

Diversity Social Care Ltd

Diversity Social Care Ltd

Inspection report

89A London Road
Leicester
LE2 0PF

Tel: 07508516254
Website: www.diversitysocialcare.co.uk

Date of inspection visit:
11 December 2020

Date of publication:
12 January 2021

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

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 eleven 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 and training had improved. Staff had undertaken training in key areas to enable them to provide people's care and support safely. Further improvement was needed to ensure staff's competency had been assessed to perform individual aspects of people's care, known as a delegated health care task.

Potential risks had been assessed, and people's records had improved to provide greater detail and information to enable staff to provide safe care and support. People's records detailed the medicine they were prescribed, and staff had received training in the management of medicine.

Systems to support the monitoring of the service were in the early stages of implementation, this included an electronic monitoring system to record all aspects of people's care and support. People's views, and that of their family members and staff about the quality of the service had been sought through the sending out of questionnaires. Feedback from all parties had been positive.

Family members spoke positively of the service, and this in part was due to a core group of staff, who had developed positive and supportive relationships with their relatives. Family members spoke of the dedication and genuine compassion and care shown by staff. They also spoke of the approachability and flexibility of the service under the leadership and direction of the registered manager.

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

Rating at last inspection

This service was registered with us on 1 May 2019. We carried out a focused inspection of this service and looked at the questions is the service Safe and Well-led between the 24 and 28 August 2020 (published 1 October 2020.) The service was rated as requirements improvement in both key questions.

Why we inspected

We carried out an announced focused inspection of this service on 24 August 2020. Breaches of legal requirements were found.

In response to the previous focused inspection we issued a Warning Notice for a breach of Regulation 17, Good governance. The Warning Notice required the provider to improve by 9 December 2020. We also issued a Requirement Notice for a breach of Regulation 12, Safe care and treatment. The provider submitted an action plan after the last inspection to show what they would do and by when to improve.

This inspection was carried out to follow up on the action we told the provider to take at the last inspection.

This report only covers our findings in relation to the Key Questions of Safe and Well-led.

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 not always safe.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

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

We gave the service 48 hours' notice. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 December 2020 and ended on 18 December 2020. We visited the office location on 11 December 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included the provider's action plan they had submitted after the previous focused 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 training, staff meetings, information to support the monitoring of quality and assurance, and key policies and procedures.

We spoke with two family members by telephone on the 16 and 18 December 2020 whose relatives had commenced or recommenced using the service since our previous focused inspection.

We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We looked at documents relating to the governance of the service, which included the response of quality assurance surveys sent out by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked them to submit information as to a person's care and up to date information detailing staff training.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure potential risks to people were assessed and sufficient information and guidance was available to staff to mitigate risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff as part of some people's care and support carried out health care tasks. For example support with aspects of elimination. The registered manager told us staff had received training and guidance. However, there was no record to support this. The registered manager said they would take action to ensure staff's competency was assessed by an appropriate person and documented.
- Staff had receiving training in key topics to support people's safety and welfare. For example, moving and handling people safely, first aid awareness, fire safety and food hygiene.
- Systems and processes to assess and manage risk and safety had improved. For example, environmental risks in people's homes had been assessed.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the provider's policies and procedures, and the following of local safeguarding protocols.

Staffing and recruitment

- Staff recruitment practices had improved. This meant staff were screened for their suitability to work with people, which included a DBS (Disclosure and Barring Service Check), evidence of proof of staff's identity, and references which included their most recent employer and a record of their interview.
- Family members told us they were introduced to staff before they provided support and care, which had assisted all parties in getting to know each other. They said a small core group of staff supported their relatives, and that staff were reliable, caring and compassionate.

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.
- A matrix of all training was kept by the registered manager, which showed a majority of staff had undertaken training in the safe handling of medication.

Preventing and controlling infection

- People's care plans referenced the correct use of Personal Protective Equipment (PPE).
- A matrix of all training was kept by the registered manager, which showed staff had undertaken training in infection prevention and control.
- The provider submitted regular information to partner agencies, which included the local authority during the COVID-19 pandemic. Information submitted recorded there was sufficient PPE, and provided information on any confirmed or suspected cases of COVID-19.

Learning lessons when things go wrong

- The registered manager told us that no accident or incidents had occurred since the previous focused inspection.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection we issued a Warning Notice as the provider had failed to operate effective systems to improve the quality and safety of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider had met the requirements of the Warning Notice. They were no longer in breach of regulation 17.

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

- The registered manager had not kept up to date with good practice guidance. For example, they were not aware of guidance in relation to their responsibility in the oversight, management and leadership of staff who undertook delegated health care tasks to ensure competency was assessed.
- The registered manager had made improvements following the issuing of the Warning Notice. However, the changes made need to be fully embedded and sustained to drive continual improvement.
- The provider had purchased an electronic monitoring and recording system, and the registered manager had received some training. However, due to COVID-19, training and therefore the adoption of the system had been delayed.
- The registered manager had followed the provider's policies and procedures. This had brought about improvement to staff recruitment, and the ongoing support of staff through individual supervision and group meetings. A family member told us the registered manager observed and worked alongside staff to monitor staff's performance.

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

- People's views and those of staff had been sought by the registered manager through the use of questionnaires. The analysis showed people and staff were happy with the management of the service, and the care and support they received and provided.
- Staff meetings had been held and were used to provide and share information to drive improvement, which had included a discussion about the inspection report and the areas identified for improvement.
- Family members spoke positively about the management of the service, and the approachability of the registered manager. A family member told us, "[registered manager] is very approachable, contactable and a pleasant individual, who always wants to do her best"

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had shared with people, or their family members the summary of the recent CQC focused inspection report, as part of their commitment to openness and transparency.
- The registered manager monitored the day to day culture and attitude of staff through supervision and spot checks.
- Family members spoke of the good quality care provided. A family member told us, "Very compassionate, dedicated and committed staff who are very caring." They went onto say, that in their view the quality of care had contributed to their relative, who had complex needs, not having to be admitted to hospital.
- 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, give people support, truthful information and a written apology.

Working in partnership with others

- The registered manager spoke of their continued participation in forums with commissioners from social care, and discussions with the small business provider association. This provided an opportunity to share information and ideas.
- The registered manager remained aware of key organisations, which included the local authority and CQC who shared up to date guidance about key changes in social care.
- The registered manager had liaised with commissioners with regards to the Warning Notice, and had provided reassurance as to the actions they were taking to bring about improvement.