

Divinus Support Limited

# Divinus Support Ltd

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Divinus is a domiciliary care service providing personal care to people in their own homes. 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. At the time of this inspection there were 29 people using the service, 18 of which were in receipt of personal care.

### People's experience of using this service and what we found

Whilst people told us their needs were met by caring and respectful staff, the registered manager could not assure themselves that staff had the right skills, experience, knowledge or competency. This was because not all staff had received the training they required for the role they were employed to perform, or had their competency assessed to deliver safe care and treatment.

Recruitment processes were not robust. Recruitment checks had not been completed on all new staff to check their suitability or competence to work with people prior to commencing employment.

Full recruitment checks as required by law had not been completed on all staff further contributing to the failure of the registered manager in seeking assurances on the suitability of staff and ensuring a safe service.

Staff had not been trained to recognise and report abuse appropriately.

Risks to people from receiving unsafe care and support were not always assessed with risk management plans in place. Care plans did not always reflect actions for staff to take to reduce the risk of harm.

Further work was needed to ensure medicines were well managed. Not all staff employed had been trained to administer people's prescribed medication safely, and their competency had not been assessed.

Governance arrangements continued not to provide assurance that the service was well-led.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, staff were not provided with training in understanding their roles and responsibilities in relation to the Mental Capacity Act (2005) MCA.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 June 2021). There was a breach of regulation. The service has deteriorated to inadequate. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider

remained in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 21 April 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and recruitment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well led which contain those requirements.

The overall rating for the service has deteriorated to inadequate.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Divinus Support Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to staff training, safeguarding, recruitment and oversight and management of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Divinus Support Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one Inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave short notice of the inspection, the day before our visit to the office. This was because the service is small and office staff are often out and we wanted to be sure there would be staff to speak with us.

Inspection activity started on 2 November 2022 and ended on 7 November 2022. We visited the location's office on 2 November 2022 and carried out phone calls to people, their relatives and staff on the 3rd and 7 November 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

During our on-site visit which took place on the 2 November 2022 we reviewed a range of records. This included four people's care records including medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with the provider and office administrator.

On the 3 and the 7 November 2022 we spoke with four people who used the service and three relatives by telephone about their experience of the care provided. We also spoke with five members of care staff including the registered manager and administration assistant.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to provide staff with the training needed to equip them for the roles they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff continued not to receive the training needed for the roles they were employed to perform including having their competency assessed.
- Moving and handling training continued to be provided on-line only without any practical training to guide staff in the use of handling equipment such as hoists and slide sheets with staff competency assessed. Only 6 of the 12 staff employed had received the on-line, 'assisting and moving' training.
- The registered manager told us and staff confirmed there was no system in place to ensure staff had access to regular staff meetings, formal supervision, and annual appraisal to discuss their performance, training and support needs.
- People had not always received the support they required. People told us, "They (staff) don't always let you know if they are running late. I have had a couple of missed calls but it has been better lately." And, "The staff come and they go. They have been very short of staff. I have had one missed call."
- Other than paper records there was no call monitoring system which would confirm staff arrival and record when they left. The paper call monitoring system was not consistently used by staff to enable effective monitoring to take place.

This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not follow safe recruitment processes as they had not obtained a full employment history when recruiting new staff and gaps in employment were not explained.
- Not all required safety checks had been carried out prior to recently employed staff starting work.
- Not all staff files had a full employment history. Gaps in employment had not been explored. Therefore, the registered manager could not assure themselves that staff were safe to work with people who used the service.
- Two suitable references had not been obtained for all staff prior to staff commencing work. There was no evidence that alternative references had been sought. This meant that the provider did not follow their own recruitment policy or adhere to regulations to ensure that people employed were suitable.

- For newly employed staff there was a lack of recorded evidence of induction training with competency assessed. For example, competency assessment in the safe administration of people's medicines and safe moving and handling.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment, training and support. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A system was in place to introduce new staff to people prior to them starting to provide support to the person.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- With the support of the local authority improvements had been made in the quality of care and risk management plans.
- However, further work was needed. Risks to people's safety and wellbeing had not always been assessed with guidance provided for staff to reduce the risk of harm. For example, people with a pressure wound, in receipt of end of life care, risk of choking, falls, moving and handling.
- The registered manager told us they did not have a system in place to record and analyse incidents and accidents as there had not been any to report.
- However, the registered manager and staff described incidents where people had sustained falls, these had not been recorded with evidence of management follow up required.
- Staff told us they were not aware of any system in place to record when accidents or incidents had occurred. One member of staff told us, "If you find someone on the floor, we just send a message via a social media app to ask for help if needed. I am not aware I need to do anything else." Another told us, "The lack of training worries me, I have not done this job before. I just got to shadow another member of staff twice."
- A review of the staff training matrix showed only 3 of the 12 staff employed had received training in health and safety awareness.
- Performance spot checks carried out on staff had for the majority been carried out over the phone without any direct observation.
- The registered manager did not demonstrate an understanding of reporting procedures for serious incidents to relevant authorities when this was needed.

Using medicines safely

- Not all staff employed had been trained to administer people's prescribed medication safely with their competency to do so checked.
- One member of staff told us, "I give medicines to people but I have never been trained to do so. I think just because I have worked in care before they (registered manager) think I don't need it. I have not had any training since I started." A review of the provider's staff training matrix confirmed this.
- One person was prescribed a medicine which should be administered at least 30 minutes before food. The registered manager advised the medicine was administered at the correct time, but the medicines administration record (MAR) did not include this instruction and records of care support provided did not evidence when the medicine was given.
- There was a lack of guidance for staff which would describe the reasons medicines had been prescribed, and any information which would alert staff to adverse reactions.
- There were no management audits which would identify medicines errors and ensure people had received their medicines as prescribed. This posed a risk to people because the registered manager did not have the oversight needed to be able to pick up on potential medicines errors.



We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed a sample of medicine's administration records which had been returned to the office. We found that there were no gaps or omissions in these records which implied people had received their medicines correctly.
- However, medicines profiles had not been updated to reflect current medication prescribed.

Systems and processes to safeguard people from the risk of abuse

- People who used the service could not be assured staff would recognise and respond to abuse.
- Staff we spoke with told us they had not received training in how to recognise and respond to abuse.
- Care plans did not provide guidance for staff in the safe handling and safeguarding of people's money when carrying out shopping tasks.
- The provider's training matrix showed only 4 of the 12 staff employed had been provided with training in safeguarding procedures.
- Staff told us they would report to the manager any concerns they might have but had not been provided with any procedural guidance which would guide in steps they should take to ensure local protocols would be followed.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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.

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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.
- However, care and risk management planning did not always include an assessment of people's mental capacity.
- The majority of staff had not been provided with training in understanding their roles and responsibilities in relation to the Mental Capacity Act (2005) MCA.

Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE). However, only four of the 12 staff employed had received training in infection prevention and control measures.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The registered manager did not have effective systems and processes in place to ensure they had a good oversight of the service.
- The documentation staff completed in people's homes was not reviewed on a regular basis to identify risks and actions instigated in response to incidents.
- Throughout this report, we have made several references to records relating to people's care and support, which were not always sufficiently detailed to support staff to meet people's needs and keep them safe. Whilst we did not identify any direct impact, if accurate and contemporaneous records were not in place, this had the potential to put people's health, safety and well-being at risk.
- The lack of quality and safety monitoring processes meant the registered manager did not identify the shortfalls we found during this inspection. This meant there was a failure to identify poor records management, a lack of robust risk management, ineffective care planning and systems to ensure staff had the training and guidance they needed to keep people safe from the risk of harm.
- Not all staff had received training relevant to their roles. The staff training matrix showed significant gaps in the provision of training for staff. The matrix showed 4 out of 12 staff had not received any training.
- Further work was needed to ensure staff had access to planned supervision, annual appraisal and staff meetings to discuss their performance, identify and plan their training needs.
- Staff told us there was no formal system in place for out of hours support. Communication was encouraged through the use of a social media messaging service.
- One staff member told us, "You don't always get an answer to your calls out of hours. There is no system other than you call the manager who doesn't always pick up. We support each other as best we can. We have a messaging system where we shout out to each other when we need help."
- The registered manager was also a director of the service. We discussed with them the shortfalls we identified at this inspection and the areas for development needed. The registered manager's response did not assure us they had an awareness of regulatory requirements associated with their registration and fundamental standards.

Systems were either not in place or robust enough to demonstrate effective oversight and governance of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The majority of people told us they were satisfied with the care provided. One told us, "There have been issues with staffing, but it is calm at the moment. I would call the office and speak to the manager if I had concerns." Another said, "The staff are kind, they do their best and so long as I tell them what is needed, because they don't always know if they are new, we then get along fine."
- The registered manager showed us surveys they had used to gain the views of people who used the service. We noted all responses received were positive.

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

- The registered manager was aware that changes needed to be made at the service following local authority audits.
- Feedback from stakeholders told us the registered manager sometimes presented as defensive and unwilling to cooperate with requests for information in a professional, open and transparent manner.
- People told us staff supported them to access health care services when needed such as their GP and community nursing staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not established and operated effectively to prevent the risk of abuse including staff trained to recognise when to report concerns.</p>