

Divine Care Provider Ltd

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Inspection report

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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 

Overall summary

We carried out an unannounced responsive inspection on 21 August 2014 at which three breaches of the legal requirements were found. These related to the requirements relating to workers, staffing and supporting workers.

We undertook an announced comprehensive inspection on the 30 September 2015 to check that they had made the necessary improvements. This comprehensive inspection also looked at all five key questions to provide the service with an overall rating.

Divine Care Provider Ltd is a small domiciliary care service that provides care and support to people in their own homes. On the day of our inspection, there were 39 people using the service and 18 staff supporting them.

Summary of findings

A registered manager was in place. 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.

At our comprehensive inspection on the 30 September 2015, we found that the provider had followed their plan which they had told us would be completed by 31 October 2014. They had made the necessary improvements.

There were now sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were now in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision and support.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. The policy and practice of prompting people with their medicines was delivered safely.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs. People were treated with kindness and respect by staff and their dignity was maintained.

Staff understood people's needs and provided care and support accordingly. They had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service were identified, these were addressed.

There was good visible leadership at the service.

Summary of findings

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 safe.

Staff knew how to protect people from abuse or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Staff followed correct procedures for supporting people with their medicines so that people received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

Consent from people or their relatives was obtained before support and care was provided.

People were supported to access healthcare professionals when needed.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

People's choices were respected and their preferences were taken into account by staff providing care and support.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The management of the service was open and effective. The management demonstrated a commitment to providing a service that put people first.

Staff were valued and they received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Divine Care Provider Ltd

Detailed findings

Background to this inspection

We carried out an unannounced responsive inspection on 21 August 2014 at which three breaches of the legal requirements were found. These related to the requirements relating to workers, staffing and supporting workers.

After the responsive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the three breaches. We undertook an announced comprehensive inspection on the 30 September 2015 to check that they had followed their plan and improvements had been made. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by one inspector.

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.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection we spoke with the registered manager and administrator at their office location. We reviewed four people's care records, six staff recruitment and training files and looked at quality audit records. After the inspection, we undertook phone calls to five people who used the service and one relative and received information from four members of care staff. We also received information from one health professional and one social care professional.

Is the service safe?

Our findings

People told us that they felt safe and comfortable with the staff who visited them. One person said, “They are friendly girls and make me feel safe.” Another said, “My [relative] organised the care for me so that I could be safe at home, and it really is working out.”

At our unannounced responsive inspection of Divine Care Providers on 21 August 2014, we found that they had not recruited enough staff and had not recruited them safely. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our comprehensive inspection on 30 September 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 as described above.

People were protected by the service’s recruitment procedures which checked that staff were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before staff were allowed to work in the service.

There were sufficient staff employed to keep people safe. The registered manager told us that whilst they were always recruiting for new staff, they had enough staff with the right skills and experience to meet people’s needs. They purposely kept the service small so that a consistent team were available to provide continuity to the people who used the service. Both of the managers were also available should additional care be needed in an emergency.

Staff understood their roles and responsibilities regarding safeguarding people who used the service, including the different types of abuse. They were able to demonstrate how to report concerns should they see or hear about any

kind of abuse. Staff were encouraged to raise concerns. Staff badges contained the contact number of the local authority safeguarding team so that each staff member had access to advice and support should they need it.

People’s care records included risk assessments and guidance for staff on how these risks were minimised. These included risk assessments associated with mobility, nutrition, pressure care, falls and medicine taking. People and/or their relatives were involved in discussing their needs and requirements and we saw that these were recorded appropriately. Reviews of people’s care were undertaken to ensure that the risk assessments were up to date and reflected their current needs.

We saw that there were emergency arrangements in place within the files. Any safety concerns in the environment were recorded such as ‘uneven carpet in the living room’ so that staff were aware of the risks whilst being in people’s homes. Accidents and incidents were recorded and changes made to the risk assessments as appropriate to prevent these happening again.

People told us that the staff never let them down and arrived on time. One person said, “There is always someone to cover, you never feel let down.”

The manager told us that their medicine policy only enabled staff to prompt people to take their medicine and not to administer it. The medicine which people took was documented in their care file and updated as necessary. Records showed when people were prompted and if they took their medicine or not. The records were audited to check that they were appropriately completed by the staff. Spots checks by the registered manager or senior staff on how staff prompted with people’s medicine were in place and a system of refresher training provided an on-going understanding of medicine support to all staff.

Is the service effective?

Our findings

People who use the service told us that the staff provided them with very good care that met their needs and enabled them to stay in their own homes. One relative said, “When we needed to change the times of the carers coming in, it was all arranged without a fuss. Changing the times has made a big difference as [family member] doesn’t have to get up so early now.”

At our unannounced responsive inspection of Divine Care Providers on 21 August 2014, we found that they did not have support and training systems in place for staff. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our comprehensive inspection on 30 September 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 as described above.

Staff told us that they were provided with the training that they needed to meet people’s needs. One staff member said, “I feel that the training was enough for me to feel confident to do my job and another said, “It was very instructive and enabled me to do my work with the knowledge I had back up and support and where to obtain it.”

The induction process was comprehensive and involved training, understanding the systems and processes the service had in place including whistleblowing, shadowing experienced staff, and meeting people who used the service. The structured Skills for Care workbooks had been used effectively as part of staff induction. With the introduction of the Care Certificate, the registered manager told us that all staff were now completing this programme of learning. In addition, a number of staff were undertaking their Qualifications and Credit Framework (QCF) in social care level two and three and the registered manager was completing level five.

A programme of face to face sessions and online learning were completed on a regular basis enabling staff to learn new skills and update and refresh their knowledge. One staff member said, “I feel all training is important. We do online, workshops and through college. Plus we have staff meetings regularly.” Spot checks and observations of

practice, some monthly for newer staff and from then on three monthly, were undertaken by the registered manager. These were used to develop staff knowledge and skills and have as an input into their overall development.

In addition to the formal training, staff had one to one supervision meetings. This provided a forum for them to discuss their role and responsibilities and to be aware of developments in the service. Staff told us that they felt supported in their role. An appraisal system was in place. Records in their personnel file showed that they were provided with the opportunity to discuss the way that they were working and to receive feedback in their work practice. Staff were given the support and guidance that they needed to meet people’s needs effectively.

People’s consent was sought before any care and support was provided and the staff acted on their wishes. People’s records included their capacity to make decisions and they had signed their records to show that they had consented to their planned care.

The registered manager told us that people using the service had capacity to make their own decisions or had relatives to support them. Staff had received guidance and training on their responsibilities of the Mental Capacity Act (MCA) 2005 and what this meant in the ways that they cared for people.

The registered manager told us that they had introduced a system to give greater continuity of care by arranging the rota so that staff supported the same people on a regular basis. People told us that they had different staff attending to them but that they were all trained, knew their role and responsibilities and were generally on time. One person said, “I have the same girls most of the time, It can’t be helped when one can’t come. They all seem to know what to do.” Another person said, “It is being organised that I have the same carers, I would like that.” A social care professional told us, “I was very pleased with their flexibility, the package has been working successfully using flexible hours accordingly to the adult’s needs.”

Where people required assistance with food and drink, they were supported to eat and drink enough and maintain a balanced diet. People’s records identified their requirements regarding support needed in maintaining a healthy diet and drinking enough and the actions that staff should take if they were concerned that a person was at risk of malnutrition or dehydration. The registered manager

Is the service effective?

told us, for example, that for one person they liaised with the dietician and kept fluid and food charts as requested to monitor the person's intake and output so that changes to their health and wellbeing could be dealt with promptly.

People were supported to maintain good health and have access to healthcare services. The registered manager had

good links with health and social care professionals and consent was sought from people when staff made referrals for additional support. Changes to people's care and treatment were recorded in their care plans to enable staff and other professionals to meet their needs effectively and timely.

Is the service caring?

Our findings

People told us that the staff were very kind, thoughtful and caring. They said that they received care and support from staff who knew them well and who understood what they were required to do for them. One person said, “I have got very close to them, they are lovely.” Another said, “The carers are very caring, they are always bright and cheerful.”

Information was available to show that people were involved in making decisions about their care and support where this was possible. We saw that prior to the service being agreed, people or their relatives had provided information to support the completion of the care plan. If people were funded via social services or health, we saw that a pre-assessment of their needs had been completed by a social worker and this provided comprehensive information about the person’s needs and requirements. The service used this information to put in place a plan of care and support.

We saw that people had signed to agree the content of their care plan. People also told us that they had been

asked to provide feedback about the quality of care provided at regular intervals so that it was appropriate to their needs. One person said, “The managers are also very caring, nothing is too much trouble and they always tell me to let them know if things are not right.” People told us that their views were listened to by the managers and changes were put in place as and when needed.

People were very complimentary about the care they received from staff. They said, “I couldn’t wish for nicer people.” A relative told us, “All are friendly and very caring. They help [family member] maintain their independence and dignity which is very important to them.”

Staff told us that they treated people who used the service as they would expect to be treated with politeness and respect. One staff member said, “I feel that it is a very caring company and the clients are always put first.” Another staff member said, “A lot of us go above and beyond to ensure that our clients are well cared for and enjoy our company and assistance. We all make a great team together and I often get lovely remarks from clients, both about myself and my colleagues.”

Is the service responsive?

Our findings

People told us that they were very happy with the care and support provided by Divine Care Providers. The service responded to their needs in an individual way and respected their preferences, likes and dislikes and views and opinions.

Information was provided to people about the service in response to an enquiry from an individual or a referral from a health or social care professional. The manager told us that people's care plans were written using the information gathered during the initial assessment period and prior to the service being agreed. They could then judge whether the service could meet the person's individual needs.

The care plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care and support required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening. It also included ensuring that people's sensory needs were met. The manager told us that people's sensory needs were taken into account as people's hearing and sight could get neglected. Therefore, they trained staff in how to deal with the working order and cleaning of a hearing aid so they could ensure that they were working efficiently. Also when staff were attending to people who wore glasses, as a matter of course, they would ask if they wanted them cleaned.

Additional to the care plan held at the person's home was a handbook about what the service offered, their Statement of Purpose, complaints policy, contractual arrangements and photographs of all the staff who worked for the service so that people could recognise them as care staff.

A daily notes book was used to record the tasks and activities undertaken for the person and to share any information of importance such as changes to the care plan. We saw copies of some of the completed daily notes and noted that the information about the person was written in a kind, non-judgemental and sensitive way.

Care plans were reviewed every six months or when changes occurred to a person's circumstances. The records we saw showed that the care plan was reviewed and updated. One social care professional told us, "They [Divine Care Providers] have been brilliant in communicating with the person and me at all times and to respond promptly to any changes in their circumstances."

A system was in place for people to use if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. The registered manager told us that they did not have any complaints outstanding but dealt with any concerns at the time of receiving them. We saw that minimal records were maintained about the outcome of the complaint. The registered manager agreed that this information was insufficient in order to monitor and learn from concerns and complaints. They agreed to revert to the procedure they had in place previously which had provided a clear record of the outcome.

People who used the service and a relative we spoke with told us that they knew who to contact if they had any concerns or complaints. One person said, "There was only one time when I was unhappy with the service when the carer was late and my [relative] rang and talked to the manager. It was dealt with immediately and I was given an apology." A relative said, "I have every confidence that anything wrong will be put right."

Is the service well-led?

Our findings

The registered manager told us that they monitored the quality of the service by regularly speaking and visiting with people who used the service and their families to ensure they were happy with the service they received. This was confirmed to us by the people we spoke with. In addition, unannounced 'spot checks' were undertaken on staff to review the quality of the service provided by them and to ensure that they followed the provider's policies and procedures. The manager advised that the 'spot check' also included a review of the person's care records and daily notes so as to ensure that these were appropriately completed.

The registered manager kept abreast of changing legislation and best practice and followed guidance as and when required to improve the service such as subscribing to the Quality Compliance System for updates to policy and practice. They worked with other organisations such as the United Kingdom Home Care Association (UKHCA) regarding the sharing of information and learning. They understood their role and responsibilities to the people and staff they worked with and the requirements of being a registered provider.

People told us that they found the service to be well managed and the management to be very approachable and open. The staff told us that they could speak to the managers at any time about any concerns they had as

there was an open door policy. Regular staff meetings enabled them to express their views about the running of the service and have an input into improvements. Staff said the manager was 'hands on' which meant they were aware of concerns as and when they happened.

One staff member said, "We always have the chance to discuss any changes or improvements at team meetings. I feel privileged to be part of such a well-run and friendly team." Another said, "We all know we can talk to them about anything, and they are always keeping us up to date with the needs of the clients and any changes that arise. We also have regular meetings and training."

People who used the service and staff took part in an annual satisfaction survey. The result of the survey concluded that people were very positive about the service. One person wrote, "I couldn't be doing without them." Another person made comments about the continuity of care workers. The registered manager picked this up and made changes, in discussion with the person, about their arrangements. They now have the same staff on a set rota and all is working well.

The effective leadership was evident in all aspects of the service and people, their families and the staff had been involved in developing its good practice.

We saw that they had a robust records and management system in place and that all information about people was kept confidential.