Diversity Health and Social Care Limited

Diversity Health and Social Care Bow Branch

Inspection report

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Date of inspection visit:
14 June 2023
16 June 2023

Date of publication:
28 September 2023

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

Diversity Health and Social Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. The service provides personal care to older people, some of whom have dementia. At the time of our inspection there were 336 people using the service.

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
Full pre- employment checks were not always conducted before people were hired to work, as we found not all care workers had full employment histories on their file. The provider was not consistently promoting a positive culture within the service as people did not find office staff helpful in relation to their complaints about the timeliness of care calls.

The provider safely managed people's medicines and were auditing people's medicines administration records. The provider was also conducting monitoring calls with people to get feedback on their care but were also unable to demonstrate the frequency of these.

The provider was working within the principles of the MCA, had effective systems and processes in place to safeguard people from the risk of abuse and safely managed risks to people's health and safety. There were clear systems in place to minimise and control the spread of infection and lessons were learned when things went wrong.

The provider used an electronic system to monitor care calls, which was constantly reviewed. They were aware of concerns relating to timeliness and lack of care worker consistency and had taken action in respect of specific complaints they had received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk .

Rating at last inspection and update
The last rating for this service was requires improvement (published 23 May 2023) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we made recommendations in relation to the safe management of people's medicines and consent. At this inspection, we found the provider had acted on those recommendations.

Why we inspected
The inspection was prompted due to concerns we received about the safety and quality of the service. A

decision was made for us to inspect and examine those risks.

Enforcement and recommendations
We have found a breach in relation to staffing.

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

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

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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 Health and Social Care Act 2014.

Inspection team
This inspection was carried out by 2 inspectors.

Diversity Health and Social Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post, although the provider had appointed a new manager who was due to apply for registration with the Care Quality Commission ("CQC").

Notice of inspection
This inspection was unannounced although we announced when we would be returning on the second day.

Inspection activity started on 14 June 2023 and ended on 31 July 2023. We requested a range of documents that were sent to us by the provider between 14 June 2023 and ended on 31 July 2023. We visited the office

location on 14 and 16 June 2023 to see the acting manager and to review further records related to the service. We made telephone calls to people, their relatives and care staff between 16 June 2023 and 20 July 2023.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service as well as concerns that had been reported to us anonymously.

We reviewed information from the local authority commissioning team and reviewed the previous inspection report. We used all this information to plan our inspection.

During the inspection
We reviewed a range of records related to 15 people's care and support. This included people's care plans, risk assessments, medicines records and 5 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included safeguarding incidents, quality assurance records, minutes of staff meetings and a range of policies and procedures.

We communicated with 20 staff members. This included the acting manager, a senior member of staff, office staff including the deputy manager and 15 care workers. We spoke with 15 people and 9 relatives.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further quality assurance records and correspondence with a range of professionals related to people's care.

We provided feedback to the registered manager via email on 21 July 2023.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Staffing and recruitment

● The provider took appropriate action to ensure care workers attended to people on time. Although some people told us their care workers often failed to arrive on time and sometimes, did not stay the full length of their call, the provider's satisfaction surveys showed the majority of people were satisfied with the timeliness of the service. Furthermore, from our analysis of call times, we saw most calls were attended to on time. Care workers also told us they had enough time to support people and they were given enough travel time in between care calls

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● The provider used an electronic call monitoring system that care workers logged into. The provider monitored care calls to ensure care workers were attending visits on time and received an electronic alert when care workers had not logged in. During our site visit, we saw this system was continually checked by a member of staff and they phoned care workers straight away if they had not logged in. We reviewed data that had been generated for all care calls that took place in June 2023 and found there were issues with short calls, although the majority of calls were attended to on time. The provider assured us they were dealing with complaints about timeliness, short calls and lack of consistency.

● The provider was not always conducting full pre- employment checks before hiring people to work. We reviewed care worker files and saw that although these included two references and evidence of people's right to work in the UK, full details of people's career history was not always obtained. The provider was shown examples of where this had occurred and they conducted checks during our inspection to assure themselves people they had already hired had a clear employment history.

The above issues constituted a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider also conducted criminal record checks through the Disclosure and Barring Service ("DBS"). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

● The provider safely managed people's medicines. People's care records included information about the medicines they were prescribed and this included the dose and expected time of administration. It also specified the level of support they required when taking their medicines. Although people's health conditions were clearly explained within their care records, it was not fully clear from their support plan, what their medicine was for.

● The provider used an electronic system to record the administration of people's medicines. We found people's administration was recorded as required and if the system was not updated to reflect that people had been given their medicine, the system would send an alert to notify office staff. The provider conducted audits of people's medicines to ensure they were given their medicines in line with their needs.

● Care workers understood their responsibilities when supporting people with their medicines. They received training in medicine administration and had their competency checked.

Systems and processes to safeguard people from the risk from abuse

● The provider had effective systems and processes in place to safeguard people from the risk of abuse. People told us they felt safe using the service. Care workers received annual training in safeguarding adults from abuse and had a good understanding of their responsibilities of the risks of abuse as well as how they should act to minimise these.

● The provider had a clear safeguarding policy and procedure in place which included details of the process care workers needed to follow if someone was being abused. We found concerns were reported as required to relevant agencies including the CQC.

Assessing risk, safety monitoring and management

● Risks to people's health and safety were assessed and managed safely to minimise the risk of occurrence. People's care records included a number of risk assessments relating to people's physical and mental health as well as the safety risks emanating from their home environments. Where risks were identified, we found clear risk management guidelines were in place to support staff to safely manage these. For example, we identified one person was at risk of falling. Their risk assessment included a list of measures care workers should take to minimise the risk of them falling, which included ensuring their mobility equipment was available and there were no trip hazards, among others.

● The provider routinely completed environmental risk assessments to ensure any safety hazards were dealt with to minimise the risk of accidents within people's home environments. We did not see any identified concerns in the risk assessments we reviewed, but we saw these forms included a number of detailed questions to ensure any issues were identified and dealt with.

● Care workers demonstrated a good level of understanding about the potential risks to people's health and safety when providing them with care. One care worker gave us an example of a person they were caring for who had skin integrity issues. They explained how they helped maintain their skin integrity and said they would report any deterioration, so this could be dealt with.

Infection control

● The provider had clear systems in place to minimise and control the spread of infection. People told us their care workers followed good infection control practises and care workers demonstrated a good level of understanding about their responsibilities. They had received annual training in infection control and told us they received appropriate Personal Protective Equipment ("PPE") as needed.

● The provider had a clear infection control policy and procedure in place. This reflected current guidelines. This included current guidance on controlling the spread of COVID- 19 among other matters.

Learning lessons when things go wrong

● The provider had effective systems in place to learn lessons when things went wrong. They had an accident and incident policy and procedure in place which gave clear instructions about what actions the provider needed to take in the event of an accident and incident. This included the requirement to investigate and report any concerns as required.

● We reviewed a sample of the provider's accident and incident records for the month of June 2023 and

found these included details of what happened and how the incident had been managed. The provider conducted further learning through auditing all accidents and incidents on a monthly basis. This included specific reminders for care workers when dealing with specific situations. Care workers understood their responsibilities in relation to accidents and incidents.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● At our previous inspection we found the provider was not meeting the requirements of the MCA. Staff did not have a full understanding and were not clear about their responsibilities under the Act. They were also unclear on whether one person had capacity to consent to their care or not. At this inspection we found the service was now working within the principles of the MCA. People had mental capacity assessments in place to confirm whether they had capacity to consent to their care. Where the assessment concluded that people were lacking in capacity to consent to a particular matter, we found best interest decisions were in place for these people.
● Care staff demonstrated a good level of understanding about their responsibilities to provide care in accordance with people's valid consent.

Requires Improvement

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

- The provider did not consistently promote a positive culture that achieved good outcomes for people. People told us they received a good service when they were seen by their regular care workers, but when this changed, they found issues with the quality of care and did not find office staff helpful in managing these.
- Most care workers gave positive feedback about the service as well as the management team. One care worker told us "I am very happy to work for Diversity, I am listened to and feel a sense of belonging at this company". However, some staff also gave negative feedback about their working relationships with staff and 2 care workers told us they were concerned about short- notice changes to their rotas. One care worker told us "I do not feel the staff at the office and management are supportive".
- At our previous inspection we found the office environment was vibrant and this remained the case at this inspection. Staff continued to have lunch together and approached the acting manager throughout the course of the inspection to ask questions. Staff meetings continued to take place monthly and care workers told us they found these meetings useful.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff demonstrated a good level of understanding about their roles and responsibilities. There was no registered manager in place at the time of our inspection, but the acting manager had a good level of understanding about quality performance and risks. They supported us throughout the inspection by providing data and explaining systems and processes.
- Care staff also showed a good level of understanding about their responsibilities towards people in their care. They gave us clear examples of different areas of their roles.

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 provider understood their legal responsibility to be open and honest when things went wrong. Notifications of significant incidents had been sent to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged and involved people using the service and staff, while considering their equality

characteristics. The provider continued to conduct monitoring calls with people to get feedback on their care, but due to recent changes in their computer system, were unable to demonstrate the frequency of these. People told us they were contacted and asked for their feedback.

● The provider conducted quarterly care worker meetings. We reviewed the minutes of the last meeting and found various areas were discussed.

● The provider conducted a range of audits to learn and improve care. We read a sample of audits which included audits of call times and medication audits. The provider was aware of concerns relating to the timeliness of calls as well as the lack of consistency of care workers. They told us they had spoken with those people who had complained and were working to rectify these issues.

● The provider continued to attend monthly monitoring meetings with the local authority in which they reviewed the service against a number of quality indicators including the use of the call monitoring system among other matters.

Working in partnership with others

● The provider worked with other professionals and agencies when providing care. We saw evidence of liaison with other healthcare professionals as required. This included with professionals such as the pharmacy and the GP. The provider continued to work closely with the local authority.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always conduct full checks of applicants' employment histories. 19(3)(a).