

Divine Community 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?

Good ●

Summary of findings

Overall summary

About the service:

Divine Community Care Limited is a domiciliary care agency that currently provides personal care people living in their own home. They provide care and support to older and younger adults.

People's experience of using this service:

- Relatives of people receiving care and support told us they found the service provided safe and caring support. One relative said, "The staff are very good. The staff are gentle."
- Staff understood how to manage people's risks and keep people safe from harm.
- Staff were recruited in a safe manner and the service ensured they were right for the role.
- People were supported to receive medicines in a safe way.
- The service ensured people received care and support in a timely manner.
- The service demonstrated a culture of continuous learning to provide the best quality support
- Staff were provided with adequate training and support to provide effective care and support.
- People were supported by various health and social care professionals to ensure they were in the best of health.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- People's relatives felt involved in the care and support provided.
- People were treated with dignity and respect and were supported to be independent.
- Individual care plans guided staff to provide person-centred care and support.
- People's relatives felt confident to make complaints and trusted the service would respond in an appropriate manner.
- The registered manager was spoken about in a positive manner.
- The governance systems in place ensured people received high quality care and support.

Rating at last inspection:

- This service has not yet received a rating since it registered with the Care Quality Commission in March 2018.

Why we inspected:

- This was a planned inspection based on our regulatory guidelines.

Follow up:

- We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.
- For more details, please see the full report, which is on the CQC website at www.cqc.org.uk

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 Well-led.

Details are in our Well-Led findings below.

Good ●

Divine Community Care Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations under the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

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

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 announced the inspection. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Before the inspection, we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.
- We spoke with the local authority commissioners and other health and social care providers.
- Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This is known as a

Provider Information Return (PIR). The provider had completed a PIR.

- During the inspection, we spoke with one relative of a person who used the service. We also spoke to three care staff and the registered manager.
- We reviewed personal care records, staff records, staff rotas and other records relating to the management of the service such as health and safety and training records.
- After the inspection, we reviewed further documents including the statement of purpose and quality assurance documents.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from potential abuse. Staff told us, and records confirmed that they had safeguarding training and knew how to identify and report abuse. One staff member said, "If I hear or I notice any form of abuse and it's my duty to report it to the manager as soon as I notice it."
- People's care plans looked at how people with varying communication needs would be protected from potential abuse by asking, 'If person cannot respond to or report abuse what is the action plan to prevent abuse?' In one person's care plan it said, '[Relative] will be present at all shifts.' This meant plans were in place to ensure all people were protected from potential abuse.

Assessing risk, safety monitoring and management:

- Risk assessments were in place and covered topics including skin integrity, moving and handling and the environment.
- Staff told us, and records confirmed that risk assessments were reviewed. One staff member said, "I would tell the manager and ask for a risk assessment to be done if [person] needed more help."
- There were information pages available for individual health conditions. Where people needed support with moving and handling there was written and picture guidance available. This ensured staff understood people's support needs as well as how to keep people safe.

Staffing and recruitment:

- The rota confirmed that people were supported by sufficient numbers of staff.
- One relative said staff were punctual and arrived on time; "The office always makes sure there are two carers because it's not safe for one carer. The carers always arrive on time."
- Safe and effective recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) criminal record checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. This meant that the service could be assured that staff employed were suitable to provide safe care.

Using medicines safely:

- Relatives told us they trusted staff to support people with their medicines. One relative said, "The staff help my [relative] with medicines. They know what they are doing."
- There was a medicines policy in place and staff were trained on how to administer medicines. This showed people were supported to receive their medicines safely.

Preventing and controlling infection:

- Staff were trained on infection control and were provided with Personal Protective Equipment (PPE) such

as gloves and aprons.

- Staff told us about their infection prevention measures. One staff member said, "We wear gloves and aprons and we wash our hands before and after and we change gloves for different tasks."
- One relative told us, "Carers do change their gloves and wear aprons." This meant that people were kept safe from infection.

Learning lessons when things go wrong:

- There has not been accident or incidents since the service registered with the CQC. There were forms available to record and analyse incidents to learn lessons. The form asked if a new risk assessment was needed and has it been reported to relevant authorities. This would ensure people received safe care and support.

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.

Good: 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:

- Pre-admission assessments were in place; these provided details about people's health and support needs and their personal preferences about the care and support they would like to receive. This meant the service could provide person-centred care to people and meet their needs.

Staff support: induction, training, skills and experience:

- Relatives felt staff were adequately trained to provide effective care and support. One relative told us, "The staff are very well trained."
- All staff had completed the care certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This enables care staff to provide effective care and support. One staff member told us, "I have learnt a lot in the time because of the training."
- Staff told us, and records confirmed they received an induction. One staff member told us, "I had a three-day induction. I shadowed shifts with another staff."
- Staff told us, and records confirmed they received regular supervision. One staff member said, "I have regular face-to-face and I can always contact them [Management] on the phone. I can ask questions about next steps if am not sure, I will ask what to do." This meant that staff performance was regularly reviewed to ensure they were providing effective care and support.

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

- Staff supported people to maintain their hydration and nutrition. Care plans advised staff if people required support with meals or if they were supported by their relatives.

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

- Staff told us, and relatives confirmed that the service worked with other professionals to support people. One relative said, "Sometimes we have had to go to the hospital quickly. The carers have come with us and they never leave us. They are so helpful."
- Individual care plans contained relevant contact details for professionals. This showed that if people needed access to healthcare services they could be supported to do so.

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. We checked whether the service was working within the principles of the MCA and found that they were.

- Records showed that MCA assessments had been done to see if people could consent to care and support; where people were not able to consent, relatives had signed on their behalf.
- Staff demonstrated an understanding of consent. One staff member said, "Always ask before you do something for them. You can know if they consent by their non-verbal signals, a nod or a thumb up or thumbs down."

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.

Good: 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:

- Relatives told us staff were kind and caring; one relative said, "[Staff] are so nice and gentle."
- Staff demonstrated an understanding of the importance of equality and diversity. They told us people should not be discriminated against and all people should be treated equally. One staff member said, "Beliefs and culture is important so I make sure that I respect the religion and culture of [people] and their household regardless of my beliefs." This showed that the service worked in a caring manner to ensure people's needs were met in a non-discriminatory way.

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

- People and their relatives could contribute to care planning during the regular care plan reviews. One relative said, "I am involved in what [person] needs and the manager talks to me."
- The registered manager told us, "One person's [relative] cannot read and understand English, we have provided the information in [relevant language]."
- Records confirmed people and their relatives were consulted about individual care packages. We saw that care plans were signed by people or their relatives to evidence they agreed with the information provided.

Respecting and promoting people's privacy, dignity and independence:

- People's relatives and staff told us that the service worked in a manner that ensured people's privacy and dignity was respected. One staff member said, "To be treated with dignity and respect is [person's] right. People we work with need to be treated with even more dignity and respect because sometimes they can't explain. I always think how I would want to be treated, I would want dignity and respect."
- The service supported people to be as independent as possible. Their statement of purpose said they would work to, 'Support individual choice and personal decision making, promoting [people's] normal social network and social activities.'
- Staff knew how to protect confidential information of people they supported and told us they would not share the information with people that were not authorised to view it.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care that was responsive to their needs. One relative told us, "We have a plan for [person's] care and the staff know what to do."
- The registered manager told us, [People] are given the opportunity to select their carers who they think can meet their needs, choices and preferences."
- Staff told us they used people's care plans to guide them when providing care and support to people using the service. They told us they used the care plans but also observed the person so they could identify their needs when people were unable to communicate verbally. One staff member said, "Care plans are written but we look at needs [too]."
- People's care plans included information about people's communication abilities including sight, hearing and spiritual care needs. They also looked at likes, dislikes and preferences and any interests or activities they enjoyed. One person's care plan said they enjoyed listening to poems and swimming. This enabled staff to get to know people better so they could deliver a person-centred service.

Improving care quality in response to complaints or concerns:

- People and their relatives knew how to make a complaint. One relative said, "If there is a problem or I'm not happy with something I have phoned the manager and it is sorted out."
- The service had a complaints policy and procedure in place. We reviewed one complaint that had been received where a person received a late call; the registered manager addressed this immediately and went to visit the family shortly afterwards to apologise in person and offer their reassurances that this would not occur again. Records confirmed the relative was happy with this. This relative told us, "Yes, it is sorted out straight away and they tell you what they change." This demonstrated the service had responded appropriately to complaints and were able to show us they had followed their policy to improve the quality of the service delivered.

End of life care and support:

- The service had an end of life policy. Within people's care plans, there was an opportunity for end of life to be discussed with people and their relatives. The registered manager told us, "We ask in our initial assessment about end of life, but none at moment." This showed that the service would be able to provide appropriate end of life care to people.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The management team were spoken of in a positive manner by relatives we spoke to. One relative said, "[The service] is well managed. The manager is very good, listens to me and helps me as well as my [relative]."
- Staff told us they enjoyed working at the service. One staff member said, "[Service] is very good to work for and they are flexible and give good guidance to staff. They [registered manager] always give support and help when needed."
- The registered manager told us they felt the service worked well as a team, "Sometimes we help out and do the services ourselves." The registered manager also told us they felt supported by their line manager; "For example this morning [my manager] filled in a visit for me so I could be here for the inspection."
- This showed there was a clear sense of a positive management team that ensured people, relatives and staff felt able to provide person-centred, high-quality care and support.

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

- We found clear systems in place to audit the overall running and development of the service.
- Records confirmed that the registered manager completed unannounced quarterly spot checks of care being provided at home to ensure the care and support was of high quality. The registered manager also told us they would increase their spot checks if a complaint was made.
- We also saw that the registered manager monitored the service via monthly telephone calls. We reviewed the feedback from the last quarter and found that feedback was positive. One feedback from a relative had said, 'Carers are very good, carers are very responsive, carers respect [person] privacy, carers try to improve [person] quality of life.'
- This showed the service had robust governance and leadership systems in place to ensure people received high quality care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People and their relatives were invited to complete monthly surveys and provide feedback about the service. We reviewed their feedback and found it was positive.
- Records confirmed staff attended monthly team meetings where they could discuss the running of the service and give feedback. One staff member told us, "To be honest the way they [management team] treat me, I couldn't ask for better." We saw that during these team meeting staff discussed timekeeping, transport

and wellbeing.

- The registered manager also collected anonymous feedback from staff. The registered manager told us, "I have made a box and they can fill [the survey] in anonymously, so they can be open. I do these randomly." We reviewed staff feedback and found it was positive. One staff member said, 'Very supportive, understanding, always listen to me, very helpful.'
- The service had a 'statement of purpose' in place, which looked at their ethos and how they aimed to provide care and support; it said, 'We aim to treat all people with respect at all times.'
- This showed that the service involved all people receiving care, their relatives and those delivering care to provide feedback about the service. This meant that there was a culture of continuous improvement and high-quality care was provided at all times.

Continuous learning and improving care. Working in partnership with others:

- The registered manager told us, and records confirmed they managed their professional development by attending meetings and training with external providers including the local authority. The registered manager told us, "I do meet with the local authority."
- This showed that the service worked well with other organisations to ensure it was well-led and people received support that was informed by best practice and up to date guidance.