Care Quality Commission

Diverse Care Services Limited

DIVERSE CARE SERVICES

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We undertook an announced inspection on 16 and 17 February 2015. We told the provider two days before our visit that we would be inspecting them. We did this because we needed to make sure that they would be at their office during our visit.

The agency registered with us in May 2014 to provide personal care and this was their first inspection.

The provider told us that they were supporting 65 people in their own homes.

The location is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of this inspection a registered manager was in post.

Summary of findings

We found people's risk assessments were not detailed and staff did not have the information they needed to keep people safe.

People were protected against the risk of abuse.

A medication policy was in place and staff were trained to support people with their prescribed medicines.

People experienced late calls and did not receive care and support at the agreed times.

Staff did not always have the skills and knowledge to care and support people they undertook visits to.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure the rights of people who may lack mental capacity to make decisions are protected. Staff did not understand the requirements of the MCA of DoLS.

People told us that staff were caring and kind toward them and respected their privacy and dignity.

Systems in place to monitor and improve the quality of service provided to people were not effective.

Summary of findings

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 consistently safe.

Some risks to people were identified but we found that assessments were either not detailed or had not been completed.

Procedures were in place to keep people safe from the risk of abuse. Staff understood their responsibilities in protecting people against the risks of abuse.

Suitable arrangements were in place to ensure that people received their prescribed medicines.

Requires Improvement

Is the service effective?
The service was not always effective.

People did not always receive their care and support at the agreed times.

Staff did not always have the skills or knowledge they needed to meet people's needs.

Staff did not understand the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Requires Improvement

Is the service caring?
The service was caring.

People told us that staff were caring and polite to them.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care was planned to meet their needs.

People had the information they needed to make a complaint.

Good

Is the service well-led?
The service was not consistently well led.

Staff had different experiences of being supported.

The provider / registered manager had some systems in place to monitor the quality of the service provided to people. We found that these were not always effective.

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 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.

The inspection was announced and took place on 16 and 17 February 2015 and was carried out by two inspectors.

We decided to bring forward our scheduled inspection because we had received concerns about the provider. These included safeguarding concerns about people that used the service and a lack of staff training. We reviewed information shared with us by the local authority about the provider. The Local Authority completed a visit to the provider in January 2015 and found some areas of concern. These included people's care plans, call scheduling and the provider's recruitment process.

We had telephone conversations with 14 people and / or their relatives and six staff members prior to the second day of our inspection when we visited the provider's office. During our office visit we spoke with the training manager, the nominated individual and the registered manager. We looked at seven people's care records and other records that related to their care such as the medicine management processes. We looked at the provider's recruitment process and four staff files. We looked at the systems the provider / registered manager had in place to monitor the quality and safety of the service provided to people.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt their family member was safe when staff undertook visits to them in their home. One person told us, "I feel safe with them in my home." Another person told us, "I feel safe with my carer."

Staff said they had received safeguarding training as part of their induction but not as ongoing training or updates to refresh their knowledge. They told us they understood their responsibilities to keep people safe and protect them from harm and the risks of abuse. Staff told us that they would report any concerns about abuse to their manager. One staff member told us, "I've not seen or heard anything that concerns me. If I did, I'd report it." A few staff were not familiar with how to escalate concerns by whistle-blowing to external agencies such as the Local Authority or the Care Quality Commission if their concerns were not responded to appropriately. We saw there was no information about whistle-blowing in the provider's safeguarding policy. We discussed this with the registered manager and they took action to add this to their policy. Following our visit, they sent us a copy of their reviewed policy telling staff how to escalate their concerns to other agencies if needed so that people would be kept safe.

All staff said that they knew how to keep people safe from their experience of working with people that they supported and not from people's written risk assessments. One staff member told us, "We don't always get information about new people or new visits we have to go on. So, we don't really know the person and even if they have a care record in their home it is not possible to read it during visit as there is not enough time." Another staff member told us, "It would be better to have a 'briefing' about new people we visit to tell us about them and how to keep them safe. We don't often get this." This meant that while staff knew how to keep people safe once they got to know them, they did not have the information to refer to so that people were safely supported.

We saw that the provider had completed generic health and environmental risk assessments for people during their initial assessment. We found that where risks were identified the assessments lacked detail and did not describe what actions should be taken to reduce the risk of harm. For example, one person's health risk assessment recorded previous falls the person had sustained and stated they were at risk of further falls. We saw that no actions had been put in place to reduce the risk of them falling and no moving and handling risk assessment had been completed. We saw another person's health risk assessment described that they could not walk but we found no detailed information about their moving and handling to tell staff what actions to take to minimise the risk of injury.

We asked staff how they would deal with emergencies that might arise from time to time. Staff told us that they would telephone 999 if, for example, a person had a fall. Another staff member told us, "We don't have first aid training. The manager told us to phone 111 or 999 and do what they say."

One staff member told us, "When I applied for the job, I had an interview at the office and gave reference details." We saw that there were staff recruitment processes in place to ensure that suitable staff were employed. We sampled four staff records and saw that appropriate pre-employment checks were completed before staff undertook work for the agency.

Staff told us, and records confirmed that they had received medication training. One staff member told us, "We can only administer medicines that are prescribed by the person's doctor and if they are listed on the medicine administration record." We looked at people's Medicine Administration Records (MAR) and saw that these were not always written in a detailed way to make sure people received their medicines safely. One staff member told us, "We have recently been told not to just write 'blister pack' but to list the medication we administer." We discussed this with the registered manager. They told us, "There have been some problems with the detailed information not always being listed on the MAR but from last month it has improved." They showed us some more recent MARs and we saw improvement had been made and they detailed the medicine and dosage to be given so that people were supported with their medicines safely.

Requires Improvement

Is the service effective?

Our findings

People told us about their different experiences in their needs being met by staff. People and / or their relatives told us that staff undertook visits to them and they had not been "let down." However, most people told us that staff were often late and did not attend visits at the agreed times. One person told us, "Staff always arrive at different times." Another person told us, "The carers do always arrive but sometimes it is up to one and a half hours late. I get anxious." People told us that they were not always informed when staff were going to be late. One person told us, "The staff told me they had asked the office to let me know they were late, but no one called me."

One person told us, "Some weeks I get a rota saying which carer is coming and some weeks I don't." Another person told us, "The carer has just changed again, but I wasn't told. The new ones never read my care plan and for the first two days never supported me to have a wash." We found that some people experienced a lack of consistency with staff which impacted upon whether they felt their needs were met.

Some people told us that they felt staff undertook the identified tasks in their care records. One person told us, "The carer knows what to do and gets on with it." Another person told us, "Staff do what they should do." But, others told us they felt identified tasks were either not completed effectively or not competed at all by staff on visits. One person told us, "The carer had no idea what they were doing and could not assist me as needed." A relative told us, "Staff are not sure what they are supposed to do. They think they should only prepare the meal for [Person's Name] and this is not the case."

People told us that they thought some staff had the skills they needed for their job roles but others either did not or did not use their skills to undertake tasks. One person told us, "When I have the same carer, they are very good. They get used to me and what I need. But, then they change. There seems a high turnover of staff." One relative told us, "One staff member has the skills needed and does everything they should do. But, not all are like that. Some come and do nothing, only chat."

Staff told us that they had completed an induction when they started their employment. Most staff told us that they had completed some further training such as moving and handling and medication. But, staff also told us that they had not completed other training such as food hygiene. Training records confirmed this to and we discussed this with the training manager. They told us, "Most topics are covered as a part of the induction." This meant that while staff completed induction training they were not always offered the on-going training that they needed to give them the skills for their job role.

Staff were not able to tell us about people's healthcare conditions and what they needed to be aware of. One staff member told us, "I've never done any training on diabetes." Care records looked at told us some people had healthcare conditions that may impact upon their wellbeing. Where the healthcare condition was recorded we saw that it stated 'staff to be aware'. However, there was no information about the healthcare condition or what staff needed to be aware of to meet people's needs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty to keep them safe. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

Most staff could not recall having had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were unable to tell us about the requirements of this. One staff member told us, "I think we touched on this," but they were not able to tell us about the requirements. Other staff members told us that they had 'not heard of it'. None of the staff could tell us about who could make decisions for people that may lack mental capacity, for example, due to their dementia.

We discussed the MCA and DoLS with the nominated individual and registered manager. They told us that if they had concerns about anyone they would contact the person's social worker or GP.

Staff were able to give examples to us of how they would protect people's rights. One staff member told us, "People can decide not to take their medicine and we put 'refused' on the record. We'd tell the manager if this happened. " Another staff member commented in one person's care log, "[Person's Name] did not want a bed bath today." This meant that people's consent to care was sought by staff.

Requires Improvement

Is the service effective?

One person told us, “The staff get my breakfast for me.” One staff member said, “I ask [Person’s Name] what they’d like in their sandwich and get it ready for them.” We saw that people’s care records described tasks staff undertook and saw some people had ready meals heated for them by staff. Staff told us that most people could tell them what they liked and wanted staff to prepare for them.

People and / or their relatives told us that they generally took care of their family member’s healthcare appointments. The registered manager told us, “We would always seek advice from the person’s GP if, for example, there was a query about a person’s medicines. We would seek professional healthcare advice if needed.”

Good

Is the service caring?

Our findings

People told us that when they had the same staff undertaking their visits they felt they developed positive relationships with their carer. One person told us, "The regular carers are good, they are responsible. But, if the regulars are off there can be some problems." One relative told us, "My family member has the same carer in the mornings, she is caring and has a lovely rapport with [Person's Name]."

Most people and / or their relatives told us that they had been involved in their care planning and confirmed to us that they had a copy of their care plan in their home. A few people told us they could not recall being involved in their care planning or having a care plan. Staff told us that people had care plans in their homes. Of the seven care records we looked at all showed us that people and / or their relative had signed in agreement with the plan of care and support. The registered manager told us, "Although we often receive information from the Local Authority if they are contracting a service for people, we always go and meet with people to complete their care and support plan. This helps us and involves people in making decisions about their care."

People told us that they thought staff maintained their privacy and dignity when being supported with personal care. One person told us, "When the carer helps me have a wash they always close the door and cover me with a towel." Another person told us, "If I want some privacy, they will stand outside of the bathroom. They are very good with that." Staff spoken with gave us examples of how they respected people's privacy. One staff member told us, "I cover people with a towel when I am supporting them with personal care. For example, if they have a shower, I hold a towel up for them."

People told us that carers were polite and respectful toward them. One person told us, "They are pleasant and polite to me." Another person told us, "I am quite happy with how they speak to me." One staff member told us, "I always try to talk to people as I'd like to be spoken with."

Good

Is the service responsive?

Our findings

Most people and / or relatives recalled that they were asked about their care and support needs. We saw that this information contributed to people's plans of care. We saw people were offered the opportunity to give a history of themselves so that support could be personalised to them.

People told us that they felt the number of care staff that attended them on each visit was adequate to meet their needs. We saw that the number of staff required to undertake visits was assessed by either the Local Authority, when contracting services or the provider for private contracts. The registered manager told us, "If a person's visit was undertaken by one carer but we felt that this was not safe for them then we would speak to either the person or the Local Authority contracting our service." One staff member told us, "Some people need two care staff to meet their needs. I have never been asked to undertake such visits alone." This showed that staff were allocated to visits so that people's needs were met.

The registered manager gave us examples of when people's needs were responded to. They told us, "One person was feeling poorly and we arranged for them to have a home visit from their GP." The registered manager also told us, "One person has not been happy with their current living arrangements. We have informed their social worker about their concerns so that their situation can be reviewed." This was confirmed to us by the person and their care records.

One person told us, "I've had a phone call to ask if I was happy with the service." The registered manager explained to us that they completed care reviews every six months. They told us, "This might be telephone or a visit to the person." Care records confirmed to us that care reviews took place.

People told us that they had the information they needed to raise a concern. Some people told us that they would do so if needed. One person told us, "I phoned the office and the problem was sorted out." However, a few people told us that they were reluctant to raise concern as they did not want to get staff into trouble.

Some people told us that they had no complaints about the service. Others told us that they had previously raised concerns that had or were being dealt with by the provider. A few people told us about current concerns they had and asked us to raise these with the registered manager which we have done so.

People knew how to complain or raise a concern if they needed to. The registered manager told us, "We've received four complaints and we have investigated and resolved them." They showed us records of the actions taken and overall we saw complaints had been resolved.

Requires Improvement

Is the service well-led?

Our findings

One person told us, “Someone from the office came out once to check on the carers.” But other people and / or their relatives told us that they were not aware of spot checks being made on staff. One relative told us, No one has been out to check on carers.”

Some staff told us that they had spot checks but some staff were unsure if these took place or not. The registered manager told us, “We don’t have a formal plan for staff supervision or spot checks. But, we aim to do either a one to one supervision or spot check with staff every three months.” Staff files looked at confirmed that some staff had received supervision and / or spot checks. The registered manager told us, “It might be useful for us to have a formal plan for these to take place.”

One staff member told us, “The managers are approachable. They are fairly good at the office.” Staff told us that they felt they could telephone the office if they needed support. However, one staff member told us, “We do have an out of office hours on call number if needed but when I needed this I could not contact anyone.” Other staff had not needed to use the on-call so we were unable to determine whether this was experienced by other staff.

Staff told us that they had staff meetings sometimes. We saw minutes from a recent staff meeting that informed staff where improvement was needed following a recent Local Authority visit to the provider. Staff told us if they could not make a meeting they were not informed about what went on or showed any minutes from the meeting. This meant that communication about improvement was missed by some staff.

Some people and / or relatives told us that they were asked for their feedback about services provided to them. One person told us, “I’ve had the manager telephone me to ask if things were okay.” Another person told us, “One of the managers visited me to see if I was happy with things.” But, other people told us that they had not been asked for their feedback in any way. One person told us, “No one rings or asks me how the service is going.”

The registered manager told us that they aimed to phone people every six months to ask for feedback and some care records looked at confirmed this to us. The registered manager showed us a feedback survey that they had and told us, “We are going to send this survey to everyone that uses the service before the end of February 2015.” They confirmed to us that this would be the first feedback survey sent to people.

We asked the registered manager how they monitored people had received their calls at the agreed times. They told us, “We rely on staff and if there is a problem we ask that they call us and also people have our contact number if they need to call us. We do not have a call monitoring system in place. But, this is something we would like to have in the future to ensure people get their calls on time.” The registered manager added, “There is no log of late calls but if someone calls us, we chase up the carer to make sure they are on their way.”

We discussed calls to people not always being at the agreed times with the provider. They told us, “When the new staff start work, it will be easier for us to ensure more staff are available and can complete visits to people when the care and support is needed. Call scheduling will be more efficient and things will not be as stretched as we will have more staff. We will monitor calls by spot checks to make sure they take place on time.”

We looked at one person’s care log from January 2015 and saw staff had recorded that the person felt ill. But, we saw there was no further detail logged about any actions taken. We discussed this with the registered manager and they agreed that robust and timely audits would enable them to identify where improvement was required and take action.

We saw asked the registered manager and nominated individual about their quality assurance systems in place to monitor the quality of the service provided to people. They told us that these were, overall, informally completed. The registered manager told us, “I am a behind with checking things but will look at people’s care record logs and their medicine records to see if they are completed correctly.” We found that no formal audit system was in place and no action plan was put into place when improvement was needed.