

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 ●

Summary of findings

Overall summary

This inspection took place on 7 August 2017 and was announced.

The service provided personal care to people living in their own homes. People received support through scheduled care visits. On the day of our inspection 89 people were using the service.

We previously inspected the service in August 2016 and found breaches of the regulations in relation to the way the provider assessed and managed the risks people faced and the lack of person-centred care planning. The overall rating for the service was, "requires improvement." We asked the provider to tell us how and when they would make the required improvements. These actions have now been completed.

There was a registered manager in post. 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.

The registered manager promoted a caring culture that was reflected in the comments made by people and the attitude of staff. Staff felt valued and well supported. The registered manager had good oversight of the service.

Staff received training to ensure they had the skills and knowledge to meet people's needs and had access to development opportunities.

Staff understood their responsibilities to report concerns relating to abuse and where any concerns were raised action had been taken to ensure people were safe. Where risks were identified in relation to people's care needs there were plans in place to manage the risks. There were appropriate procedures in place to help ensure people received their medicines as prescribed.

There were systems in place to ensure care calls were scheduled according to people's needs and to monitor for late and missed visits. There were sufficient staff to meet people's needs.

People's changing needs were identified and reflected in their care plans. Staff supported people to maintain good health and to access healthcare professionals.

Staff understood the importance of promoting independence. Staff respected people's dignity and found ways to ensure people had privacy when they were being supported with personal care.

There were effective systems in place to monitor the quality of the service and action was taken to improve the service where issues were identified.

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.

Staff knew how to recognise abuse and report any concerns.
Risks to individuals were assessed and managed.

Staff were recruited using effective recruitment procedures.
There was a sufficient number of staff to help keep people safe.

Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and experience to support people effectively.

The registered manager and staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

Staff supported people to have sufficient amounts to eat and drink and to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect.
People received support in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received.

People knew how to make suggestions and complaints about the care they received.

Is the service well-led?

The service was well-led.

There was a clear management structure in place which people using the service and staff understood. Staff knew their roles and accountabilities within the structure.

There were effective systems in place to monitor and assess the quality of care people received.

Good ●

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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.

This inspection was conducted by a single inspector who visited Divine Motions Acacare offices on 7 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available.

Before 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 August 2016.

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

After the inspection we spoke with eight people who use the service, four staff members and a representative of a local authority which commissions the service.

Is the service safe?

Our findings

At our previous inspection in August 2016 we found that the risks people faced were not adequately assessed or managed.

During this inspection we found that arrangements were in place to protect people from avoidable harm. Records indicated that risks to people were assessed when people first began to use the service. People's risk management plans were personalised and gave staff sufficient information to enable them to manage the identified risks and help keep people safe. Staff had been trained in health and safety and emergency first aid. Staff we spoke with were confident they knew what to do in the event of a medical or other emergency.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form. There was a system in place to record and monitor accidents and incidents. The registered manager reviewed all accident and incident forms in order to assess whether any action could be taken to prevent further occurrences and to help keep people safe.

The provider had appropriate arrangements in place to support staff to protect people from abuse. Staff had received training in safeguarding adults which helped them to identify the signs of abuse. Staff spoke confidently about what constituted abuse, how they would recognise it and who they would report their concerns to. Staff told us they would not hesitate to report a colleague who they felt posed a risk to a person they were supporting. They also knew how to escalate their concerns.

People told us staff arrived on time and stayed for the time allocated. People and their relatives knew who to contact in the event that staff did not arrive on time. People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely was also assessed and reviewed when there was a change in a person's needs. People were confident they received care and support from the right number of staff.

Records demonstrated the provider operated an effective recruitment process which was consistently applied by the management. Appropriate checks were undertaken before job applicants began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. 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. These measures helped to ensure people were cared for by staff who were suitable for the role.

Staff had been trained to assist people with their medicines where this was needed. Staff were required to complete medicine administration record charts. The records we reviewed were fully completed. People told us they were supported to take their medicines when they were due and in the correct dosage.

Staff had received infection control training. They had a good supply of personal protection equipment and

were aware of their responsibility in relation to infection control. The provider arranged spot checks where care co-ordinators observed staff providing care and checked whether they were working in accordance with the provider's infection control policy and procedures.

Is the service effective?

Our findings

People were supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People commented, "They seem competent", "I get the impression they know what they are doing", "I don't think any of them are new to it" and "The carers seem very experienced."

The provider supported staff to enable them to meet the needs of people using the service. Newly appointed staff received an induction during which they became familiar with the provider's policies and procedures and people's care plans. During induction staff were required to shadow an experienced staff member before being allowed to work alone with people. The induction included training in areas essential to their role such as moving and handling people and safeguarding adults.

Thereafter, staff received regular, relevant training in areas relevant to their role. The training included hands-on practical sessions where staff could put into practice what they had learnt and receive guidance on good practice from the registered manager and care co-ordinators. The provider encouraged and supported staff to obtain further qualifications relevant to their role.

Staff received regular supervision both formal and informal which included observations of them providing care. During formal supervision meetings staff received guidance on good practice and their performance was reviewed. The supervision system included themed supervision meetings during which staff knowledge and understanding of areas such as medicine administration was checked. Staff who had been with the service for more than twelve months had an annual appraisal. These measures helped to ensure that staff had the necessary knowledge and skills to meet people's needs.

People were asked for their consent before care and support was provided. One person told us, "They always do as I ask." Another person commented, "They ask my permission and listen to what I say." Staff told us they ensured people consented to the support provided. Staff commented, "I have to go with what they say" and "Even though I know what I'm there to do I always ask."

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. The registered manager confirmed that at the time of inspection there was no one who required someone to act for them under the Court of Protection. Staff understood the main principles of the MCA. Staff were able to give a clear description of what was meant by "lacking capacity". Staff told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision. The registered manager told us, "We have a good relationship with the council and I would also contact the person's GP."

People were encouraged and supported to eat and drink a sufficient amount. Staff obtained information from people and their relatives about their dietary needs and how they wished to be supported with this. This information was documented in people's care plans. The meals staff prepared and how they supported people to eat was recorded where appropriate. These records indicated the meals prepared by staff were based on people's specific preferences and choices.

Staff supported people to have access to healthcare services. Staff were in regular contact with people's GPs and district nurses. People using the service and staff had ready access to the contact details for external healthcare professionals. People told us that when there was a change or deterioration in their health staff assisted them to contact the relevant healthcare professional.

Is the service caring?

Our findings

Staff were kind and caring. People's commented, "They are nice enough. They do their best", "They look after me well", "They're very nice" and "I'm happy with the carers I have at the moment. They don't rush."

People's needs, values and diversity were understood and respected by staff. People told us they were treated with respect and their dignity and privacy was maintained. People commented, "They are always very polite", "They respect my wishes" and "The carers are pleasant." Staff were able to give us examples of how they ensured people's privacy and dignity were maintained. For example, by ensuring the bathroom door is enclosed and not unnecessarily exposing people whilst undertaking personal care.

People told us they were involved in planning the care and support they received. 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 contact with the office staff and management. People told us they knew how to contact the 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 were supported to be as independent as they could and wanted to be. Care plans contained reminders for staff to encourage people to be independent. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, although most people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged to continue doing so. People who required support with personal care were encouraged to do as much for themselves as they were able and willing to.

Is the service responsive?

Our findings

At our previous inspection in August 2016 we found that care was not planned with a view to providing personalised care. Staff did not have access to copies of people's care plans in their homes.

During this inspection the registered manager told us that everybody using the service had recently had their needs reviewed. The care plans we looked at were more person-centred. People's needs had been appropriately assessed. People's assessments considered their personal care and health needs and their individual needs and preferences were taken into account in how their care was planned and provided. Care plans had instructions for staff on how the person wanted their care to be provided and detailed information about how to meet the person's individual needs.

People were satisfied with the care and support they received. People told us they received personalised care that met their needs. People commented, "I'm happy with this agency", "I'm quite content. I've no complaints" and "They do what I need them to."

Care plans were regularly reviewed. Additionally, if a person's needs had changed, the service liaised with the local authority in order to organise an amendment to their care package so that people received appropriate support. The office updated staff on changes in people's needs to ensure the support provided met people's current need. Staff told us they had access to an up to date copy of care plans in people's homes. Staff were familiar with the needs of the people they supported. They knew their routines, preferences and level of support people required.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they knew how to make a complaint if they needed to and would feel comfortable doing so. One person told us "I'm quite able to complain and I would do if I wasn't happy." There was a system in place for the registered manager to log and investigate any complaints received which included recording any actions taken to resolve the issue raised.

People had opportunities to give feedback and comment on the quality of care they received. The provider conducted annual surveys to obtain people's feedback on different aspects of the service provided. The care co-ordinator also obtained people's feedback during day time visits to their homes, when staff were also observed providing care. The feedback obtained included a range of issues such as whether people were happy with the staff and whether they were treated with dignity and respect.

Is the service well-led?

Our findings

At the time of our previous inspection the agency had gone through a period of rapid expansion. The registered manager was still in the process of adjusting to the increased workload. This meant that some aspects of the service were not as well led as necessary. Since that inspection the registered manager had employed several senior staff including care co-coordinators and somebody to oversee quality assurance. This enabled the registered manager to focus on managing the service.

The registered manager was in control of the service day-to-day and had good oversight of the service. There was a clear staff and management structure which people and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by people using the service and the registered manager.

The service demonstrated good management and leadership in the way it supported and communicated with staff and through its policies and procedures. Staff enjoyed working for the service and felt that the culture was open and inclusive. Staff meetings took place and other forms of communication through email, supervision and spot checks enabled close contact between staff and management. Such contact provided a forum for staff to share information and review events with the management. We looked at the minutes of staff meetings and saw that the areas discussed included care delivery, staff training and developments within the service.

There were appropriate arrangements in place for checking the quality of the care people received. The registered manager was in regular contact with people using the service and their relatives and used this as an opportunity to obtain their feedback on the care provided. The registered manager took into account the views of people using the service and their relatives through regular telephone calls and visits to people's homes to check staff working practices. Records indicated that people were asked for their feedback on the care and support they received and that the feedback was positive. We also saw records of unannounced spot checks carried out on staff to make sure they turned up on time and supported people in line with their care plans. There was a system in place to check that staff training, supervision and appraisal were up to date.

The service used the information gathered from its internal audits and recommendations made by external organisations such as local authorities and the CQC to make improvements to its policies and procedures and to improve the quality of care people received. We saw that an internal audit identified some unacceptable standards in record keeping. These shortfalls in performance were raised with staff during supervision and staff meetings and they were given guidance on good practice.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were comprehensive, fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised

and promptly located.