

Diversity Care Limited

Diversity Care - 6A Market Street

Inspection report

6A Market Street
Tamworth
Staffordshire
B79 7LU

Tel: 0182768011
Website: www.diversitycare.co.uk

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20 July 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 19 and 20 July 2016. This was an announced inspection visit and we telephoned the provider three days' prior to our inspection, in order to arrange home visits with people. At our last inspection in June 2015, we identified concerns with how people were safeguarded from potential harm; how medicines were managed and how the provider monitored the service to ensure quality standards were maintained. At this inspection we saw improvements had been made to ensure staff knew how to support people and minimise risks. Where concerns were identified staff knew how to take action to safeguard people against potential harm and abuse. Medicines were managed effectively to ensure people received their medicines as prescribed. The provider had made improvements to how they reviewed the quality of the service although further improvements were still required to ensure people received the care they wanted at the right time.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Tamworth and Lichfield. At the time of the inspection 27 people were receiving a service.

There was a registered manager in the service. 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 generally received their support visit on time but 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. The provider was flexible and had accommodated people when they wanted their time changed although this impacted on other people's care and when they received their visits. The rotas did not include the time people wanted their visit or how traveling between the calls impacted on the allocated time.. This information was shared with commissioners of the service.

People generally had capacity to make decisions about their own care and their consent was sought before staff provided any care and support. Where the provider recognised that people may need support to make decisions they had not determined who could support the people 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 the concerns with when people received their support visits. Further improvements were still needed including how new staff were recruited into the service.

People received support from the same staff team and they knew who was providing their support in advance. People were treated with care and kindness and they were supported to be as independent as possible. Positive and caring relationships had been developed between staff and people who used the

service. People were supported to express their views and be involved in decisions related to the planning of their care and the running of the service.

People received care and support from staff who had received training to provide the support that people wanted. The staff knew people well and how they liked to be supported. Staff received supervision and had opportunities to develop their skills to meet people's needs.

People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues with staff in the office and the registered manager, knowing they would be listened to and acted on.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Recruitment procedures needed to be improved to ensure all necessary checks were carried out. There were sufficient staff working in the service and people felt safe when they received care and there was an on call system for people to ring in the event of an emergency out of office hours. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Where people may lack capacity this had not been thoroughly explored to ensure the people were supported to make decisions. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by staff who they considered kind and caring. Staff respected people's privacy and promoted their independence. People received care and support from consistent care staff that understood their individual needs.

Good ●

Is the service responsive?

The service was not always responsive.

People did not always receive their care at the time they had agreed. People felt able to raise any concerns and complaints were investigated and responded to. People were involved in the review of their care and decided how they wanted to be

Requires Improvement ●

supported.

Is the service well-led?

The service was not always well-led.

Systems were in place to assess and monitor the quality of care although these did not support the provider to make sufficient improvements since our last inspection. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was regularly monitored through feedback from people.

Requires Improvement 

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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.

This inspection visit took place on 19 and 20 July 2016 and was announced. One inspector carried out this inspection. The provider was given three 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 visited six people and spoke with three relatives, six staff and the registered manager and provider. We sent 48 questionnaires to people who used the service, staff and professionals; we received three responses and have used this information to help us form a judgement about the service people received. There were 27 people receiving a service at the time of our inspection.

The provider completed 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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at five 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

At our last inspection we identified concerns with how staff understood what constituted abuse and how they would report this. We found that the registered person was in breach Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made. Staff had a good understanding and knowledge of safeguarding people and described how they could recognise possible abuse or neglect. One member of staff told us, "Since I started here, it's been reinforced about how we must report anything. I'd go to my manager but I know I can go straight to the local authority. The important thing is that it gets reported and people stay safe."

At our last inspection we also identified concerns with how medicines were managed and recorded. We found that the registered person was in breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made. We saw some people were responsible for taking their own medicines and were independent in this area and other people needed support or prompting. People told us they received their medicines at the right time. Staff knew what medicines people received and what they were used for. One member of staff told us, "[Person who used the service] has their medicines reviewed with a consultant to make sure it is still right for them. If they ask us to, we will go to appointments with them, so we can make sure everything is clear and understood." Another member of staff told us, "Since coming out of hospital [Person using the service] has had their medicines reviewed as they have difficulty swallowing. It's better now they have liquid and soluble medicines." Most people had their medicines dispensed in blister packs and the records showed when these were needed and when they were taken. The support plan included information about the medicines people were prescribed and when these were required.

When new staff started working in the service recruitment checks were carried out to determine whether they were suitable to work with people. We saw one new member of staff had been recruited without necessary checks from their last employer and without exploring their employment history. Other staff had recruitment checks carried out to determine their suitability to work with people including police checks, references and identity checks. Evidence was sought to determine that where staff were using their own vehicles to travel to people, these were insured and road worthy. This meant further improvements were needed with how new staff were recruited.

People were supported by a consistent team of staff and there were sufficient numbers of staff working within the service to provide their care. One person told us, "It's wonderful. We have mainly the same staff and all of them are great. I prefer to have the care from people that I know." Some people received support throughout the day and night to enable them to live independently and there was a small team of staff who provided this care. One person told us, "The staff are great here and they help us. They are always there for us and it's great." One member of staff told us, "Working here is fantastic. We work closely with [Person who used the service] and they have control over what they do. We all know we are here for them and it works really well."

People told us they were confident that the staff supported them in a way which helped to keep them safe.

People used a variety of equipment to help them to mobilise and staff knew about the risks associated with people's care and how these were to be managed. For example, some people used a walking frame when moving around their home. One person told us, "The staff know I have to move around and use my frame. They don't have to lift me; they just put their hand on my back which is all the reassurance I need. I know they wouldn't let me fall." Other people had received support from an occupational therapist and had equipment in their home to support them to be independent. One person told us, "If the staff think I need anything they will make a call so they can look into this. I have everything I need here now." A member of staff told us, "[Person who used the service] came out of the hospital and they needed equipment to help them stay safe in bed and for getting around. I made a self-referral to the occupational therapist and now they have a bed rail and the equipment they need to keep safe."

People's homes were assessed to ensure staff had guidance to follow to protect people from identified risks. The assessment included whether there were concerns with the layout of the home, whether there was adequate space and any loose fittings or trip hazards and information to gain entry to the people's homes. The staff told us this meant they had a better understanding of reducing potential harm and keeping the person and themselves safe.

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us that people generally had capacity to make decisions and knew the importance of asking people's consent. One person told us, "The staff always ask if it's okay and if they are doing things right for me." Some people may not have capacity to make all decisions in relation to managing their finances. The registered manager told us that a capacity assessment had been completed, although this was not available and other people were providing support through a lasting power of attorney for finances. An LPA is a way of giving someone people trust the legal authority to make decisions on their behalf if they lack mental capacity at some time in the future or no longer wish to make decisions. The manager had not seen a copy of this to ensure this was registered and whether there were any conditions they needed to consider as part of the decision. This meant assurances had not been sought to ensure people who had the necessary authority were making decisions on behalf of these people.

People had an individual support plan which included information about how they wanted to be supported and people consented to us looking at their records. One person told us, "My records are kept here and the staff go through them and record what they need to. My family tend to go through it with me and I'm happy with what's been recorded. I know it's right anyway as they do what I want them to do."

New staff received an induction into the service and staff explained that they received two days of initial training which included learning to help people to move and safeguarding procedures. These staff then worked alongside experienced staff so they could meet people they would support and become more confident in their role. One person told us, "I'm happy to have anyone come here if it helps them. You have to start somewhere and I think it's great if they start with me." The staff were completing the care certificate which 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, "My qualification was mapped out against the care certificate so they could see what I had already learnt and what I could do."

People were confident the staff had the skills they needed to support them. People received care from staff who were supervised and their performance and knowledge was assessed by senior staff. One member of staff told us, "Senior staff come out and check we are doing what were supposed to and if we have any concerns. They also check we haven't got false nails and eyelashes and are dressed properly so the manager

knows we are doing things right." Staff met with senior managers and discussed their work performance through the supervision process. One member of staff told us, "We can see the manager whenever we like but we also meet up and talk about my work and what's been happening. If there's anything I'm unsure of, they are very good at giving you that extra support."

People retained responsibility for managing their own health care and where people needed support this was provided. Where people had specific health conditions the staff had received training to support them. For example, one person had epilepsy and one member of staff told us, "We all had the training so we knew what to do and to recognise what their particular seizures looked like. We've had the training to give specialist medicine if they have a seizure and know when we need to call for an ambulance." The care records provided information about the seizures including how long they lasted and when to administer medicines to ensure all staff had the guidance available.

Some people needed support to prepare and eat their meals. People told us they were able to choose what they wanted to eat and the staff supported them to prepare it. One person told us, "We have our food delivered from the internet and get what we like to eat. I like to help the staff make everything." Another person told us, "The staff always ask me if I've got enough and while it has been hot they always ask if I'm drinking enough. They often do more than they should and pick up little bits for me which is really nice." Where people had difficulty swallowing and had been assessed by a speech and language therapist, a copy of their advice was available. Staff demonstrated a good knowledge of how to prepare food for people to reduce any risk of choking and to keep well.

Is the service caring?

Our findings

People were able to decide who they wanted to support them and their decisions were respected. One person told us, "We've just had a new male member of staff. He's brilliant and its good to have a man help me. I was asked if I wanted a man or woman and I was impressed I got a choice." Another person said, "All the staff that help me are female. I would send a male away and they know that. I like my care from another female as I think that it's better for me." Another person told us, "When the new staff first started coming here, they came and introduced themselves and I got to say if I wanted them to support me. It was a nice of them and I was able to say if I thought they suited me."

People were treated with care and kindness and the staff demonstrated a good understanding and knowledge of people and how they wanted to be supported. One person told us, "I like to keep my independence and still do my own thing and they know that." Another person said, "I've had the staff for so long now I call them friends." Another person told us, "The staff are wonderful. If I need anything, they just sort it out for me."

Staff understood people's right to privacy and dignity and enabled people to carry out their own personal care where possible. One person told us, "The staff are excellent. I can't manage by myself anymore but they always make sure I'm clean and dry. You'd think I'd be embarrassed but they are so considerate that I don't get embarrassed. They're lovely."

People were happy with the staff that supported them and told us staff treated them with respect and listened to what they had to say. One person told us, "I don't know what I'd do without them. When helping me with personal care they are very good." Another person told us, "They go above and beyond what they should do really. Nothing is ever too much trouble. If I want something different they do it or if I don't feel like a shower that day, I'm never forced into doing something. We talk about it and they always listen to me."

People's right to confidentiality was protected. All personal records were kept securely in the office and were not left in public areas. People had a copy of their records in their home and knew this contained confidential information. One person told us, "It's up to me who sees this. The staff write in it when they visit but I don't show anyone else."

Is the service responsive?

Our findings

People's care and support was not always planned to meet their agreed support. The staff rota did not record any times when people wanted their support, only the time the member of staff started working. The rota had not considered how staff could provide this support at the right time and how travelling time had been considered. We saw that on one day, one member of staff worked for nine hours without a break and the last person to be supported received their call after midnight which was three hours later than planned and agreed. The local authority also monitored when people received their call and we saw this identified staff were often late and there was no information why this had occurred. The staff changed the time of people's calls according to people's wishes but this impacted on when other people had their call and this had not been considered. We shared our concerns with Staffordshire commissioning team.

This demonstrated a breach a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said the staff asked them how they wanted to be supported when they started using the service and agreed to the amount of time they wanted support. One person told us, This was arranged whilst [person who used the service] was in hospital and we are now getting together with the manager to sort out what we want. They always stay for the right length of time and use our phone to record when they arrive and leave. The system works well." Another person told us, "I'm happy with the support I receive. I've used other companies in the past and this one wins hands down. I don't think they could do anything better." People told us they knew who was providing the support and generally had the same staff. One person told us, "I have a mixture of male and female staff, but I prefer a male carer in the morning and that's what I have. That means a lot to me. I write down who's coming so I know. I prefer it that way." There was detailed information about people's history and life and what was important to them. One person told us, "I like to talk and we talk about my life and what I did. They always remember and it's lovely. I consider them my friends as it's so easy to talk with them."

There were arrangements to cover emergencies and there was an on-call system for people to contact in an emergency and for staff to receive support. People told us they knew the number to call and we saw this information in people's homes. People we spoke with told us they had not needed to use this service but one person told us, "It's reassuring to know they are there. They told me about the pendant emergency service but all they do is call someone and I don't have anyone to call except the staff. I know if there were any problems they would help me." We saw where there were concerns identified on a support visit, the staff had remained with people to ensure they were safe and sought additional help and assistance.

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service. One person told us, "If I had any problems, I'd call the manager and let them know. I've got all the contact details here. I've spoken to them about my support but never had to complain. They are very easy to speak with so I wouldn't have any problems telling them if something was wrong." Another person told us, "I've had staff in the past I didn't really get on with. I told the manager and they arranged for other staff to help. That was good. There wasn't anything wrong with the staff but I just didn't

really get on with them. You can't like everyone and the manager was great at sorting it out." We saw where any complaint received was investigated and the manager responded to all concerns.

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 assist people when out, for example, when shopping, going to work and being involved with leisure activities. 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

At our last inspection we identified concerns with how the provider monitored the service they provided and we found that the registered person was in breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified concerns with how people were involved with the development of the service; how staff were able to fulfil their role, the management of records and planning care. We found that improvements had been made in these areas however, 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.

The system to monitor and identify whether people received their support on time and for the right time was not effective. The provider had not identified that people were not receiving their care at the agreed time. The provider was also using the electronic monitoring system provided by the local authority but had not used this to bring about improvements within the service. We saw for some people this meant they received their support later than had been agreed.

People were consulted about the quality of the service through an annual quality assurance questionnaire. We saw the last review showed that people were generally satisfied with the quality of the service and feedback was provided to people where they raised concerns. The last audit identified a concern about being contacted when care changed. There was an on-call system in place and staff told us they would contact people if they knew they were going to be late. However a further audit was completed and a percentage of people stated they were not always informed of these changes. This demonstrated that these changes had not been effective.

The service had a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration and we were informed of all notifications as required including safeguarding, serious injuries and any deaths of people who used the service. A copy of our last report and the rating was displayed in the office as required.

The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. One member of staff told us, "I've raised concerns in another work place in the past and would again. I feel really supported here and I know the manager cares what happened and about the people here. They want to know what's going on." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

The provider carried out quality checks within the office. Electronic equipment was tested and fire checks were completed to make sure the environment was safe.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care and treatment was not designed to achieve service users preferences and to ensure their needs were met.</p>