

Divinus Support 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

The inspection took place on the 29 July and 2 August 2016 it was unannounced. This was a small sized domiciliary care service that provided support to around 50 people. The service provided personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability.

The service had a registered manager. 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.

People told us that their experiences of using the service were positive. People told us they felt safe, that staff were kind and the care they received was of good quality.

There were systems and processes in place to keep people safe. Assessments of risk to people's health, welfare and safety had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. There was enough staff at all times to meet people's needs and employed new staff at the service using safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in implementing the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

The service considered peoples' capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff were trained in understanding the MCA and observed the key principles in their day to day work checking with people that they were happy and consented for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access food and drink of their choice where needed.

The service had good leadership and direction from the manager. Staff were fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example, staff were offered to undertake additional training and development courses to increase their understanding of needs of people using the service.

The service asked for feedback from the people who used the service weekly by visiting them or over the phone. The management team also carried out direct care so were in a position to assess whether people's needs were being met and received feedback. The service also sent surveys to people and their relatives to ask their opinion of the quality of the service they received. The quality assurance policy stated that the survey results would be used to identify areas of the service that needed to be changed to improve the quality of the service. People we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. They told us that they had no complaints and if they had any problems they discussed them with the management team and they responded to them quickly and to their satisfaction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were appropriate staffing levels to meet the needs of people who used the service due to a specific.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff.

We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Is the service caring?

Good ●

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and

the support they received.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Good ●

The service was well-led

Staff were supported by the manager. There was communication within the staff team and the manager took steps to ensure that staff felt comfortable discussing any concerns with them.

People we spoke with felt the manager was approachable, helpful and was supportive of the staff.

The manager carried out regular audits to monitor the quality of the service and make improvements.

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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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 29 July 2016, and we visited people who used the service in their own homes on 2 August 2016. The inspection was announced. We gave the service 24 hours notice that we would be doing the inspection so that they could make sure the necessary people were available at the office when we called. The inspection team consisted of one inspector.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In advance of our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with seven of the people who used the service, four care staff, two senior staff, the manager and other directors of the organisation.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, six staff training records, support and employment records, quality assurance audits and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, "The girls [staff] are lovely, they keep me safe and always tidy up after themselves to stop me tripping." Another said, "I don't worry, they [staff] keep me safe, no one troubles me."

People were protected from the risk of abuse because staff were trained to identify and report any concerns they might have. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures. Records showed that staff had received training in keeping people safe from the risk of abuse.

The manager had described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse to the local authority safeguarding team and said, "I have and always will notify the safeguarding team if I think anyone has been abused in any way." And, "If I'm not sure, I will ask the safeguarding team for advice." Staff also received training on whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly. Staff told us that they understood when to make a safeguarding referral, one told us, "I've done safeguarding training, its second nature to report anything that's not right. Who wouldn't?"

Individual risk assessments were in place to give guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person, such as falling in their own home, clear measures were in place on how to ensure risks were minimised. For example, staff were told to ensure that pathways were left clear around the home and to ensure that rooms the person used were tidy and cleaned up at the end of each visit. Staff had been trained to be aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records.

We saw the service had skilled and experienced staff to ensure people were safe and cared for during visits. We looked at the visit plans and saw that there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe.

Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we were told that the number of staff supporting a person could be increased if required. The manager told us that they assessed the person's needs and checked that they had enough staff to be able to cover that person's visits before taking on new contracts. The manager, who was also a Director and other board members still support the care team and carry out care visits when cover is needed. This helps them keep in touch with the people who use the service and gives them the opportunity to care any concerns they have with the senior staff team.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and attended an interview. The provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. We saw that staff had completed the medicines administration records (MAR) to record that the medicines had been taken.

Is the service effective?

Our findings

People felt that staff were sufficiently skilled to meet their needs and spoke positively about the care and support they received. Comments we received included "They [the staff] are so good, it's all good." Another person said, "My girl [staff] knows me back to front, she is almost family."

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The training plan documented when training had been completed and when it would expire. Staff completed competency checks after they had undertaken any training. People told us that the staff were knowledgeable and skilled in their role. We saw that staff had qualification in care, such as National Vocational Qualifications in social care. The manager told us the service supported all staff to attain qualifications in care if they wanted to. This meant people were cared for by skilled staff trained to meet their care needs.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Records showed that staff had contact regularly with their manager and other senior staff in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received work performance spot checks when working in a person's home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had.

Care staff had knowledge and basic understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. If it was apparent that people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and to keep them safe. People told us that the care staff asked how they would like to be cared for and would always ask permission before starting a task. One person told us, "They [the staff] always ask me what I want done and how I want it done." Another person told us, "They [the staff] are wonderful, they never push me to do what I don't want to do."

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes was minimal, with family members preparing the food in advance or people having frozen meals ready to be prepared. So staff were mainly required to reheat and ensure meals were accessible to people. One person told us that, "They [the staff] tell me what I have in and I chose which one I want." Another person said, "Sometimes I get a treat, my girl [the staff] takes me out for lunch at my favourite place." And another, "They [the staff] phone up and ask me if I want them to pick up fish and chips on their way in. I always say 'oh yes'." The manager told us that they asked staff to encourage people to eat and drink and to make sure drinks and snacks were left out for people if they needed them. If staff had any concerns

about people not eating or drinking enough they are expected to report back to the office or let their family know so that action could be taken to ensure people get enough to eat.

People's nutritional preferences were detailed in their care plans. One person told us "I get my meals delivered, my carer helps me make the order. I have what I want in the fridge or freezer, they [the staff] just pop it in the microwave."

People using the service said that most of their health care appointments and health care needs were coordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, "I wasn't feeling well; [the staff] phoned the doctor for me, and took me to the appointment."

The manager told us that if it was thought that someone was struggling to maintain their health or needed advice and support they would contact their doctor or social worker on the person's behalf.

Is the service caring?

Our findings

People told us the staff were caring and listened to their opinions and choices. One person told us, "[The staff] and [the manager] care so much, if I didn't have a family of my own I'd adopt them." Another said, "I couldn't wish for better people to look after me."

The manager told us that they believed it was important that staff had enough time to carry out people's care and support needs on each visit and booked traveling time into the staff's work sheet. If visits overrun, if a person needed extra care for example, people are asked to allow a few minutes after their visit time before thinking the carer is late. Staff would always make up the time and the manager told us that they would always tried to telephone people ahead to tell people if their visit was going to be late. People confirmed that they were called if staff were running late and they understood that emergencies happened and that if someone needed extra support staff had to give it. One person told us, "I know delays happen [the staff] must stay if someone needed help, I'd expect the same care."

People were involved in decisions about their care and support at care plan reviews and meetings with care staff. People were telephoned regularly by the manager to check that they were happy with the service they received and their care staff, which gave them an opportunity to express their opinions and ideas regarding the service. The manager is part of the care team and met with the people who use the service throughout the week. This made it possible for them to assess whether people were receiving the support they needed and ask if they were happy with the service they received. One person told us, "I often see [the manager] she is one of the people who help me. I can let her know if I'm unhappy about anything."

People told us that staff were respectful of their privacy and maintained their dignity. The manager told us, and staff meeting records evidenced, that protecting people's privacy and dignity were discussed at staff meetings and during staff supervisions. Care plans contained prompts to staff to give people an opportunity to make choices and make decisions about the care they received. Staff were encouraged to assist people to remain independent and allow people to do things for themselves if they wanted to. One person told us, "I wouldn't be able to manage on my own; [staff] makes it possible for me to do things for myself."

Is the service responsive?

Our findings

The service was responsive to people's needs. People's preferences and interests, as well as their health and support needs, were clearly recorded in people's care plans.

When we spoke with people they told us that they were happy with the service they received. Comments from people included "[Staff] know me and help me get what I need done." Another person told us, "The service I get is fine, they [the staff] listen to me and know what I want."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, were detailed, clear and gave good descriptions of people's needs and the care staff should give to meet them. Staff completed daily records of the care and support that had been given to people. Those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan the person's stated preference of how they liked their tea prepared was very detailed. In another person's care plan it detailed their health and their personal preferences in how they liked to dress.

Care plans were detailed enough for a carer to understand fully how to deliver care to the satisfaction of the people they supported. The outcomes for people included supporting and encouraging independence to enable them to remain in their own homes for as long as possible.

One person said, "I know who will come to me, I like that I normally get the same carer." The manager told us that far as possible people received support from the same regular staff or small group of staff, which would give continuity of care to people and would mean that they would get to know their carers and did not have to keep telling staff what they wanted and how it should be done. People told us that this was important to them.

The manager told us that they reminded staff to make sure they worked the whole allotted time with each person and that they planned the rounds to minimise travel where possible. One person told us that, "They [the staff] arrive on time and so I can plan my day. If they are running late they let me know."

People we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. One person said, "I have never needed to complain." Another person's relative said told us, "I have never complained, but I live close to the office and go in now and again. [The manager] and the rest of her team are always happy to chat and let me know what's going on." People told us that they were given a copy of the complaints procedure when they started using the service and it was explained to them. This meant that the complaints procedure and policy were accessible to people. We saw that complaints made were recorded and addressed in line with the services policy.

Is the service well-led?

Our findings

People said how happy they were with the management. One person told us "[The manager] knows what she is doing and cares about how we are." And another said, "I have problems managing, but [the manager] always asks how I am and helps me get through."

People told us that they found the manager and all the management team and care staff knowledgeable and helpful. They told us that the manager, who is also the provider, always had time to talk to them and she always tried to give them the help they wanted in the way they wanted it. One person told us, "She [the manager] treats us like family."

Feedback from people was sought either face to face or by telephone just after the beginning of their service and regularly afterwards. The manager said that they tried to create an open and inclusive culture at the service. They told us that they got on with the staff and that they worked closely together to get the work done and to keep people safe. They felt that, because they still carried out care visits, they continued to understand the needs of the people they supported and whether the staff workloads were manageable. They said, "If I work with someone and realise that there's not enough time allowed to properly care for them I will apply for extra time to be added to their care package." The manager also told us that while they and other senior staff members worked alongside the care team they had the opportunity to review the quality of staff practice and offer support and advice to them as they worked together.

Records showed that staff had regular communication with their manager and through one to one supervisions, phone calls and dropping into the office, which the manager encouraged. Staff told us that they found the management team supportive and always made themselves available for support and advice. One staff member told us, "I like the job and what I do. The people in the office are always there if I have a problem." Another said, "[The manager] is very supportive, she is there if I need her." And another said, "She is sensitive to my personal position."

The manager assured themselves they were delivering a quality service by the use of checks and internal quality audits on the service. The audits covered areas such as systems for the management of complaints, medicine records and care records. The manager prided themselves on how they kept touch with all the clients and staff on a day to day basis. A formal quality assurance system was in place and the manager recognised areas of quality assurance processes that needed improvement to improve the quality of the service. We were shown plans the service had to improve that quality assurance programme; they were in the process of negotiating with an independent organisation to undertake quality reviews with people who use the service for example. This showed that the provider had thought of and made plans for continuous improvements to the quality of the service they offer people.

The manager told us that they or a senior staff member was contactable whenever they were needed and was always happy to give support to staff or to answer people's questions. "I will drop everything and go out to help anyone who needed it." This ensured that someone was available for people and staff to contact at

all times with any concerns or issues. People we spoke with told us that they could get hold of someone if they needed to. One relative said, "I never have a problem if I need to ask about my [relative] or check on something, it's a great little service."