

Diligent Care Services Ltd

Diligent Care Services

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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 10 January 2018. We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection.

Diligent Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and to people living in 'supported living' settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Diligent Care Service provides support to adults with physical disabilities, learning disabilities and people who experience mental and emotional distress. At the time of this inspection there were 60 people using the service. Of those people 17 were receiving support with personal care. The provision of personal care is regulated by the Care Quality Commission.

At our last comprehensive inspection in November 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good' with some outstanding elements.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People told us they were well treated by the staff and felt safe with them.

Staff knew how to recognise and report abuse and understood their responsibilities in keeping people safe. Staff knew people were at risk of discrimination and people must be treated with respect. Staff were aware of the relevant legislation that protected people from discrimination.

Where risks to people's safety had been identified ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

The service was following appropriate recruitment procedures to make sure only suitable staff were

employed.

Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines.

Staff were provided with the training they required in order to support people safely and effectively.

Staff offered choices to people as they were supporting them and people were involved in making decisions about their care. People confirmed they were involved as much as they wanted to be in the planning of their care and support.

Care plans included the views of people using the service. 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.

The management and support staff responded quickly and appropriately to any changes in people's needs and care plans reflected people's current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry if necessary.

The service was led by an experienced and skilled registered manager who provided a stable and consistent management style where people felt supported and included in the running of the service.

People who used the service, their relatives and the staff who supported them said they felt valued by the registered manager and by everyone who worked at the service.

Staff were proud to work for the service and said the registered manager was an excellent leader and role model.

The registered manager worked in partnership with other relevant organisations and used their feedback and feedback from quality monitoring systems to reflect on and make improvements to service provision.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led. The registered manager was innovative and creative in developing services for people to use and was a role model to staff and the management team.

The service had robust quality assurance practices in place and people said they were regularly asked about the quality of the service and confirmed the service took their views into account in order to improve.

In response to people's feedback and staff suggestions, the registered manager had implemented a number of innovative and creative initiatives to improve the well-being of people using the service and to ensure they lived as ordinary a life as anyone else.

Information was shared between people who used the service, staff and management which ensured a consistent approach to care and service provision.

The registered manager had a professional and open approach to working with other organisations and took on board feedback in order to continually improve the service.

Diligent Care Services

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 checked 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 10 January 2018 and was announced. The provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to be sure someone was in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. A notification is information about important events which the service is required to send us by law.

We spoke with six people and two relatives. We spoke with 13 staff members including nine support workers, three office managers and the registered manager.

We looked at four people's care and support plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including six staff files, health and safety documents, quality audits and surveys. We also spoke with three social care

professionals who had regular contact with the organisation.

Our findings

People told us they trusted the staff and felt safe with them. One person we spoke with told us, "I feel very secure." Another person said, "I've no reason not to trust them, they have responsibilities."

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed.

Before the provider began to support people, a pre-assessment was undertaken with the person so they could discuss their support needs. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them.

We saw a range of risk assessments had been undertaken including those in relation to mobility, pressure care and hoarding. Where risks had been identified, the management had discussed with the person or their representative ways to mitigate these risks. Staff understood the risks people faced and described the risks to us and the ways they protected people from avoidable harm. For example, staff understood it was important for people with mobility difficulties to ensure their homes were free from clutter which people might trip over.

Part of the assessment included making sure there was enough time for staff to meet people's individual needs. Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and they would inform the registered manager if they felt they needed more time. One staff member told us, "Everything is arranged properly, you have enough time." Staff told us that the registered manager only accepted personal care provision for a minimum of one hour so they did not feel rushed.

Not everyone required assistance with the management of their medicines. Those people who had support with their medicines told us they were happy with this. One person told us, "They prompt me to take them, when they come they check up on me to make sure I'm taking them." Another person said, "I self-medicate and they check." Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines. Staff confirmed the registered manager or one of the management team carried out observed competency checks to make sure the staff knew how to administer and manage medicines safely.

We checked staff files to see if the provider was continuing to follow safe recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. This meant the provider could be assured they employed staff suitable to working in the caring profession.

Staff had completed infection control and food hygiene training as part of their induction and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment such as disposable gloves and aprons when required. Any specific risks in relation to infection control were documented in people's support plans. For example, where people were receiving support with catheter care, there was detailed information about what staff should look out for that may indicate the person may be getting an infection. There was also clear advice about who the staff should report their concerns to.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses and gave us examples of how they had done this in the past. There were systems in place to monitor and review any accidents, concerns or incidents that occurred.

The registered manager gave us examples of how lessons had been learnt from a recent safeguarding issue and how procedures had been reviewed and changed in order to limit the risk of this happening again.



Our findings

Assessments of people's health and support needs and care planning was carried out holistically and in line with the values of the organisation. These values included working in a person centred way to improve and promote opportunities, rights for inclusion and independence. These values matched those of the National Institute for Health and Care Excellence and other expert professional bodies. The registered manager told us the service was working towards accreditation with the National Autistic Society.

People's needs were assessed and care was planned in a way that ensured people's cultural needs were taken into account and met. For example, we saw the registered manager had carried out bespoke recruitment drives to ensure the culture and background of staff matched those of the people they were supporting where possible. Staff told us this was very important in relation to being able to speak the same language and to understand and support the person's cultural needs.

Staff told us they were provided with the training they needed in order to support people effectively. This included health and safety, medicine management, food hygiene and moving and handling. One staff member told us, "Training is very helpful for us."

Staff completed refresher training when required. A staff member commented, "Refresher training is very important as there are changes in legislation." Staff were provided with specific training if it was required to meet the needs of the individual. This included epilepsy training and catheter care. One staff member told us, "They give you the training you need for the person you are supporting. At the end of the training I know what they are talking about."

People who used the service told us they had confidence in the staff and that staff were effective. One person told us, "Yes, they do get regular training I'm happy with them." Another person said, "The way [the staff member] handles himself around me and our chats reveal his knowledge."

Staff confirmed they received regular supervision and we saw records of this in their files. Supervision included spot checks on staff in people's homes. Staff told us they discussed their training needs and any changes in the care needs of the people they supported. One staff member told us, "We have the support we need." Another staff member said, "We talk about the service users and everything, performance, how we are, how things are going and if we need more training."

Staff told us about the induction process which involved looking at policies and procedures, undertaking

essential training and shadowing more experienced staff until they were confident to work on their own. One staff member said, "You must complete all the training before you shadow with staff and go to people."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

Staff understood what this legislation meant for people who lacked capacity to make decisions. One staff member told us, "You have to assume the person has capacity. You don't make decisions for people." We asked people if staff always asked for their permission before carrying out any required tasks for them. People's comments included, "Yes, all the time," "Yes, they do, very respectable" and "Yes they do, everything is good, I know what they are doing." Support plans reminded staff that they must always seek the person's consent before providing any care and support.

The registered manager told us, and records confirmed that people who currently used the service were able to make day to day decisions about their care. One person told us, "I make most of my decisions." The registered manager gave us examples of where more complex decisions were required and when 'best interests' meetings had taken place with input from advocacy services.

People who required help with eating and drinking told us they were happy with how staff supported them. One person told us, "They cook for me and remind me to eat." Another person commented, "Sometimes I can [cook] but if I need help they will come and help me."

Support plans detailed people's individual nutritional requirements as well as any potential risks. These included any recommendations from the Speech and Language Therapists (SALT) assessments. Staff were aware of these risks and what they need to do to minimise them. Staff had undertaken food hygiene training and told us the Speech and Language Therapists had observed them preparing people's meals to make sure they were doing this safely and appropriately.

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell. The registered manager told us extra staff time would be allocated if people needed to attend GP or hospital appointments. One person told us, "The level of care is very good. If I've got a GP appointment they come with me." Another person said, "The doctor texts and they help me go to the pharmacy or hospital if I want them to."

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. The service had an on call system so staff knew they could always contact someone from the service in an emergency for advice and support.

People told us they were confident that staff would contact their GP if they became unwell. One person told us, "I went to the hospital they go in the ambulance. They stay with me as long as they can." A relative

commented, "When he was ill they visited him in hospital they were kind and know him."

Our findings

People told us the staff knew them well and they were treated with respect and kindness and that professional, caring relationships had formed. One person commented, "[Staff member] knows about my family and me and I know a little about him and his background and his children." A relative said, "Yes they know him well. The most important thing is that they understand him and love and support him."

People were positive about the caring attitude of the staff. One person said, "I like them all I've got quite a good relationship with all of them." A relative commented, "Oh yes, [my relative] knows them quite well, let's the staff hug him, first time I've seen that."

People and their relatives confirmed they were involved as much as they wanted to be in the planning of their care and support. People told us staff listened to them and respected their choices and decisions. A relative told us, "[My relative] has different support workers from the Congo, Nigeria they all work well with us they research our background. I find the support workers work very well very cooperatively with each other."

Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes, dislikes and life history. This matched the information we saw in people's support plans.

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. Staff gave us examples of how they valued and celebrated people's differences.

Staff told us it was important to respect people's culture and customs when visiting and gave us examples of how they did this in relation to religious observance, language and culture. The registered manager told us people's diversity including their background and culture was looked at as part of the pre assessment of their needs. They told us that they tried to match people and staff in terms of their cultural background. For example, the registered manager recently employed a Muslim support worker to read the Koran and provide other culturally specific support to a person who used the service.

People confirmed they were treated with respect and their privacy was maintained. One person told us, "They show me enough respect. Very good to me I have my own little ways." A relative commented, "They

respect him as he respects them. When he has been challenging they work with him as they know him."

Staff gave examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.



Our findings

People told us the registered manager and staff responded quickly to any changes in their needs and that staff were able to work flexibly to provide care when people said they wanted it. One person told us, "I ask them to go with me to hospital or the doctor and the times are flexible. They are quite good." Other comments included, "Very flexible, if I wanted to get up later," "They can change days" and "They can come on another day."

We saw from people's care records and by talking with staff that any changes to people's health conditions were noted by staff and reported to the management so they could take the required actions.

We checked the care records for four people. We saw people had been involved in their care planning and each person or their representative had signed the plan to confirm they agreed with the support they were being given. This meant each person had a support plan that was designed to meet their identified needs. These plans reflected how people were supported to receive care in accordance with their needs and preferences. This sometimes included support with accessing the community.

People's needs were being regularly reviewed by the service, the person receiving the service, their relatives and the placing authority if applicable. One person told us, "I had a [review] this morning." Another person said, "I attend my [review] with someone from the office. I talk at my [reviews]."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. A person told us, "I phone the manager, say what I have to say. I don't have any complaint at the moment." Another person said, "No complaints so far it's okay." A third person told us, "There were some things I didn't appreciate. I spoke to the manager and was very happy with the outcome."

The registered manager had dealt with past complaints swiftly and had maintained accurate records of the complaint investigations. We saw that people had received a written apology where mistakes had been made. People who lived in the supported housing units had regular house meetings where they were asked if they had any concerns or complaints.

The registered manager told us that currently no one using the service required palliative care. However, there were sections in the care plans relating to supporting people who were near the end of their life. The service had the relevant policies and procedures so that that staff were knowledgeable about this important aspect of care should it be needed.

The registered manager told us about a person whose close relative and primary carer had become very ill. The registered manager alerted social services and proposed changes to their care package to take the responsibility off their close relative. This led to a series of meetings with social services and the recommended changes were made. When the close relative died staff used social stories to explain all that happened throughout their relative's illness, death and burial. Staff also supported the person to find and move to appropriate housing when the time was right.



Our findings

The service was exceptionally well-led. The registered manager was also the owner and registered provider of the service. They had ensured that the organisational values of equality, empowerment and putting people at the centre of their care provision were evident and followed in all aspects of the service. The registered manager was experienced and skilled in providing a stable and consistent management style where people and staff felt supported and included in the running of the service.

People and the staff who supported them understood the vision and values of the organisation and confirmed these were promoted and upheld by the registered manager and management of the service. They told us these values put people at the heart of the service.

People using the service and staff were very positive about the way the service was run. People and staff told us they felt valued by the registered manager and by everyone who worked at the service. One person commented, "Because the manager is concerned, she dealt with me personally from the start, stayed with me until I was settled in the community." A relative commented, "Very person centred. The organisation really cares for the service user's personal interests. The manager loves to care for people and this has been imparted to the workers. It's not a job; she really loves to help people."

There were high levels of satisfaction from the staff team and staff told us they were proud to work for Diligent Care. They told us the registered manager was an excellent leader and role model. Staff views about the registered manager included, "A very good leader," "She was born to be a manager" and "She knows what she's doing, very professional."

Staff told us their views about how the service was run were sought and taken into account. They gave us examples of where their suggestions had been taken up by the management. This included suggestions in relation to personal protective equipment and travel times. One staff member told us, "[The registered manager] has a lot of ideas and asks us for our suggestions." Another staff said, "Sometimes our suggestions have impacted on the policies and procedures [of the organisation]."

It was clear, from discussions with the registered manager, that they had an excellent understanding of needs of the people being supported. A relative told us, "The manager loves to care for people and this has been imparted to the staff. The staff say, 'the way we work is how we believe the manager would work.'"

There were a number of communication methods the registered manager used to keep people and staff up

to date. This included social media groups, house meetings for people in the supported living units and regular forums for people and relatives using the domiciliary care service. The registered manager gave us a number of examples of how this had improved communication including the training and instigation of a more detailed visit monitoring system as well as the development of a fact sheet for people using the supported living service. A relative told us, "Yes, they listen to my views." A staff member commented, "Communication is very good."

We saw people's methods of communication were detailed in their support plan and known to staff. Documentation about the running of the service, such as the complaints procedure and quality assurance surveys, were available in a pictorial format as well as in other languages. The registered manager told us they employed interpreters for phone conferences with people and their relatives if required. This meant that people were not disadvantaged if they had different communication needs.

There were systems in place to monitor the safety and quality of the service provided. These included staff and service user surveys, spot checks on staff and yearly quality audits. The outcomes of these monitoring systems were being published and shared with people, staff and managers across the service. There was a continuous service improvement plan that contained the results of all the various quality assurance systems. This enabled the registered manager to have an overview of everyone's feedback about service improvements.

People confirmed they had been asked for their views about the service and that they could contact the registered manager to discuss any issues and they were listened to. We saw completed surveys that showed people were satisfied with the service. People's comments included, "Yes, I fill out the form," "I did one [survey] last year" and "They asked if I'm happy about the service. They rang me." The registered manager told us they would contact the respondent if there were any issues that needed addressing straight away.

The registered manager told us about an initiative they had developed called, 'Friendship love and sex'. The registered manager told us they developed this social activity project in response to people's feedback as they wanted to form and maintain friendships and adult relationships. The registered manager told us this had proved very successful and that people had been able to form important relationships with each other.

The registered manager ensured that people's sexual orientation and gender identify were respected. They told us, "Staff are encouraged to challenge discrimination based on anyone's sexuality. We are developing a 'Safe Space' policy which clearly sets out the expectation of all staff to challenge discriminatory remarks. Staff have access to information relating to LGBT (Lesbian, Gay, Bisexual and Transgender) health and well-being to help with signposting." The registered manager told us about a new initiative they were undertaking in order to audit and benchmark how well the service met the needs of LGBT people using the service.

The registered manager kept a record of all incidents, complaints, survey responses and issues discussed at team meetings in order to look for trends in service provision. They used this information to identify potential problems or to look at ways to develop the service further. For example, the registered manager told us about a recent safeguarding incident and how this had impacted on people using the service, staff and management. They told us that, as a result of this incident, they had reviewed the disciplinary policies and procedures because some weak points had been identified.

The three social care professionals we spoke with confirmed that the registered manager was professional, open and transparent and the service was well managed. They told us that the registered manager understood what working in partnership meant and there was a positive culture throughout the

organisation. One social care professional told us, "[The registered manager] took on board all issues needed to improve. They worked well with the feedback."