularly to give them the opportunity to discuss their performance.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Is the service caring?

Good 

The service was caring.

People felt that staff provided them with good quality care. The staff kept people informed of any changes relevant to their support to ensure their needs were met.

Staff protected people's privacy and dignity, and encouraged

them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Is the service responsive?

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Staff stuck to visiting times as agreed.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

Good ●

Is the service well-led?

The service was well-led.

The provider maintained a quality assurance and monitoring procedures in order to improve the quality of the service provided.

The service had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

The provider had a clear set of vision and values, which were used in practice when caring for people.

There was a robust staffing structure in the agency. Both management and staff understood their roles and responsibilities

Good ●

Divine HomeCare Solutions

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 was 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 30 November 2016 and was announced. The inspection team consisted of one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law

We used a range of different methods to help us understand people's experience

We visited one person in their home and spoke with one relative. We visited the agency's office and spoke with the provider who is also the registered manager. We also spoke with the operations manager.

During the inspection visit, we reviewed a variety of documents. These included four people's care records, which included care plans, risk assessments and daily records. We also looked at four staff recruitment files and records relating to the management of the service. These included staff training programmes, audits, satisfaction surveys, staff rotas, policies and procedures.

Following the inspection visit we spoke on the telephone to two people who used the service and three relatives and three staff members to ask them for their views about the service. We also received feedback from one social care professional involved with the service after the inspection to ascertain their views of the service.

Is the service safe?

Our findings

People told us they felt safe with staff and with the service. One person said "They are very practical in terms of my needs and my support. They ensure my safety. They do comply with everything they need to do to make sure I am safe. I trust them". Another person said "The girls are very good, they help me with washing and dressing, they make sure I am safe."

A relative told us "They are very reliable and always ask questions. I am always here if they need anything they will ask me" and "the staff are very friendly I have no qualms about leaving my family member with them".

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse started at induction, and there was on-going refresher training for safeguarding people from abuse.

Training record shown to us confirmed that all staff had completed safeguarding training when they joined the organisation. All staff spoken with said they would contact the registered manager immediately if abuse was suspected or had happened, but knew they could also contact the local authority safeguarding team directly. Staff spoken with understood what whistle blowing ((telling someone) was about. They were confident about raising any concerns with the provider or outside agencies if this was needed. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy was in place for all care providers within Bath and North East Somerset area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

The registered manager told us they carried out risk assessments before any care package commenced. We saw there were risk assessments in people's files. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. There was also information for transferring them in and out of their bed or to a wheelchair. In one person's home alterations had been made to their home to accommodate a transport lift. There was no risk assessment of the installed lift. The person also required the use of a hoist. However, the registered manager told us the lift was already installed before the person started receiving care from the agency and instructions on how to operate the lift safely was provided to staff and by the person's relative. The registered manager told us after the inspection that they had undertaken a risk assessment for the lift to enhance the safety of the individual and staff whilst transporting them for personal care.

We saw risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained their safety and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they had contacted the office and completed an incident form after dealing with the situation. We saw there was one recorded accident in relation to a fall. The registered manager told us they and operations manager reviewed the

accident and incident form. This was to assess if there was any action that could be taken to prevent further occurrences and to keep the person safe.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority according to the amount of care needed. People told us they were happy with the numbers of staff sent to them. The registered manager and operations manager said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers were planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. Both the registered manager and operations manager told us that they carried out visits to people whenever required.

Safe staff recruitment processes were in place. Staff files contained the information required to ensure that staff were suitable to care and support vulnerable people. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any medicine when they assisted people such as prompting. Care staff were informed about action to take if people refused to take their medicines. For example, staff told us they will contact the office immediately and they were confident that the registered manager or the operations manager would contact the GP or appropriate healthcare professional.

Is the service effective?

Our findings

People who used service and their relatives told us they felt staff were well trained to meet people's needs. One person said, "Yes definitely. They certainly know what they are doing. They seem very professional. They read the care plan before they start. They ask me if anything has changed since the last time they visited". One relative said "I believe the staff are well trained to do their job. I feel they are doing a good job"

The registered manager told us that staff completed in-house induction courses before starting. The induction and refresher training included all essential training, such as health and safety, safeguarding, basic first aid, food hygiene, administration of medicines and assisting and moving individuals. Staff were given other relevant training, such as stroke awareness, infection control, challenging behaviour in people with dementia and diabetes. This helped ensure that all staff were working to the expected standards and caring for people effectively. It also helped to ensure that staff to understand their roles and responsibilities.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. 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.

The registered manager knew of their responsibilities to report concerns about a person being deprived of their liberty to the local authority so that an application to the court of protection could be made. Staff received training in the MCA; however not all staff were able to explain clearly to us what the MCA was about. We fed this back to the registered manager

Staff sought and obtained people's consent before they helped them. One person told us "They do everything I ask of them, they always ask me if I'm happy before they go". Staff checked with people whether they had changed their mind and respected their wishes.

Staff were supported through individual one to one supervision meetings and appraisals. This provided opportunities for staff to discuss their performance, development and training needs, which the registered manager was able to monitor. There were no gaps of time in how frequent the supervisions were. Staff told us and the records we looked at confirmed that staff have received regular supervisions. They said, "Along with the supervision I do see carers regularly and we do discuss any areas of concern" Staff spoken with confirmed that they had access to the registered manager regularly.

The provider's policy stated that appraisals should be carried out yearly. The registered manager told us this had not happened because all the staff were recruited less than 12 months ago. The registered manager told us appraisal would be used to identify development and training needs. Tasks to be carried out would also be reviewed with timescales for completion. This would enable staff to improve on their skills and

knowledge which would ensure effective delivery of care to people.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager told us they introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This was confirmed by staff we spoke with. This allowed for continuity of staffing, and cover from staff that people knew in the event of staff were on annual leave or sickness. People said, "Staff always are here for the allocated time and always have time for a chat."

When staff prepared meals for people, they told us they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People were involved in the regular monitoring of their health. Care staff told us if they identified any concerns about people's health they would inform to the registered manager. They told us the registered manager would then contact their GP, the district nurse, mental health team or other health professionals. Staff also said they could contact the persons GP with their permission if needed. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included for example, appropriate catheter care.

Is the service caring?

Our findings

People told staff treated them with kindness and respect. One person said "They are kind and respectful and treat me with respect I can't fault them at all". Another person told us "Staff are very good, very kind, and very respectful. I have no concerns about them and " I am happy with all of them". One relative told us "I was pleasantly surprised about the amount of efforts they put in to make sure people are treated well. Another relative told us "Staff are very friendly, they listen and above all they make him laugh. They are always on time especially on the days we have to go out, they know how important that is to us and they do everything perfectly well. We are happy with them" and "Very happy with the carers especially [Name of staff]. They are excellent, very kind and caring" and "My relative is quite independent of doing their personal care. Staff support them if they want and in a dignified and personal manner".

People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support with their personal care in terms of getting up in the mornings and retiring in the evenings. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records also showed staff had been flexible and had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. One staff said "We always give people choice of what they would like us to do". One person said, "The manager has visited us three times since we started with them to look at my care plan and they have spoken to us also on the phone and "everything is ok".

People were informed of agency processes during the assessment visit. One person said, "The manager is fully involved with my care, we regularly talk about the care plan which was sorted out with me in the beginning." The registered manager provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern. We saw the agency had out of hour on call system and an emergency number to contact.

The agency had procedures in place to keep people informed of any changes. The registered manager and operations manager told us that communication with people and their relatives, staff, health and social care professionals was very important for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. People confirmed to us that if staff were running late, they do inform them. One person said, "Occasionally they have been late but they always let us know. For example, one of them had a punctured tyre they called me straight away and they got here as soon as they could".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. We saw that personal records other than the ones available in people's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to only those authorised to view them.

Is the service responsive?

Our findings

People and their relatives told us they knew how to complain and had been given all the required information by the agency, One person said, "I have all the information in my care file in my house but I have no complaint". One relative told us "We know how to complain. The agency gave us all the information when we started with them. We have no reason to complain". People were given a copy of the agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the registered manager and operations manager if they had any concerns, or would speak to their care staff.

The registered manager and operations manager dealt with any issues as soon as possible. This ensured people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager told us that they and operations manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to so they could obtain the full details of their concerns. There were no complaints recorded at the time of our visit.

The registered manager told us they and operations manager carried out people's needs and risk assessments before the care began. This was confirmed by the people who used the service and the care files we looked at, They discussed the length of the visits that people required, and this was recorded in their care plans. There were detailed actions in place for what care staff should carry out whilst they were supporting people. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and supporting people in and out of bed. The domestic tasks were also sometimes included such as escorting for shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred to be supported and in a way that was consistent with their care plan.

Staff were informed about the people they supported and the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The registered manager and operations manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and clearly written each task in order, with the person's exact requirements for example, staff to support the person to remove the hearing aid. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The registered manager and operations manager carried out care reviews with people and was in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs. For example, changes in their mobility or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the

care that people required.

People had been asked to confirm their views about the service by answering questions. Completed feedback form asked people 'is the care delivered so that you maintain your dignity and respect' 'Do support staff complete the tasks required to your satisfaction' 'Are your current carers suitable' 'Are you happy with the current service you are receiving'. Everyone said "Yes". Compliments also received by the service included "We like to the care that [Name of the person] is receiving, the carers are very efficient and they do all tasks to our satisfaction. We have no problems with Divine carers. This showed that people spoke positively about the services the care staff at the agency provided.

Is the service well-led?

Our findings

People said that they were happy with the agency. One person said "They are very good. The manager is approachable and would listen. Although we have been using them for a short period we are very happy and would recommend them if we are asked. The service is reliable, friendly but professional, caring and flexible".

Our discussions with people, their relatives, the registered manager, operations manager and staff when we inspected showed us that there was an open and positive culture that focused on people. For example, one person told us "The manager and their partner always ask if everything was ok and if there's anything they could do better. I think that's really good". The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas. One staff told us "They are very fair and they ask our opinion about how to improve the service".

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, The provider completed this form and return the form by the specified date. This meant that the provider was aware of and fulfilled the requirements of the service's conditions of registration with the Care Quality Commission including notifications of serious incidents and accidents.

The management team included the registered manager and the operations manager who were partners in the business. The aims and objectives of the service were clearly set out on their website. It stated, 'Divine Health 'Striving to provide the best compassionate care for our clients while maintaining the client's independence as much as possible'. We found that the organisational values were discussed with staff, and reviewed to see that they remained current and relevant. Our discussions with staff showed that they believed in these values. One staff member told us "Our values is being approachable and professional with the standards and to provide good compassionate care. Our vision is caring for people in their own home as long as they can and making a difference to enable people to be as independent as possible".

Effective communication was supported by monthly meetings. This provided a forum where staff shared information and reviewed events across the agency. Records of the last staff meeting were dated 26 September 2016. This showed that they happened regularly. Areas discussed included, health and safety, care delivery, staff trainings and development This showed that there had been a consistent system of communication in place that provided for staff input to service delivery and promoted knowledge.

Audit systems were in place to monitor the quality of care and support. There were documentary evidence of audits of calls times carried out to ensure that people were getting the care and support they were assessed for. There were comparisons of planned and actual delivered hours of care had been made. Visit log books had been audited in line with call times. There was process in place to identify this. Care plans, staff files and risk assessments were also being audited.

There were systems in place to manage and report accidents and incidents. We saw there had been one

accident and this had been recorded since the agency was registered with us. This had been checked by the registered manager to ensure staff took immediate action to prevent the accident from happening again.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of their responsibilities to ensure notifications were sent to CQC. These notifications would tell us about any important events that had happened in the agency. Notifications had been sent in to tell us about incidents that required a notify us. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.