

Divine Intervention Home Care 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Divine Intervention Home care limited is a domiciliary care agency providing personal care to 11 people at the time of the inspection. 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.

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

The provider carried out audits of the service, however some improvements were required in order to make them more robust. Risk assessments did not always give clear guidance for staff to follow and some clearer recording of medicines was required. The provider was responsive to our feedback and following the inspection improved their systems.

People told us they felt safe and received their medicines as prescribed. Staff had received training in safeguarding and knew how to keep people safe. People received consistent care from a small group of staff in a timely manner. Staff followed infection control guidance and had access to personal protective equipment.

Staff were well trained and supported to provide the best possible care to people. Where people needed support to eat and drink, staff supported them to make choices and respected their views. Staff liaised with other health care professionals to ensure people's safety and to meet their health needs.

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; the policies and systems in the service did not always support this practice and recording of best interest decisions needed to be completed.

Everyone we spoke with were positive about the caring nature of the staff and said they would recommend the service to others. People told us they were treated with dignity and staff made them feel at ease and confident to receive care. Staff supported people's independence where possible.

People were included in care plan reviews and staff supported people to make choices about their care. The provider had a complaints process and people felt confident to raise any concerns. Records held personalised information about people and staff knew people's preferences with regards to their care.

People and relatives spoke highly of the registered manager and staff team. People received opportunities to share their views about the service they received. Staff felt the management team were supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 20 April 2017 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Divine Intervention Home Care Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector. An assistant inspector also attended as part of their shadowing experience.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 March 2020 and ended on 12 March 2020. We visited the office location on 11 March 2020.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, and care workers.

We reviewed a range of records. This included four people's care records and multiple 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood how to recognise and report the signs of abuse. One staff member told us, "I would report it to a manager straight away. I can also report it to CQC."
- The provider had a robust safeguarding procedure which gave staff guidance and steps on how to keep people safe. The registered manager demonstrated a good understanding of their responsibility to act upon concerns raised by notifying the local authority.

Staffing and recruitment

- People and relatives told us staff always turned up for their care calls and they usually came on time. If staff were running late, people were informed. One relative said, "I'm really pleased, they are so genuine and come on time, I couldn't wish for anything better."
- People were supported by consistent carers who knew them well. A relative told us, "We have the same carers for each week; there is continuity."
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people

Preventing and controlling infection

- People and relatives told us staff used Personal Protective Equipment (PPE) when providing care. One relative told us, "They always have the right aprons and gloves."
- Staff completed training and understood their responsibilities in relation to infection control and hygiene.

Using medicines safely; Learning lessons when things go wrong

- People and relatives told us they were happy with how medicines were being administered.
- Staff told us they felt confident providing support with medicines and had been trained to do so. Checks were carried out to ensure staff were safe to administer medicines.
- The Registered Manager had identified a medicine error from the pharmacy. They had supported the person and relative to understand what medicines they should be taking and used photographs to assist their understanding as well as contacting the pharmacy to alert them.
- Whilst there had been no accidents or incidents recorded at the service since it opened, the provider was aware of the importance of investigating such events and the monitoring of trends and patterns to prevent them from happening again in the future.

Assessing risk, safety monitoring and management

- People's individual risks were assessed prior to using the service. People received care from the same regular staff who knew their individual support needs and how to manage risks safely.
- The physical environment where people lived was assessed to ensure it was safe for people to receive support.
- Some care plans did not contain sufficient guidance for staff to follow, for example in relation to manual handling. However, staff had received training and could describe how to support people safely. People and relatives also gave positive feedback. One relative said, "I am happy with them using the hoist, [person] is safe." The registered manager updated the care plan following our feedback.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment of people's support needs so they could support people how they wanted. People using the service were involved in the initial assessment.
- Staff knew about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills required to support them effectively. One person told us, "They are well trained, some of them have had a lot of experience."
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were knowledgeable about their role and told us they had received sufficient training. The provider had identified on-going training needs and had a plan in place to address them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to prepare meals and drinks as required. People were happy with how they were supported. One person said, "They are very good with food."
- Staff explained how they supported people to make choices about the food they wanted to eat.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's well-being and supported people to access the relevant healthcare support when needed. For example, they had supported someone to attend a medical appointment by arranging transport and contacting a friend to attend with them.
- People's oral health care needs were assessed, and guidance was in place for staff on how to support people with good oral health.
- Staff were kept updated by the registered manager to any changes in people's needs.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff asked for their consent prior to assisting them. One relative said, "They always ask for permission."
- Staff had received training in MCA and had a good understanding of the principles of the act.
- Where people were unable to make decisions for themselves mental capacity assessments had been completed however a best interest decision was not recorded. We raised this with the provider who agreed to ensure this was addressed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the kind and caring nature of staff. One person told us, "They are very caring, they want to help and do everything that needs to be done." A relative said, "They make [relative] laugh, everyone is so kind."
- People had regular staff which helped them to develop positive relationships. Staff we spoke with knew people's life histories and individual preferences and wishes. A relative told us, "They are on the ball with [person's] requirements."
- Staff received training on equality and diversity. Staff and the registered manager told us the importance of respecting diversity and supporting people's religious and cultural needs. Staff were respectful about the people they supported and their beliefs and choices.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were supported to make choices about their care. A relative said, "They do everything I want them to do, they don't take over."
- Records evidenced people were involved in making decisions about their care and support. The registered manager carried out face to face reviews to ensure people could express their views.

Respecting and promoting people's privacy, dignity and independence

- All the people and relatives we spoke with said staff respected their privacy and dignity. A relative told us, "They always ensure [relative] has their dignity, they pull the blind and make sure the door is shut."
- Staff supported people to be as independent as possible by encouraging and respecting what the person could already do. One staff member told us, "We get the person involved in their own care. There is one person who wants to do their meals themselves and we don't interfere with their ritual."
- People told us how staff were supportive and respectful which made them feel confident and comfortable when receiving care. One person told us, "They are always pleasant, when I need help, they say this is what we are here for, it is my job to look after you."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records included personalised information, for example about their life history, favourite book, hobbies and places they liked to visit. Staff were aware of people's preferences and wishes and ensured support was provided in the way the person valued.
- A relative told us how the service had been flexible by responding to requests to support a person when they needed to go out. They said, "Occasionally I may have to be out of the house for a number of hours. They are responsive and keep me covered."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the need to provide people with information in an accessible way. They advised their service user guide and other information could be provided in other languages including braille.
- People's communication needs were assessed, and guidance was in place for staff to follow.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints process in place. They also had an audit tool in place to identify any themes from complaints and share lessons learnt to improve care.
- No formal complaints had been raised through the complaints process. People told us they would feel comfortable to raise a concern but had not needed to.

End of life care and support

- The provider was not providing end of life care at the time of inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems to ensure some care plans contained enough guidance for staff to follow required improvement. For example, where people needed support with manual handling and catheter care. Although staff had good knowledge, and there were no concerns people had been placed at risk, the lack of recording increased the risk of people receiving inappropriate care.
- Systems had not been effective in ensuring medication records were robust. For example, where people had prescribed creams administered, records needed further detail to show where the cream had been applied. We found no evidence people were at risk of harm from this concern and the provider put an improved system in place following our feedback.
- The registered manager and staff team had a good understanding of their roles and responsibilities. For example, staff knew when to contact the registered manager and outside professionals if they had concerns.
- The provider had other systems in place to monitor the quality of the service. For example, regular spot checks with staff when they attended a care call to observe how they interacted with and supported people.

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

- People were positive about the care and support and received. One person told us, "They are excellent, I can't fault them. I would definitely recommend them."
- Staff felt the service was well led and managers were fair and supportive. Staff said they had regular one to one supervision meetings where they could share any feedback or concerns; records confirmed this.
- The provider sought the views of people and relatives through face to face reviews and completion of quality monitoring forms. They also planned to send out an annual questionnaire to engage people further.

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 management team were open and honest and knew how to comply with the duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care

- The provider was in the process of implementing an electronic system to monitor care calls. They told us

this would enable them to have instant updates on changes to care and have a clear oversight of the care provided.

- The provider was responsive to our feedback on inspection and committed to further improving the service for the benefit of people using it.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.