

Diversity Social Care Ltd

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Inspection report

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24 August 2020

25 August 2020

26 August 2020

28 August 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Diversity Social Care Ltd is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were eight children, younger people and adults using the service. The service supports people with a range of needs, including physical and learning disabilities, and conditions associated with old age.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Staff recruitment, induction and training was flawed, which meant people were cared and supported by staff who had not always undergone a robust recruitment process, and had not received the appropriate training and guidance to provide safe care. Systems and processes to assess risk were not consistently implemented, and guidance for staff on how to reduce risk was not sufficiently documented. This placed people at risk of receiving unsafe care.

The registered manager had not kept the quality of the service provided under review. Policies and procedures had not been followed, and where potential shortfalls had been noted, insufficient action had been taken to bring about improvement. Systems to monitor the quality of care were not systematically or effectively implemented. The support of staff through training and ongoing supervision had not been ensured, and the seeking of people's views about the service were not routinely sought, and views when received were not analysed to drive improvement.

Staff had a good understanding of safeguarding, and how and who to report concerns too. Staff had a good level of knowledge as to people's needs, and how they cared and supported people. People and family members spoke positively about the care provided, stating they felt safe as they were supported by a core group of staff who knew them well, who arrived on time and who they had developed positive relationships with.

People and family members spoke positively of the care they had received during the Covid-19 pandemic, and the measures taken by staff to keep them safe, which included staff wearing Personal Protective Equipment [PPE]. People who were prescribed medication told us staff did not support them to manage this aspect of their care, as they managed it themselves or received support from family members.

People and family members were positive about the quality of the care they received, and spoke positively of the attitude and approach of staff in the delivery of care. Many people shared information as to how positive relationships developed with staff had contributed to their receiving good care.

People, family members and staff spoke positively of the registered manager. Reflecting on their commitment to provide reliable and good quality care.

Rating at last inspection

This service was registered with us on 1 May 2019 and this is the first inspection.

Why we inspected

This inspection was prompted due to information received regarding staff training not being up to date. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so

We have identified breaches in relation to management of risk to ensure people's safety and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve documentation to support the safety of service users. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Diversity Social Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection and provided an explanation as to the inspection process.

Inspection activity started on 19 August 2020 and ended on 28 August 2020. We visited the office location on 28 August 2020.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We requested the provider send information to us prior to our site visit. This included information on staff recruitment and training, staff meetings, information to support the monitoring of quality and assurance, and key policies and procedures. We did not receive all the information we requested, the information we did receive was reviewed prior to the site visit.

We spoke with two people who used the service and five family members who spoke on people's behalf, by telephone on 24, 25 and 26 August 2020.

We spoke with seven staff members by telephone on 25 and 26 August 2020.

We reviewed a range of records. This included three people's risk assessments, three staff recruitment and training records. We looked at documents related to the management of the service, including systems and outcomes to monitor the quality of the service provided.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at the business continuity plan the provider sent to us following our site visit.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems and processes to assess and manage risk and safety were not robust as they were not always followed. For example, risk assessments on people's home environment where care and support was to be provided had not always been carried out. The registered manager confirmed, they had in some instances visited a person's home but had not always documented the outcome of their assessment.
- Risks associated with people's care and support were assessed. However, records detailing how staff should minimise the assessed risk were not sufficiently detailed. For example, they did not provide guidance as to how any equipment, such as a hoist, was to be used safely. The registered manager said they would make the necessary improvements.
- People were placed at potential risk as records showed some staff had not undertaken training on moving and handling people safely, and the use of equipment. The registered manager advised they would take action by ensuring staff had undertaken the required training before providing further care and support.

We found no evidence that people had been harmed due to the ineffective measures taken to mitigate risk, and the limited guidance in care records, and lack of staff training. This however placed people at risk of receiving unsafe care. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to provide information as to how they used equipment to move people. Staff told us they were provided with guidance on the correct procedures to support people when they were introduced to the person by the registered manager.

Staffing and recruitment

- The registered manager had not questioned the information provided on all prospective employee application forms as part of the recruitment process. For example, they had not questioned and recorded why applicants had not declared their most recent employer as a referee, and neither had they sought confirmation of attainment of qualifications and training as declared in their application.
- Applicants attended an interview; however the record of the interview did not evidence how the provider assessed potential staff's competence to meet the requirements of the post applied for. For example, the interview focused on whether the candidate-maintained eye contact, their appearance, and interpersonal skills, which included a question as to whether the person could speak English.
- Staff recruitment records included a DBS (Disclosure and Barring Service check) and evidence of proof of staff's identity, which included their right to work and reside in the U.K. where appropriate. References were sought, however in some instances these were not from the current, or most recent employer.

- People and family members spoke positively about the support and care they received, and why they felt safe. A family member told us; "We're extremely happy with the service, due to its reliability." A second family member said. "The registered manager assessed all of my [child's] needs, and I have every confidence of their safety, when being supported by staff." All we spoke with told us that staff arrived on time, and that their care and support was provided by a consistent team of staff who understood their care and support needs well.

Systems and processes to safeguard people from the risk of abuse

- The provider's policies and procedures for safeguarding children and adults was not fully implemented as records showed not all staff had undertaken training. However, staff we spoke with had a good understanding of their role and responsibilities in reporting potential abuse to the registered manager.
- Staff were aware of the external organisations they could report potential abuse to, which included social services, the police and the Care Quality Commission (CQC).

Using medicines safely

- People at the time of the inspection did not require the support of staff to assist them with their medication. Policies and procedures for medication management provided clear guidance for staff, should people require support.

Preventing and controlling infection

- Staff had a clear and good understanding of infection prevention and control with regards to the use of Personal Protective Equipment (PPE), which included information as to the putting on and taking of PPE, and its disposal.
- Staff spoke of the regular updates and guidance sent to them by the registered manager. This included government guidance on hand hygiene, the wearing and use of PPE, and the signs and symptoms of Covid-19, and how to respond if a person they provided care to displayed any symptoms.
- People and family members confirmed what staff had told us about the procedures staff followed when they provided care with regards to infection control, which included hand hygiene and the wearing and safe disposal of PPE. A person spoke about their underlying health condition, which placed them at increased risk of Covid-19. They said. "A trolley has been set up in my hallway, with all the PPE and hand sanitisers. The staff wear all PPE, shoe coverings, masks, aprons and gloves. I feel reassured that they're taking it all seriously."

Learning lessons when things go wrong

- Staff were aware of the need to report and record any incidents to the registered manager.
- The registered manager told us that no accidents or incidents had occurred since their registration with the CQC.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had not implemented the policy and procedure for quality monitoring of the service, therefore audits and developmental plans as referenced in the document were not in place.
- A lack of governance and oversight by the registered manager meant they had not identified that a number of the provider's policies and procedures had not been implemented. For example, the recruitment of staff, their training and ongoing support.
- The registered manager was aware that some staff had not undertaken training, and whilst they had been reminded to complete the training, no further action had been taken to bring about improvement. For example, through supervision or the implementation of staff competency and disciplinary processes and procedures.
- The registered manager did not have in place a programme of planned supervision or system to assess the competence of staff, to monitor the quality of staff and the delivery of care. Staff records showed whilst some had been supervised and observed delivering care, some staff had had no monitoring by the registered manager.

We found no evidence that people had been in receipt of poor-quality care, due to the ineffective implementation of policies and procedures, and lack of regulatory oversight by the provider and registered manager. However, the lack of systems to keep under review the quality of care provided placed people at potential risk of harm. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager did not have a systematic approach to seeking feedback from people or their family members, and people we spoke with gave us a mixed responses as to whether their views had been sought. There was no evidence that any feedback gathered was analysed or used to improve the service. Two surveys completed by those using the service dated August and November 2019 provided positive responses to the questions asked about the quality of the service.
- Staff told us they had regular communication with the registered manager via e-mail and a WhatsApp group. Examples of information provided included update of policy and procedures. Staff meetings were infrequently held, with two being held since the service was registered. This limited staff's ability to contribute to the development of the service.

- Complimentary cards and comments had been received, along with thank you cards from family members, praising both the registered manager and staff for the quality of care and support. This included support provided by the registered manager, for example, liaising with social care professionals on behalf of a family member, and for another family member, the ongoing support and comfort provided following a family bereavement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their family members all spoke positively about the quality and reliability of the service and said they would and had recommended it to others. They reflected upon the core group of staff, many who had supported them since they started using the service, and the positive relationships developed. One parent told us, "They [staff] tick all the boxes. Staff have bonded with [young person], and I've increased the support package to include social events, i.e. clothes shopping, staff come with us, enabling me to be a parent and not a carer."
- Staff spoke positively of the support provided by the registered manager, and said they were always contactable if they had a query. They spoke of the importance of delivering high standard care. A staff member said, "We provide excellent care. [Registered manager] is lovely. A great person to work with, always wanting what is best for the clients."
- Some staff told us they sometimes worked alongside the registered manager in the delivery of personal care and support. They told us they received feedback which enabled them to improve the care they delivered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager informed us that no incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.
- The registered manager said they had not received any complaints or concerns about the service.

Working in partnership with others

- The registered manager spoke of their attendance at local forums with commissioners from social care.
- The registered manager referred to the CQC and other key organisations, including the local authority they used to keep up to date with key changes within social care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Potential risks to service users and staff of receiving care within the home environment had not always been assessed.</p> <p>Risk assessments and records detailing service users care did not provide sufficient information or guidance as to how staff were to deliver care and mitigate risk.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes had not been implemented consistent with the provider's policy and procedure. This meant areas for improvement had not been identified.</p> <p>Audits to measure the quality of the service were not undertaken.</p> <p>Service user views and that of stakeholders were not routinely sought or analysed to develop and improve the service provided.</p> <p>A system to ensure staff had the appropriate skills was not in place. Staff had not consistently undertaken training in areas to promote service user safety and welfare.</p> <p>A system to monitor staff through robust recruitment, and ongoing checks of competency through observed practice and supervision was not in place.</p>

The enforcement action we took:

CQC issued a Warning Notice which stated that the identified issues should be rectified within 12 weeks in order to become compliant with the regulation. CQC will meet with the provider to review whether compliance has been achieved.