

Diverse Home Care Ltd

Diverse Home Care Ltd

Inspection report

First Enterprise Business Agency
6 Sherwood Rise
Nottingham
Nottinghamshire
NG7 6JF

Date of inspection visit:
16 August 2018

Date of publication:
10 September 2018

Tel: 01159620998

Website: www.diversehomecare.co.uk

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

We inspected the service on 16 August 2018. The inspection was announced. This was the provider's first inspection since registration.

Diverse Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Diverse Home Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Diverse Home Care Limited is a service to older adults and younger adults with a disability. At the time of our inspection, three people were receiving personal care as part of their care package.

The service had a registered manager at the time of our inspection visit. 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 received safe care and support. The provider ensured staff received safeguarding training and policies and procedures were available to support staff practice. Risks associated with people's health conditions lacked detail in places, of the action required to manage risks to people's safety. However, staff were competent, skilled and experienced and knew how to mitigate risks. Potential risks with the environment had been identified and planned for. People were supported to manage any risks in a positive way and independence was promoted. People were supported where required, with their prescribed medicines. Staff followed good practice guidance in the prevention and control of infections and cross contamination.

People were supported at the times they required and staff had a responsive and person centred approach that was flexible in meeting people's needs. The provider completed safe staff recruitment checks before staff commenced their work, to ensure they were suitable to provide safe care and support.

Staff were knowledgeable about people's needs. Staff received ongoing training and were supervised and supported to provide effective care and support.

People's needs were assessed and provided in line with current legislation and nationally recognised guidelines. Staff shared information and worked with external health and social care professionals, to ensure people's needs were assessed and met effectively and positive outcomes achieved. People were supported with any needs identified with eating and drinking. People's health needs were monitored and staff supported people where required, to attend health appointments.

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 practice.

People were involved in planning and reviewing their care. People's care was individualised to meet their routines, preferences and wishes. People were supported by staff in ways which promoted and respected their dignity and independence. Information about an independent advocacy service had been made available should any person of required this support.

The provider had a complaints procedure to ensure that any issues with quality and safety were addressed. This information had been made available and people, relatives, and staff, felt able to raise concerns or suggestions with any aspect of the service.

People were positive about the service they received. People, relatives and staff were complimentary of the registered manager in how they managed the service. The provider promoted an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected of them. The provider had systems to monitor the quality of the service provided and ensured people received safe and effective care and these checks were up to date.

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.

People were protected from abuse and avoidable harm. Staff understood people's needs and how to effectively manage any risks.

Staffing levels were sufficient and people were protected by robust recruitment practices, which helped ensure their safety.

Where required, people were supported with their prescribed medicines.

Staff followed good practice guidance with regard to infection control measures.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills, knowledge and experience to meet their needs.

Where required, people were supported with their meals and drinks.

The provider was working in accordance with the Mental Capacity Act 2005 (MCA).

People's health needs were monitored and where required, people were supported to attend health appointments.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate and treated people with dignity and respect.

People's diverse needs were respected and they were encouraged and supported to lead independent lives.

Independent advocacy information had been made available to people.

Is the service responsive?

The service was responsive.

Staff had a good understanding of people's needs, routines and preferences and provided flexible, person centred support.

Individual care and support needs were regularly assessed and monitored with people.

A complaints procedure was in place and people and their relatives felt able and confident to raise any issues or concerns.

Good ●

Is the service well-led?

The service was well-led.

People were positive about the service they received and how the service was managed.

Staff felt valued and supported by the registered manager, they were aware of their role and responsibilities.

There were effective monitoring systems in place that constantly checked quality and safety.

Good ●

Diverse Home Care Ltd

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 site visit activity was completed on 16 August 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available.

The inspection team consisted of one inspector.

To assist us in the planning of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local care commissioners for feedback about the service and received positive comments from a social worker.

Before the inspection, we spoke with a relative of a person who used the service for their views about the care and support provided and to check that standards of care were being met. We also spoke with two care staff.

At the provider's office, we spoke with another person who used the service via telephone, we looked at all or part of the care records for three people to see if information was up to date and provided staff with sufficient guidance. We spoke with the registered manager and one care staff member. We also reviewed records relating to the management of the service. This included support provided with medicines, complaints and safeguarding and the provider's checks of quality and safety. We looked at three staff files to review the recruitment, induction, training and support provided to staff.

After the inspection site visit we spoke with an additional person who used the service.

Is the service safe?

Our findings

People who used the service including a relative, were positive the staff kept them safe. A person said, "Oh yes, I feel absolutely safe with the staff. I feel I can trust them and to me that's really important." Another person said, "I rate them a million percent. They respect my independence but also talk to me about keeping safe." A relative told us from their experience of other agencies they found Diverse Home Care Limited to provide the safest care. They said, "I'm much more positive about this company, they provide safe care, staff know what they are doing."

The provider had safeguarding systems and processes in place to support and instruct staff of their responsibilities to protect people from abuse, avoidable harm and discrimination. Staff were knowledgeable about the potential abuse people could experience. A staff member said, "We support people to be as safe as possible and not be taken advantage of. I reported some concerns once and the local authority safeguarding team investigated it." This demonstrated people could be assured staff knew what action to take if they suspected people were experiencing any form of abuse.

People and their relatives where appropriate, had been involved in discussions about how any associated risks were managed. For example, a relative told us about their relation's health condition and how staff followed their guidance when providing care, to ensure safety and comfort. A person who used the service sometimes made unwise decisions, but staff respected this and provided support and guidance in how to keep safe.

Feedback from a social care professional was positive about how staff supported and managed people's anxieties when necessary, whilst maximising their independence.

Staff told us how risks were assessed, managed and regularly reviewed to ensure people's safety. Risk assessments did not always provide staff with guidance of how to mitigate risks associated with people's health conditions. For example, people's health conditions were listed but staff were not provided with information of what this meant for the person, the impact it had and what risks staff needed to consider. However, staff were knowledgeable and could easily explain how they supported people and what action they would take if they had any concerns. We therefore concluded this was a recording issue. We discussed the level of information in risk assessments with the registered manager, who agreed to take immediate action to ensure additional information and guidance was recorded.

People received care and support at the times they required by sufficient skilled, competent and experienced staff. A person said, "I know what staff are visiting, they always come on time, but if they are running late I get a call to tell me. They stay for the whole time unless I ask them to leave because I'm tired, they do just as I ask." A relative said, "It's such a small service, we know all the care staff and the manager will also provide care, particularly when we first started with the service to make sure the staff followed what I asked of them."

Staff told us there were sufficient staff employed to meet people's current needs. They were positive they

had sufficient time to provide safe and effective care and support. A staff member said, "We have enough travel time and the length of the call is good, we're not rushed."

Safe staff recruitment procedures were in place. People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support. These included references and criminal record checks. Recruitment files showed the necessary recruitment checks had been carried out. Staff also confirmed they commenced employment after checks had been completed.

People required minimal support with their prescribed medicines and this was managed well. A person said, "The staff just remind me to take my medicines, I manage them myself with just a prompt from staff." Another person required staff to apply prescribed topical creams and staff recorded this on a medicines administration record to confirm this had been applied.

Staff told us they had received training in the administration of medicines and had a medicine policy and procedure available. Staff had guidance about the support people required with their medicines including any known allergies. This meant people were supported effectively with their medicines.

Infection control measures were followed. People told us staff wore gloves and aprons when carrying out care tasks. Staff had completed infection control and food hygiene training. This meant people were protected from the risk of an acquired health infection through cross contamination.

People were supported with accidents or incidents and action was taken to mitigate further reoccurrence. The registered manager undertook investigations and reviews of any accidents and incidents. It allowed them to consider if people's support needs had changed and required a reassessment. The registered manager gave examples and records confirmed, how they had worked with the individual, and health and social care professionals. Examples of action taken included, changes to care plans, risk assessments and a review of the person's care package and call times.

Is the service effective?

Our findings

Before using the service, the registered manager completed an assessment of people's needs. The assessment was based on good practice guidance and current legislation. For example, the registered manager used skills for care, CQC monthly updates and Social Care Institute for excellence website for guidance on national best practice. They also sought advice from specialist organisations such as the Alzheimer's society to support their knowledge. This demonstrated how the registered manager strived to provide people with care and support that was reflective and based on best practice guidance.

People's assessment also considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. For example, people's care plan provided staff with information of their diverse needs such as their age, disability, religion and cultural needs and preferences in how they wished to be supported. A person's relative said, "This is a very good service, the staff are multi lingual which makes it easier to communicate." The registered manager told us how they had matched a staff member to support a person who used the service. They both came from the same part of a particular country and shared the same first language. This example shows how the registered manager had considered the needs of people and provided an effective and person centred approach in the delivery of care.

People who used the service and a relative were confident the staff were sufficiently trained, competent and knowledgeable. A person said, "The staff complete training and are very good in supporting me." Another person said, "I feel better and more positive because I have staff support me, I call the manager and leave messages, they always get back to me and listen and help me." A relative said, "I have used other agencies but feel more confident with this one because the staff are competent and do as I ask."

Staff received an induction on commencement of their role. A staff member said, "I completed training and shadowed experienced staff before working independently, this was really helpful and supportive." Staff told us about the training they had completed and was positive this was appropriate and helpful. Staff files confirmed training staff had completed and this included completion of the care certificate. The care certificate is a set of national standards for staff working in health and social care to follow and supports them with the knowledge and skills to provide safe, compassionate care and support. The registered manager told us how they completed spot checks on staff whilst supporting people, to assure themselves that staff were providing safe and effective care. Staff also received opportunities to review and discuss their work with the registered manager in one to one and group staff meetings. A staff member said, "The manager is very supportive, approachable and knowledgeable."

Where required, people received support with meals and drinks. A person said, "Staff will help prepare my meal if I want them to and go shopping for me if I'm not well."

Staff told us how in the main people were independent with their dietary needs. However, where required they prepared meals and followed instructions from people about the support they needed, ensuring choices were provided and acted upon.

Support to access healthcare services was provided where required. A person told us how they had requested the registered manager attend a health appointment with them as they felt they required this support. The registered manager also gave examples of how they had made referrals to health care professionals, when people's health needs changed and they required additional support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the time of our inspection people using the service had mental capacity to consent to their care and support. The registered provider was aware of their responsibilities should a person lack capacity to consent to a specific decision. Staff supported people to make their own decisions about the care and support they received.

Is the service caring?

Our findings

People who used the service and a relative, were complimentary about the staff including the registered manager, in their approach. People felt staff listened to them and ensured the care and support they provided met with their wishes and preferences. A person said, "All the staff are very good, they listen and respect my wishes. They are caring and kind, it's the best care company I've had in a very long time." Another person said, "The staff are amazing, they are not rushed, I feel they have time for me and help me a lot, they will stay extra if I need them to." A relative said, "I like the fact my relation has the same staff, they let me know who's attending, I'm very happy with the service and have no concerns."

People's preferences about how they wished to be supported was recorded and other important information such as their likes and dislikes and key life events. This supported staff to understand people's individual needs, what was important to them and how to best provide care and support. Staff were knowledgeable about people's support needs, demonstrating they had developed positive relationships with people. They showed interest, understanding and sensitivity about the people they supported, recognising and respecting people's lifestyle choices.

People and their relative where appropriate, were involved in regular opportunities to discuss and review their care package. A person said, "The manager visits me to talk about my support, I feel very involved and they listen and make changes if I ask them to."

The registered manager told us and records confirmed, people were invited at six weeks after the commencement of their care package, to review what was working well and if changes were required. The registered manager thereafter completed ongoing reviews with people to ensure people were satisfied with the service they received. This meant people were enabled to fully participate and direct the care and support they received.

The service user guide provided people with helpful information about what they could expect from the service. This included contact details of an independent advocacy service. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection no person was using the service, people were able to advocate for themselves or had family or external professionals to support them.

People were treated with dignity and their privacy respected. A person said, "Staff are always polite and respectful and treat me very well." Another person said, "The staff are great with me, really nice, respectful and helpful."

Staff demonstrated an understanding of the importance of respecting people's privacy and dignity. A staff member said, "I'm sensitive when providing care and make sure people are comfortable and offer choices to make sure I'm supporting the person in the way they want me to."

The registered provider was sensitive in respecting and managing confidential information. Information was

stored and managed in line with the General Data Protection Regulation. This is a new law that has strict rules of how people's information is managed.

Is the service responsive?

Our findings

People received care and support that was individualised and responsive to their specific needs and wishes. People received regular opportunities to contribute to the planning of their care and support. A person said, "I feel involved and listened to, if I request changes to my care package this is respected and completed." People told us how their independence was supported and this supported them with their lifestyle choices and that they felt in control of the support they received.

A person told us due to their health conditions, mornings were difficult for them and they did not like a lot of conversation. They said, "They (staff) don't chatty me to death, they don't keep asking what I need, they understand I'm not good in a morning." Another person told us how they experienced periods of high anxiety and were positive how staff picked up on this and were supportive. They said, "The staff are helpful, if I'm feeling anxious they help me sort things out, they don't rush me or put me under pressure."

Feedback from an external healthcare professional about how staff supported a person was very positive. They said staff had a person centred approach and were calm and responsive to periods of heightened anxiety.

A person who used the service regularly contacted the registered manager, it had been agreed that the person could call out of office hours and leave a message which would be responded to if required. The registered manager told us sometimes the person just wanted to leave a message and did not need any support, but this was a method they used to manage feelings of anxiety. During our inspection this person contacted the registered manager who had a very good manner, they were attentive, they showed interest, in what the person was saying. They were also patient, provided reassurance and were friendly. This demonstrated people's individual needs were respected and acted upon.

Care plans contained information about people's needs, routines and preferences and these were regularly reviewed and updated, to ensure staff were responsive to people's changing needs. This included consideration of people's religious or spiritual needs. A person who used the service told us they said prayers at home as this was important to them. They told us how a staff member recognised and understood this and prayed with them which they enjoyed. This showed how staff had a person centred approach in how they met people's individual needs.

People's care plans were presented in an easy read format, which was supportive to people to understand what was recorded about them. People's communication needs had been assessed and planned for. This meant the provider was meeting the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

People had information about the complaints procedure. People and relatives had regular opportunities to provide feedback about their experience of the service, including through reviews held with them and by talking with staff. People who used the service and a relative told us they were confident to raise any

concerns with the registered manager. One person told us how they had raised some concerns about a staff member, the registered manager took action and the staff member did not continue to support the person. This meant people could be assured concerns and complaints were listened to and acted upon.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

People who used the service and a relative were positive that the service was well-led. They told us the registered manager was responsive, organised and very supportive. A person said, "I would certainly recommend the service to others, it's one of the best organisations I've used." Another person said, "The support I receive has made a difference to me, I feel happier." People confirmed they received calls at expected times, and staff stayed for the duration of the call, they were supported by regular staff that they were confident with.

The registered manager led by example and had developed a service where staff were clear about their role and responsibilities. There was an honest and open culture and staff had a positive attitude, values had been imbedded, where people were the focus of the service. Staff had a commitment to provide a service that was person centred and supported people effectively. The registered manager told us how they also provided care at times. They said, "I also like to provide care, particularly when new people join us as I like to assure myself we can meet people's needs. It shows staff I'm not asking them to do anything I wouldn't do myself."

Staff felt involved in the development of the service and well supported by the registered manager. A staff member said, "The manger is very good, they are helpful and friendly, nothing is too much trouble and they always return the call." Staff received opportunities to meet as a staff team and individually with the registered manager, to discuss their own needs, including how the service could continually improve. For example, meeting records showed discussions included how staff were required to complete daily records and policies such as lone working and how to ensure staff respected people's choices.

The registered manager understood their role and CQC registration requirements. They kept up to date with CQC alerts to ensure they continually met standards and expectations of them as the registered manager. They also ensured they kept their knowledge up to date in health and social care, by researching national best practice and guidance and keeping up to date with any legislation changes. They had developed links with external professionals who were positive about their communication and response in meeting people's needs.

The registered provider had policies and procedures to inform staff practice, including whistleblowing to support staff to raise any concerns confidentially. A 'whistle-blower' is a staff member who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff were aware of these procedures and told us they would not hesitate to use them to report any concerns.

The registered manager had systems in place that reviewed and monitored quality and safety. This included seeking feedback from people who used the service, checking how staff met people's needs and reviewing care records and incidents to ensure people were supported effectively.