

Diversicare Limited

# Diversicare Limited

## Inspection report

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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

### About the service

Diversicare Limited is a domiciliary care service providing personal care to people living in their own homes. The service provides support to older people and younger adults with a physical disability, sensory impairment, and dementia. At the time of our inspection there were 25 people using this service, including 7 people who were receiving personal care.

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

Record relating to medicines were not robust and we found shortfalls in staff recruitment processes. We made recommendations about this. There were enough skilled and experienced staff to ensure people were safe and risks to people were identified and managed. People felt safe using this service and staff were aware of their safeguarding responsibilities. We were assured infection control procedures were safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed prior to them starting to use this service and staff received the training they needed to deliver effective care and support. The provider worked well with other healthcare professionals to enhance people's health and wellbeing.

People were treated well and their individuality was respected. People's privacy, dignity and independence were respected and promoted. People and their relatives spoke highly of the service they received and of the staff team.

People received personalised care and care records were person-centred. The provider was following the Accessible Information Standard. There was a policy for responding to complaints and people were aware of the procedure. People told us they had no need to complain about this service.

The provider had a clear management structure. However, we did find shortfalls in some of the governance systems. We have made a recommendation about this. There was a positive and open culture and managers communicated well to the staff team. Staff spoke positively of the work they do and of the managers. The provider understood their responsibilities under the duty of candour.

For more details, please see the full report for Diversicare Limited which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 11 October 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted due to Diversicare Limited being a newly registered service.

#### Recommendations

We made recommendations in relation to the management of medicines, staff recruitment and overall governance at this service.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Diversicare Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

An inspector and 1 Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. 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 5 January 2024 and ended on 19 January 2024.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to 3 people who use the service and 4 relatives about their experience of the care provided. We spoke with 6 staff including support workers and the registered manager. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including records relating to medicines, staff recruitment, care plans, risk assessments, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service including audits and policies and procedures.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to receive their medicines safely. However, protocols relating to 'as required' medicines were not clear as they did not always guide staff on how to administer variable dose medicines.

We recommended the provider reviews all medicine records to ensure all protocols relating to 'as required' medicines were clear and robust enough to guide staff on how to safely administer medicines.

- Topical cream charts were in place to guide staff on where creams/ointments should be applied.
- Staff had received training in medicines administration. The management team completed regular staff competency checks and medicine audits were in place to pick up on any errors that might occur.

### Staffing and recruitment

- Recruitment processes were mostly safe. Some staff had gaps in employment which had not been addressed and a full employment history had not been sought.

We recommended the provider reviews all recruitment files to ensure all the relevant checks have been carried out.

The provider responded to this during the inspection process and was looking at implementing an audit tool to ensure recruitment processes were robust.

- Checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Services (DBS) checks which provide information including details about convictions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough skilled and experienced staff were employed to ensure people were safe and cared for. Staffing levels were determined by the number of people using the service and their needs.
- Feedback from people and staff was they felt the service had enough staff. Relatives praised the time keeping of staff. One relative told us, "There is quite a steady team for [person using the service] which is great as there are not too many different people to get to know. The carers are on time."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Detailed risk assessments had identified hazards and guided staff on how to eliminate risks to people and themselves. For example, the environment where people lived. These assessments were person-centred and appropriate for specific activities.

- Accident and incidents were recorded and reviewed by the registered manager. This included the outcome of incidents and how to help reduce future risks. The outcomes were shared with staff.
- Lessons learnt processes were robust and there was clear evidence the registered manager had put measures in place to mitigate risks such as additional staff training and guidance.

#### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. Staff had a good awareness of safeguarding, could identify the different types of abuse, and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff.
- People felt safe using this service. One person said, "One thing I can say is that I do feel more than safe with all the carers who walk through the door."

#### Preventing and controlling infection

- Risks associated with COVID-19, and other infectious diseases, were identified and well managed.
- Staff had received training about infection control, handwashing and use of personal protective equipment (PPE). There were plentiful supplies of PPE and PPE was worn as required.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them starting to use the service, this ensured the service was able to meet their needs.
- The assessments of need were used to develop person-centred risk assessments and care plans. These were sufficiently detailed to guide staff on the care and support people required and how they wanted that support providing.
- Care records detailed people's preferences and staff used these records to care for people. They told us, "Care plans are electronic. I read them before I go to the person's house so I know how to care for them."

Staff support: induction, training, skills and experience

- The registered manager made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Various training courses were available to staff to provide them with the skills and knowledge required to meet people's needs. We did notice some gaps in the training records although this was rectified during the inspection process.
- Staff received regular supervision in line with the provider's policy.
- Staff spoke positively of the training available. One staff member said, "If I ever need any more training, I tell my manager and they arrange it straight away. They are so supportive."
- People also felt staff were well trained. One person said, "I think the training is thorough and just right for the caring work they [staff] do, they always know how to help whatever question or situation I come up with."

Supporting people to eat and drink enough to maintain a balanced diet

- People lived in their own homes and could eat what they wanted. Records detailed people's likes and dislikes.
- Relatives were satisfied with how staff prepared meals. One relative said, "The meals are always eaten and appreciated and [person using the service] can choose what they like."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The registered manager worked well with other healthcare professionals including the district nurse. This

meant people experienced good health and wellbeing outcomes.

#### Ensuring consent to care and treatment in line with law and guidance

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of the MCA. We reviewed people's care records and there was evidence people's capacity to make decisions had been assessed and consent gained when required.
- Where people lacked the capacity to consent, the provider had ensured that consent was gained from their relative acting on the person's behalf.
- We spoke to staff about their understanding of the MCA and we were assured they had appropriate training and knowledge. One staff member said, "I always ask for consent [from person using the service] before I do anything."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and their individuality was respected. Staff and managers knew people well.
- Staff spoke positively of the people they supported and their role. One staff member said, "This is honestly one of the best care companies I have worked for. I would definitely be happy for my family members to use this service."
- Relatives spoke highly of the care their loved ones received. One relative said, "We have hit gold with Diversicare. They make [person using the service] feel safe, well looked after and are like friends arriving to help."

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with choice and control in the way care was delivered.
- People were supported to make their own decisions where possible, and staff encouraged independence. One staff member said, "I try and encourage service users to be as independent as possible, so they feel empowered."
- Care records indicated how people communicate and how staff could encourage people to be involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- People felt they were treated well. One person said, "My carer is like my best friend, I could not ask for a nicer or kinder person to help me. I have every confidence in my carers."
- Relatives also spoke positively of the staff and the care their loved ones received. One relative said, "It's a great service that gives [person using the service] the independence they crave for as long as is possible. I can't tell you what a complete relief it is to have them [staff] looking after them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that took into account their needs, wishes and preferences.
- Care records were person centred and covered people's identified needs. They were detailed and gave clear guidance to staff on what tasks they were expected to do and how.
- People and their relatives were involved in the care planning process. One relative said, "There is a care plan, and we discuss it and tweak it."
- Care records were now available on an electronic system. This ensured any updates could be made promptly and staff had access to the system as and when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were assessed. Information was available to people in different formats as required to meet their needs.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was being followed and we saw evidence complaints were responded to and acted on in a timely manner.
- People and their relatives told us they knew how to make a complaint. One person said, "I do indeed know how to complain, but I do not think I will be needing to."

End of life care and support

- Nobody was receiving end of life care at the time of the inspection. However, people's wishes for end of life care and support could be recorded if they wished.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. However, we did find shortfalls in some of the provider's governance systems.
- Protocols were not always in place and clear for 'as required' medicines as mentioned in the safe key question. This worked against the provider's own policy.
- Management audits were not always robust enough and more audits could be included to ensure better provider oversight.

We recommended the provider reviews their governance systems to further strengthen their procedures and ensure they are working in line with their own policies.

The provider responded to these concerns during the inspection process and reviewed their governance systems and auditing tools.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at this service.
- Regular staff spot checks were carried out and it was evident managers of the service communicated well with staff and shared any updates when needed.
- Staff spoke positively of the management team and the work they do. One staff member said, "I love my job I really do, and I love all the staff. From the staff supporting people to the boss. Everyone is lovely and we all work as a team."
- People praised the managers of this service. One person said, "The manager even called me herself to make sure everything was going as planned. The supervisor is excellent."
- The registered manager spoke positively of the service. He said, "I do this job because I genuinely care for the people we look after; my staff go above and beyond."

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; Working in partnership with others

- The provider understood their responsibilities under the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers

must notify us about that affect their service or the people that use it. The provider had notified CQC as required.

- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- The provider worked well with other organisations and health care professionals to provide appropriate support to people.