Divine Motions Acacare Limited

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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 inspected Divine Motions Acacare on 26 March 2015. The inspection was announced 48 hours in advance because it is a small service and we needed to ensure the provider or registered manager was available.

We previously inspected Divine Motions Acacare in November 2013 and found that it was meeting all the regulations we inspected against.

Divine Motions Acacare is a service which provides personal care to adults in their own home. At the time of our visit there were 29 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

People told us they were safe. Staff had good knowledge of how to identify abuse and the action to take if abuse was suspected. Care was planned and delivered to ensure people were protected against avoidable harm.

Staff arrived on time and stayed for the allotted time. People were cared for by a sufficient number of suitable staff to keep them safe and meet their needs. There was continuity of care and staff understood people's needs.

People were protected from the risk and spread of infection because staff understood their responsibilities in relation to infection control and followed the procedures in place. People were cared for by staff who had the necessary experience and knowledge to support them to have a good quality of life. Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care

People were treated with respect, compassion and kindness. People's individuality was at the centre of how their care was delivered. They were fully involved in making decisions about their care. People were supported to express their views and give feedback on the care they received.

People received the help they needed to maintain good health.

The registered manager understood what was necessary to provide a quality service and had a variety of systems in place to regularly check and monitor the quality of care people received.

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 recognise abuse and how to report any concerns. Risks to people were assessed and effectively managed. There was a sufficient number of staff allocated to people to care for them safely and meet their needs. People received their medicines safely. There were adequate arrangements in place to protect people from the threat and spread of infection.

Good

Is the service effective?
The service was effective.

Staff supported people to live their lives in the way they chose to. People were cared for by experienced staff who had the knowledge and skills to carry out their roles effectively. Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People were supported to maintain good health and have access to healthcare services.

Good

Is the service caring?
The service was caring.

People were cared for by staff who were kind and caring. Staff treated people with dignity and respect. People were actively involved in making decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

Staff were responsive to people's needs and care was delivered in the way people wanted it to be. The service listened to people's comments, suggestions and complaints about the quality of care they received and acted on them.

Good

Is the service well-led?
The service was well-led.

The manager was accessible. People felt able to approach her with any comments, suggestions or complaints.

The manager knew what was necessary to deliver a quality service and demonstrated good management. There were systems in place to monitor the quality of care people received.

Good

Divine Motions Acacare Limited

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.

The inspection was carried out by a single inspector who visited Divine Motions Acacare offices on 26 March 2015.

As part of the inspection we reviewed all the information we held about the service. This included safeguarding and routine notifications received from the provider, as well as the previous inspection report from our inspection in November 2013.

During the inspection we spoke with four people and two relatives about what it was like to receive care from Divine Motions Acacare staff. We spoke with five staff members and with a member of the commissioning team from a local authority that commissions the service.

We looked at six people's care files and five staff files which included their recruitment and training records. We looked at the service's policies and procedures. We spoke with the manager about how the service was managed and the systems in place to monitor the quality of care people received.

Good

Is the service safe?

Our findings

People were protected from abuse. People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, "I always feel safe with the carers", "I trust them implicitly" and "They have never said or done anything to make me feel unsafe or threatened in any way but if they did I would ring the office." Relatives were also confident that people were safe. One relative told us, "I have no doubt [the person] is safe."

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place to guide staff on how to protect people from abuse which staff applied day-to day. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for.

We saw confirmation the service had acted appropriately to deal with allegations of abuse or concerns about a person's safety. Referrals were made without delay to the relevant local authority safeguarding team. The manager and staff fully co-operated and participated in local authority safeguarding investigations. Records demonstrated that staff practices were reviewed and amended according to the recommendations made by the local authority safeguarding team.

Care was planned and delivered to protect people from avoidable harm. Staff arrived at the time they were due and stayed for the time allotted. Risk assessments were carried out and care plans gave staff detailed information on how to manage identified risks such as, how to move people who had mobility difficulties. Equipment used to support people was checked during the risk assessment process to ensure it had been serviced recently and was in good working order. On each occasion before staff used equipment they were required to state in people's care records whether they had checked the equipment and whether it was safe to use.

Staff assessed people's needs before they began to use the service. The number of staff required and their relevant experience to deliver care to people safely was also assessed. People with complex needs were allocated the most experienced staff. People told us they received care and support from the right number of staff. The number of staff a person required and staff experience was reviewed when there was a change in a person's needs.

The service operated an effective recruitment process which was consistently applied by the management. Appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff were required to complete medicine administration record (MAR) charts. Records demonstrated that staff fully completed these and that people received their medicines at the right time in the correct dosage.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff told us they had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People using the service commented, “They are very good”, “They [the staff] know what they need to do and get on with it”, “They all seem very experienced” and “They appear pretty good with their selection process because all the carers we’ve had have been very professional and efficient”.

The provider supported staff to enable them to meet the needs of people using the service. Newly appointed staff received an experience and training assessment so that the service was aware of the additional support they required before they began to work with people. Staff were also required to participate in an induction which included training in areas essential to their role such as, manual handling, safeguarding adults and infection control.

Thereafter, staff received regular, relevant training. Staff were required to attend weekly meetings where they participated in hands-on practical sessions and were given guidance on good practice in areas such as manual handling and infection control. Staff told us, and records indicated, that during these sessions the manager asked them questions to check their understanding of their training. Staff were encouraged and supported by the provider to obtain further qualifications.

Staff received regular supervision both formal and informal which included observations of them delivering care. During formal supervision staff received guidance on good practice and their performance was reviewed. Staff who had been with the service for more than twelve months had an annual appraisal. This minimised the risk of people receiving care that was inappropriate or unsafe.

People were asked for their consent before care and support was delivered. One person told us, “They always ask me what I want.” Staff told us they ensured people consented to the care they were given. Staff told us, “I don’t do anything without asking their permission first” and “I know what I have to do but I follow their lead”.

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people’s capacity to make decisions was assessed. The manager and staff were familiar with the general requirements of the Mental Capacity Act (MCA) 2005. Although no applications had needed to be made, there were procedures in place to get the support of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that staff assessed the support people required to eat and drink as part of the assessment process before they began to use the service. For example, some people’s assessment stated they required support with the preparation of their meals. People’s preferences and cultural needs were catered for. One person told us, “They prepare our lunch and dinner the way we ask them to.” Staff knew what represented a balanced diet and told us where appropriate how they encouraged people to eat and drink healthily.

Staff supported people to maintain good health and have access to healthcare services. Staff were in regular contact with people’s GPs, occupational therapists and district nurses. People told us that where there was a change or deterioration in their health staff promptly involved the relevant healthcare professional. People who used the service and staff had access to the contact details for healthcare professionals and a representative of the service if they needed to make contact outside of office hours.

Good

Is the service caring?

Our findings

People made positive comments about the staff and told us they were kind and caring. Comments included, “Their care is very good” and “We have an excellent working relationship. They are extremely caring.” A relative told us, “They don’t just come in and do their job. They take time to talk to and listen to [the person].” People were comfortable with the staff. They were usually supported by the same team of staff who were familiar to them and covered for each other during periods of absence.

People told us staff were respectful towards them and were always polite and friendly. Staff had a positive attitude to their work and told us they enjoyed caring for people. One member of staff told us, “We go into the office weekly and are reminded of the importance of treating people with dignity and respect especially when they are receiving personal care or being hoisted.” Another member of staff told us, “I treat people the way I would want to be treated.”

People told us they were encouraged by staff to be as independent as possible. One person told us, “I like to do what I can for myself and they respect that.” Care plans stated clearly whether people needed prompting or assistance with particular tasks. Staff records of the care delivered showed that people were prompted or assisted in accordance with their care plan.

People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and manager. People said they knew who to speak to at the service’s office if they wanted to discuss their care plan or make a change to it. People felt in control of their care planning and the care they received.

People’s needs, values and diversity were understood and respected by staff. Records demonstrated that people who spoke little English were supported by staff who could communicate in their language. People were allocated staff of the same gender if they requested it. Care co-ordinators carried out unannounced spot checks to observe staff interaction with people and assess their competency in how they maintained people’s dignity and treated them with respect.

The service had a confidentiality policy which staff were familiar with and were able to give examples of how they applied it in practice. Staff told us they did not discuss people’s care with people’s family or friends unless they had express permission to do so. People told us their privacy was respected at all times when staff were in their home. One person told us, “They will always knock and ask if they can come into my room.” A relative told us, “They are always discreet when helping [the person] with a wash.”

Good

Is the service responsive?

Our findings

People were satisfied with the care and support they received. Comments included, "I'm happy with what they do", "They are very good. Really reliable" and "I'm happy with them". We reviewed twelve responses to a quality survey conducted by the service between August and October 2014. The survey covered issues such as, whether staff were punctual, treated people with dignity and respect and supported them to be independent. All had positive comments and stated that people were either satisfied or very satisfied with the care they received.

People and where appropriate their relatives, told us they were involved in the care planning process. People's needs were assessed before they began to use the service and re-assessed a month later to check the care plan was meeting their needs and that their care was being delivered in accordance with their care plan. Thereafter, people's needs were re-assessed with their input at least every six months or more frequently if the service became aware of a change in their needs. Care was provided flexibly so that where there was a change in a person's circumstances, staff were able to meet their needs without delay. One person told us, "They are flexible and will change their attendance time at very short notice."

People's assessments considered their dietary, personal care and health needs. People's specific needs and preferences were taken into account in how their care was planned and delivered. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people's individual needs.

There was continuity of care. Staff we spoke with were familiar with the needs of people they cared for. People told us they usually had the same staff who knew their needs and how they preferred their care to be delivered.

Staff told us they had access to an up to date copy of people's care plans in their home and this was confirmed by people we spoke with. Staff were updated by the office of changes in people's needs to ensure the care and support delivered met people's current need. People told us they received personalised care that met their needs.

People felt staff listened to them. A person commented, "[Staff] do what I ask." The service gave people information on how to make a complaint when they first began to use the service. People told us they knew how to make a complaint and would do so if the need arose. People who had made a complaint told us their complaint was responded to promptly. One person told us, "When I've had an issue with something and called the office, it is dealt with very quickly."

Records showed where negative feedback or complaints were made about the quality of care, the service acted to improve the quality of care. For example, where a person complained that a staff member was taking too long to do their work, the staff member was replaced and some training needs identified. This resolved the complaint to the person's satisfaction. People's comments and complaints were discussed at staff and supervision meetings and used as an opportunity for learning.

Good

Is the service well-led?

Our findings

People and staff told us the service was well led. A relative told us, "I think the service is well run. The staff are good and well managed." A local authority commissioner told us they contracted the service because in their experience it provided support to people which was effective and reliable.

Staff told us they were encouraged to express their views and the manager was approachable.Staff told us they felt comfortable about giving their views and the manager and the care co-ordinators listened to them. The provider had a clear set of values and a vision for the service. Staff told us they were made aware of these during their induction to the service and that the manager reminded them of the expected standards of conduct on an on-going basis during meetings.

Good management was evident in relation to the way the service operated. We found that care, medical and staff records were comprehensive, clear and up to date. They were appropriately stored and promptly located when requested. The manager told us that the service had taken new work in a phased way to ensure their systems could support it and staff could maintain the quality of care.

The service had a system of unannounced 'spot checks' to ensure people received high quality care. These were carried out monthly, or weekly where people lived alone and did not have any relatives. A record of each check was kept. The record included a review of the person's care plan to ensure it still met their needs. People's views of the service were documented. In addition, there was a check that the staff providing the support had delivered the care as planned and followed the organisation's procedures. For example, records of care delivered were looked at to ensure they were accurate and up to date. We saw evidence that appropriate follow up action was taken through staff supervision and training if any improvement was required in relation to the skills staff displayed. Additionally, if people's needs had changed, the service liaised with the local authority in order to organise an amendment to their care package so they received appropriate support.

The service used the information gathered from its internal audits and recommendations made by external organisations such as local authorities to make improvements to its policies and procedures and to improve the quality of care people received. We saw that an internal audit of staff punctuality identified some unacceptable standards. Records showed these shortfalls in performance were raised with staff during supervision meetings and then monitored.

The manager was committed to improving the service. They were kept informed about relevant local and national developments in health and social care through attendance at provider forums and membership of a training association. Appropriate action was being taken to develop the service. The manager was revising the service's care and support procedures and was using new guidance for providers published by the CQC to ensure the service continued to improve and develop.