

Diversity Care Limited

# Diversity Care - 6A Market Street

## Inspection report

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08 June 2017  
09 June 2017

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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

Diversity Care provides a care and support service to people who live in their own homes in and around Tamworth. We inspected this service on 8 and 9 June 2017 and at the time of our inspection 39 people were receiving a service.

On our previous inspection in July 2016 we rated the service as Requires Improvement as some people did not receive their support for the agreed length of time or at the expected time. The staffing was organised in a manner which meant staff would arrive late or at a different time than planned. Where people lacked capacity to make decisions, they had not determined who could support them to make any decisions and how this was in their best interests. There were processes to monitor the quality of the service provided, although these systems had not identified these concerns. Further improvements were still needed including how new staff were recruited into the service. On this inspection we saw improvements had been made in these areas.

The service had a registered manager in place at the time of our inspection. 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's care was planned to meet their needs. Potential risks were identified and management plans were in place to guide staff on the best way to reduce the risks. Staff understood their role in protecting people from harm and poor care. There were recruitment procedures in place to ensure staff were suitable to work within the service. People received their medicines when they were needed. The staff knew when to give these and what to do if they were concerned or medicines were missed.

People received care and support from staff who were well trained and knew how people liked things done. Staff had effective supervision and their work was reviewed through regular checks on their performance and their work was appraised. Staff sought people's consent before providing care and supported people when they needed help with their decision making.

People had developed good relationships with staff, who recognised where care needed to be reviewed to reflect changes with their support. People received kind and compassionate care and were supported to maintain their dignity, independence and privacy. Staff gained information about what was important to people so that they could provide care which met their preferences.

People were provided with information about raising concerns or complaints and were happy to speak with staff about their worries. People were given opportunities to share their views of the service. There were audits in place to monitor the quality of the service to identify where improvements could be made.

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## 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's risks associated with their everyday care were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed to ensure people were supported to take what they were prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to gain the skills and knowledge they required to care for people. Staff understood the importance of supporting people to make decisions. People were encouraged to eat healthily and staff ensured they had access to food and drink they wanted.

### Is the service caring?

Good ●

The service was caring.

People and staff had developed good relationships and respected each other. Staff were kind and showed an interest in people whose needs they knew well. People were supported to maintain their dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their preferences and staff understood what was important to them. People were aware of their care plans and could read and review them whenever they wanted to. People had been provided with information about raising concerns or complaints and felt they would be listened to.

### Is the service well-led?

Good ●

The service was well led.

People were provided with opportunities to feedback their views on the service. There were quality monitoring systems in place which were used to drive improvements. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

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# Diversity Care - 6A Market Street

## **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.

We inspected the service on 8 and 9 June 2017. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We made telephone calls to 10 people, visited four people with support from their relatives and spoke with five staff and the provider. We sent questionnaires to people who used the service, staff and professionals; we received seven responses. We also consulted with commissioners of the service. We used this information to make a judgement about the service.

On this occasion we did not ask the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

On our last inspection we found that safe recruitment systems were not in place to determine whether new staff were suitable to work with people. On this inspection improvements were found. When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. One member of staff told us, "I had to wait until all the checks were completed before I could start working here." We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training.

Some people received support to take their medicines and they were confident they received these were needed. One person told us, "I have everything done for my at the chemist and the tablets are in a pack. The staff help me to get them out but I take them myself." Another person told us, "The staff know when I need to take my tablets and have never missed any." Some people needed emergency rescue medicine when required to help to manage their epilepsy. The staff knew the procedure for when this was needed. One member of staff told us, "We have a clear protocol which we follow to make sure they have the medicine and the aim is to reduce the number of admissions to hospital. We work closely with the doctor to make sure this is right and it gets reviewed to ensure its working okay."

People felt there was enough staff to provide safe and effective care. People told us that the staff were reliable and provided the support they needed and they had a small group of regular carers who they knew well. Staff were required to log their visit by making a telephone call when they arrived and left people's homes; this was reviewed to ensure people received their support at a time they wanted this. There was also an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and a copy of the emergency number was recorded in people's care records. One person told us, "The number is at the front of my folder so it's to hand if I need it."

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. They had completed training in safeguarding people and understood their responsibilities to report any concerns. One member of staff told us, "Safeguarding was covered at the beginning in the induction, so we knew what to do. I know the importance of reporting my concerns so something could be done about it." People felt safe and comfortable with the staff and were confident that they knew how to protect them from harm. Where incidents or accidents had occurred, the staff informed the office staff and completed a report to record what had happened. Any incident was reviewed to identify if there were any trends and how care could be improved to ensure people remained safe.

Staff knew the risks associated with people's care. One person told us, "I have every confidence in the staff and they know what they are doing." Where people used equipment, an assessment was carried out by an occupational therapist to ensure equipment was used correctly and was suitable for people. One person told us, "I have everything I need to get around and keep mobile."

## Is the service effective?

### Our findings

On our last inspection we found that where people lacked capacity, other people may be making decisions on their behalf that may not be in their best interests. 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 make 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 application procedures for this for people living in their own homes is through the Court of Protection [CoP].

On this inspection we checked whether the provider was working within the principles of the MCA. The provider and staff reported that people who currently used the service had capacity to make decisions about the service and how they wanted to be supported. Systems were now in place to assess people's capacity where there were concerns and the provider understood their responsibility to ensure they had accurate information about any legal agreement to make decisions on others behalf. People felt they were helped to make decisions and be in control of their care and support and had consented to their support plan. One person told us, "The staff always ask me what it is I want and what they can do for me. They wouldn't dream of going ahead and just doing something." Another person told us, "I'm not able to see very well but the staff will get me a choice of clothes and describe each one so I can still decide what to wear. I feel in control of how I am supported."

New staff completed an induction during their first week of work and shadowed experienced members of staff. One member of staff told us, "I worked as second member of staff when I first started here so I could get to meet people and know what I needed to do. We get a lot of support and before we start working with people and get an opportunity to meet them so they know us and we can find out about the support they need." One person told us, "When I have a new member of staff join my team, they come with someone I know first so they can show them what to do. It's good that they don't just send anyone." Another person told us, "They do shadowing and help new staff who come along, but they ask first if it's ok." All staff completed training for the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "We have lots of opportunities for training. We are all doing the Care Certificate and most of us are doing a national vocation qualification (NVQ). Its hard work, but worth it."

People were confident that staff knew how to support them. One person told us, "They know me and they know what they are expected to do." Another person said, "The staff understand how I want to be supported. I know they have had training because we talk about my condition and what it means for me and they understand." Staff told us they received training which focused on people's different needs. One member of staff told us, "I hadn't had any experience of dementia or epilepsy before I started here and this was covered in training. I learnt about valuing what people had to say and bringing them into the



conversation. I support some people who have a hoist and other moving equipment. If I go out and find any new equipment or I'm not sure about anything, the trainer meets me and we go through it together. This is really helpful as everybody is different."

People benefitted from staff who were supervised to ensure they were supporting people effectively. Staff received supervision and they told us this included observational supervision as well as one to one meetings. One member of staff told us, "We are checked we are doing things right with people. The manager comes out and checks how we look, whether we are there at the right time and how we work with people. If there were any concerns they would talk about it to us and make sure we get it right." The staff were also provided with an annual appraisal to identify their future training and development needs. This showed us the provider monitored staff performance on an ongoing basis.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. One relative told us, "The good thing about having regular carers is that they notice if anything is different or wrong and pick up on moods. The staff are very good and will alert us to changes or call the doctor or ambulance. They wait with them and would never leave them alone. I'm really confident with how they support them." The support people needed and risks associated with health care were recorded in care records to guide staff to provide the support people wanted.

People had choice and flexibility about the meals they ate and where requested, support was given to prepare meals. People retained responsibility for their personal shopping. A record was maintained of meals and drinks prepared so staff could identify what people had eaten or drank between support visits. One relative told us, "The staff notice if they haven't eaten or drunk enough and they prepare a supplement drink for them which is really good." Another relative told us, "[Person who used the service] has quite a complex diet and the staff are excellent at knowing what they can and can't eat. They've even put on weight which we are really pleased about."

## Is the service caring?

### Our findings

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. One person told us, "They respect it if I do things myself, but they watch and keep me safe." Another person told us, "Yes, they are considerate in the house and I feel very safe and at ease with them; they are respectful." People reported they could trust the staff and one person told us, "They are very trustworthy and they provide receipts for any purchases I ask them to make." One relative told us, "[Person who used the service] is so much better now and well and it's thanks to Diversity. They are amazing and know just what to do. It's lovely to see."

People's privacy and dignity was respected and one person told us, "The care is done with dignity and done safely." Another person told us, "They take the time to do it all right and I'm dried properly. They talk to me as they go through it all and check everything is alright. I'm not rushed."

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "They are lovely people. They are really good, helpful, polite and good carers, and they are fun but they know the boundaries." Another person told us, "I'm very much at ease with the staff and relaxed. We are suited to each other but if they are not right and I just don't relate to them, I would say something. Once I had to change the staff who supported me and they respected this. They did not make me feel awkward about doing this."

People were encouraged and supported to be as independent as they wanted to be. People's support plans guided staff on how to ensure they were encouraged to do as much as they wanted so that they retained control. One person told us, "I like to do what I can and the staff know that. They always ask first before they do anything."

Staff spoke about people with compassion and concern and one member of staff told us, "I'm proud of the work I do and happy to work here. It's good that we work with the same people as this builds relationships and this helps us to know people and understand how to provide the support they want." Another member of staff told us, "I couldn't imagine working anywhere else. I have a really good relationship with people I support and I think of them as my extended family. Quality and care are really important to us."

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

## Is the service responsive?

### Our findings

On our previous inspection we identified that people were not receiving their support visit when this was expected and the rota had not considered how staff could provide this support at the right time. This demonstrated a breach a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

People now received support at the time they wanted and expected and was planned to enable staff to travel to each person. We saw people's support visit was planned around when they wanted to receive care and a small team of staff provided support. One person told us, "I know all the girls who come here really well. They are like my daughters and feel very lucky to have such a good team around me. I can't recall any time that they were late or I've been let down." People understood that staff may arrive within 30 minutes of the planned call and told us when they were late and received a call to inform them of these circumstances. One person told us, "If they are going to be late, they give me a call. I understand things happen. I wasn't well once and they stayed with me and wouldn't leave until my family arrived. They didn't have to but I really appreciated this."

People's care and support was planned to meet their needs. People contributed to the development of their plan and were asked when they wanted to receive their care. People told us they had been visited by a member of staff from the service to discuss how they would like to be supported. One person told us, "They came to visit me before I started having a service. They wanted to know what I wanted and how they could help me. This service was recommended to me and I haven't been disappointed." We saw people's plans contained information for staff about their past life, health conditions and family relationships. We saw that the plans were reviewed regularly to ensure the care provided still met people's needs. One person told us, "The manager has been out to see us to check we are happy with everything and the support is right. We know if something needs changing then we can just call them." People were asked if they wanted to have a member of their family or a friend to sit with them when their review was completed. One relative told us, "They are very good at keeping us informed of what is happening and including us. We are a close family and it's nice that we are considered." Where people's needs changed, a new assessment was carried out to ensure they could continue to provide support for people. One relative told us, "This is the only care company we would consider and I'm so pleased they were able to continue after they went into hospital. It's lovely to know the same staff are still providing the care and they know what they are doing."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. One person told us, "I'd be happy to pick up the phone if there was anything wrong but I'm really happy with the girls and the service. I have the number in my folder if I wanted to call." The provider had a complaints procedure and staff understood the need to investigate any complaints. There had been no complaints made since our last inspection.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out; for example when shopping. During these support visits, personal care was not provided and therefore this support is

not regulated by us.

# Is the service well-led?

## Our findings

On our last inspection we found that improvements were needed to ensure quality monitoring systems were effective as the provider had not effectively addressed how care was planned to ensure people received their care at the right time and further improvements were needed with recruitment processes. On this inspection we found that improvements had been made.

Quality monitoring systems had been reviewed to ensure that medication administration forms recorded when people had taken their medicines. Where there were concerns that people had not received their medicines as required, the office staff were informed and an investigation took place to ensure people had received them. Daily records were reviewed to check all information was recorded about the care provided, medicines given and time people received their support visit.

People were able to share their views and the provider took action to improve their experience of the service. Each year people were asked for their views about the service in the form of a satisfaction questionnaire. We saw the results of the survey was generally positive and these had been analysed to evidence people's views and opinions and people were provided with the survey results within a letter. As a result of the survey, contact details were updated to ensure staff could notify people if they may be late and information was made available about the telephone number of the out of hours service. We saw comments included; 'The carers were lovely at my visit the other day.' '[Person who used the service] could not have received better care and attention.' and 'You have enabled [person who used the service] to stay in their home until the end of their life and provided them with companionship as well as valuable assistance to carry on living independently.'

The provider and staff were proud of the service they provided and staff enjoyed working in the service. One member of staff told us, "I couldn't think of working for any other organisation, they are very supportive." Another member of staff told us, "If you are unsure of anything, they are available to support you and will come out and show you the best way to support people. I've been really happy since I started working here."

People spoke positively about the service provided and there were arrangements in place to provide support to people and staff through an on call arrangement. One person told us, "I know I can call them if I need to; I have the number." Another person told us, "I am confident that I get the service I want. I've not been disappointed. I would recommend them to others."

Staff were confident that where they had any concerns they understood their responsibility with regards to whistle-blowing. The staff said they felt comfortable raising concerns with the registered manager and would contact external agencies if they needed to. One member of staff told us, "If something is wrong, then it's wrong. I certainly wouldn't have a problem raising any concern I had." This showed that staff knew how to act if they had concerns or witnessed bad practice and had the confidence to report them to the registered manager.

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office.