

Diversity Health and Social Care Limited

Diversity Health and Social Care Bow Branch

Inspection report

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Date of inspection visit:
30 December 2022

Date of publication:
23 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Diversity Health and Social Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. The service provides personal care to older people, some of whom have dementia. At the time of our inspection there were 158 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The service was not working consistently within the principles of the MCA as staff were not clear about their responsibilities under the Act and were unclear on whether one person had capacity to consent to their care or not.

People and their relatives gave good feedback about the service.

Risks to people's care were managed appropriately. Risk assessments identified risks to people's health and safety and included guidelines for care workers to follow in order to mitigate these.

The provider safeguarded people from the risk of abuse. Care workers demonstrated a good understanding about the signs of abuse as well as what to do in the event of this happening. The provider trained staff in this area every year and followed appropriate procedures in managing any allegations of abuse.

People's care was monitored to ensure it was delivered on time and there were no missed care calls. The provider used an electronic system to monitor care calls, which was constantly reviewed. Where concerns were identified, these were followed up immediately. Most care calls were conducted on time.

Staff gave good feedback about the management of the service and enjoyed working there. The provider had effective monitoring and auditing systems in place to identify issues with the quality of the service.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 17 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and recommendations

We have found breaches in relation to consent.

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

We have made recommendations in relation to the safe management of people's medicines and consent.

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.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the provider 1 days' notice because we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 30 December 2022 and ended on 13 March 2023. We requested a range of documents that were sent to us by the provider between 30 December 2023 and 13 March 2023. We visited

the office location on 19 January 2023 to see the registered manager and to review further records related to the service. We made calls to people, their relatives and care staff between 30 December 2022 and 13 March 2023.

What we did before the inspection

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

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

During the inspection

We reviewed a range of records related to 15 people's care and support. This included people's care plans, risk assessments, medicines records and 7 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included safeguarding incidents, quality assurance records, minutes of staff meetings and a range of policies and procedures.

We spoke with 10 staff members. This included the registered manager, a senior member of staff and 8 care workers. We spoke with 15 people and 4 relatives.

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

We provided feedback to the registered manager via email on 22 March 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider gave people appropriate support with their medicines. People's care records included details of what medicines they were taking, in what dose and when they were required to take it. It also specified the level of support they required when taking their medicines. Although people's health conditions were clearly explained within their care records, it was not clear from their support plan, what their medicine was for.

We recommend the provider reviews current guidance relating to the maintenance of clear medicines care plans.

- Care workers demonstrated a good level of understanding about their responsibilities when supporting people with their medicines. They confirmed they were required to update the electronic system after supporting people. These records were reviewed monthly to ensure people were receiving the support they needed.
- Care workers received training in medicine administration and had their competency checked.

Systems and processes to safeguard people from the risk from abuse

- The provider had clear systems and processes to protect people from the risk of abuse. People told us they felt safe using the service. Their comments included "I'm very happy with them and feel very safe with them" and "I'm very happy with the care and feel comfortable with the carer". Care workers received annual training in safeguarding adults from abuse. They demonstrated a good understanding of their responsibilities in this area. For example, 1 care worker told us "I don't have any concerns about people being abused. If I did, I would report it. I know the sorts of things that can happen so I am alert to these things."
- People's care records included information about whether they needed support with their shopping and there were procedures in place to prevent the risk of financial abuse. Care workers were required to keep receipts and record any shopping they had done for people. Transactions were audited on a monthly basis to ensure there were no issues.
- The provider had a clear safeguarding policy and procedure in place which included details of the process they were required to follow in the event of someone being abused. We found concerns were reported as required to relevant agencies including the CQC.

Assessing risk, safety monitoring and management

- The provider ensured risks to people's health and safety were assessed and measures were put in place to mitigate these. People's care records included a number of risk assessments in areas of risks to people's

physical and mental health. Risk assessments included information about the level and nature of the risk to people's health and safety, as well as guidelines for care staff in managing and minimising the risk of these occurring. For example, 1 person's care record said they had a particular mental health issue. Their record contained details of how their condition manifested as well as signs for care workers to look out for which indicated a deterioration of their symptoms. Care workers were also advised how they should support the person, for example they were advised to take their time when with the person and to be patient when interacting with them.

- The provider completed environmental risk assessments when reviewing people's property prior to providing them with care. We saw risk assessments included details of the inside and outside of their properties such as the flooring and the lighting to ensure people were not at risk as a result of a dangerous home environment. We did not identify any issues in the assessments we reviewed, but were told any issues would be reported to the local authority and plans would be put in place to manage these risks.
- Care workers demonstrated a good level of understanding about the risks to people's care. One care worker told us they needed to be aware when "Moving and handling clients, dressing and bathing clients, keeping an eye out for any hazards- slips and trips".

Staffing and recruitment

- The provider ensured the service was appropriately staffed. Care workers confirmed they had enough time to support people and they were given enough travel time in between care calls. One care worker told us "We should always check a day in advance where and what time our clients are and arrange transport or check the routes that we will be taking so we don't cause any delays to our clients and colleagues. We always get sent time table beforehand so it should be done." People told us their care workers arrived on time and stayed the full length of their call. People told us "They are always there when they're supposed to be- I'm never left waiting" and "They always arrive on time."
- The provider used an electronic call monitoring system that care workers logged into. The provider monitored care calls to ensure care workers were attending visits on time and received an electronic alert when care workers had not logged in. On our site visit, we saw this system was continually checked by a member of staff and they phoned care workers straight away if they had not logged in. We reviewed data that had been generated for all care calls that took place in December 2022 and found 73% of calls were delivered within 15 minutes of the scheduled call time.
- The provider conducted appropriate pre- employment checks before hiring anyone to work. We reviewed 10 care worker files and saw these included details of people's career history, two references, evidence of their right to work in the UK as well as criminal record checks through the Disclosure and Barring Service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Infection control

- The provider had appropriate systems in place to minimise and control the spread of infection. People told us their care workers followed good infection control practises. One person told us "They wear masks and gloves. They always wash their hands."
- Care workers had received annual training in infection control and demonstrated a good understanding about their responsibilities when providing people with care. One care worker told us "We need to keep an eye out for signs of infections also anything to do with Covid-19."
- The provider had a clear infection control policy and procedure in place. This reflected current guidelines which had been reviewed in December 2022. This included current guidance on controlling the spread of COVID- 19 among other matters.

Learning lessons when things go wrong

- The provider had appropriate systems in place to learn lessons when things went wrong. There was a clear accident and incident policy and procedure in place which gave details for the recording, reporting and investigating of all accidents and incidents.
- We reviewed a sample of the provider's accident and incident records for the month of December and found these included details of what happened and how the incident had been managed. The provider conducted further learning through auditing all accidents and incidents on a monthly basis. This included specific reminders for care workers when dealing with specific situations.
- Care workers demonstrated a good level of understanding about their responsibilities in relation to accidents and incidents. One care worker told us "In case of an accident or emergency we should instantly call 999 and ask for an ambulance we should provide easy accessible information for them and a person of contact."

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We found the service was not working consistently within the principles of the MCA. People had signed a service agreement form where they had capacity to demonstrate they consented to their care. Where people had assigned Lasting Power of Attorney (LPOA) to a relative for health and welfare decisions, we found they had signed the agreement on their behalf. An LPOA is where another person has been given the power to make decisions about a person's health and welfare, where they are unable to make their own decisions. However, during the inspection, the provider was unable to provide copies of properly formatted mental capacity assessments demonstrating they were completing these documents correctly.
- We spoke to the provider about these concerns and found staff members were not clear about which types of questions to ask when completing a mental capacity assessment. They were also unaware of their responsibilities in ensuring a clear assessment had been completed. The provider was able to send us copies of properly formatted mental capacity assessments after our site visit, but gave inconsistent information relating to whether one person had capacity to consent to their care or not.

The provider did notify us after the inspection that all staff had been retrained in the mental capacity act and consent.

The above issues constituted a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers demonstrated a good understanding about the importance of providing care in line with people's valid consent. One care worker told us "I always ask for consent before I do anything for the client".

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

- The provider conducted assessments of people's needs when they started using the service. The provider then conducted a range of risk assessments and devised a support plan to meet people's identified needs in a safe way.
- The provider had a range of key policies and procedures which highlighted specific legislation and guidance that staff needed to be aware of when providing care.

Staff support, training, skills and experience

- The provider ensured staff had the training and skills to conduct their roles. Upon joining the service, staff had an induction which covered the principles of the Care Certificate. The Care Certificate is an agreed set of standards for health and social care professionals. Care workers told us they had completed an induction before they started working at the service and they found this useful. One care worker told us "I got supervision 4 times in the 12 months period and induction as well."
- Thereafter, the provider conducted annual supervision sessions as well as annual appraisals of their performance. We reviewed a sample of supervision and appraisal records and saw these included details of the care worker's views on a variety of matters. We reviewed data for supervisions and found the data indicated care workers were receiving supervisions approximately every 3 months. Care workers confirmed they felt effectively supported by the provider.

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

- People were supported to eat and drink to maintain a balanced diet. People's care records included details of their nutritional needs and whether they required any specific support. Where people required any specific dietary support, we saw their record contained specific advice for care workers in how to meet these.
- Care workers demonstrated a good level of understanding about people's dietary needs as well as their likes and dislikes in relation to food.

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

- The provider supported people to live healthier lives. People's care records included information relating to their health conditions and information about how these affected people. This included details about what medication they were taking for their conditions as well as an explanation of what the conditions were.
- Care workers demonstrated a good understanding about people's health conditions as well as how it affected them. One care worker went into detail about their understanding of how mental health issues affected the elderly and how they were aware of the signs of this among their clients.
- Staff worked with other agencies to provide consistent and timely care. We saw examples of the provider working closely with the local authority, people's GP's and other professionals in the provision of their care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Managers and staff were not consistently clear in their understanding of their roles and responsibilities. Although the registered manager and deputy manager demonstrated a good understanding about quality performance and risks, the deputy manager and other staff were not clear about their responsibilities in relation to their responsibilities in ensuring care was delivered in line with people's valid consent. We recommend the provider reviews current guidance relating to consent and in particular, the Mental Capacity Act 2005.

- Care staff had a good understanding about their responsibilities towards people in their care. They told us they had received a job description prior to starting work and their expectations of the role had been met.
- The local authority provided good feedback about the management of the service but confirmed there were areas the provider needed to work on in order to improve further.

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

- The provider promoted a positive culture that achieved good outcomes for people. People told us they felt comfortable contacting the office if needed and found office staff helpful.
- Care workers gave good feedback about the service and said they enjoyed working there. Their comments included "Management at Diversity are excellent, they're respectful, sincere and good" and "The office staff are so nice. I've never had issues."
- We conducted a site visit and found the office environment was vibrant. Staff had lunch together and approached the deputy manager regularly to ask questions. Staff meetings took place twice a month and care workers told us they found these meetings enjoyable as well as informative.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility to be open and honest when things went wrong. Notifications of significant incidents had been sent to the CQC as required and the provider had open and continual communications with the local authority when things went wrong.

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

- The provider engaged and involved people using the service and staff, while considering their equality characteristics. The provider conducted quarterly monitoring calls with people to ensure they were happy with their care. People told us they were contacted and asked for their feedback. One person told us "They have [asked for feedback] and I found they were very helpful". The provider also conducted an annual survey of care to improve the service where needed. We reviewed the latest survey sent in 2022- 2023 and found most people rated the service as excellent for different areas of care. Where people's first language was not English, the provider was usually able to arrange for them to be supported by a care worker who spoke their language.
- The provider also conducted quarterly care worker meetings. We reviewed the minutes of the latest meeting and found various matters were discussed such as rotas and the reporting of incidents. The meetings were an opportunity for care workers to express any concerns and for the service to be improved as a result. Care workers said they found the quarterly meetings were useful.

Continuous learning and improving care

- The provider conducted a range of audits to learn and improve care. We read a sample of audits which included audits of call times and medication audits. Where issues were identified, we saw an action plan was completed to rectify these.
- The provider held monthly monitoring meetings with the local authority in which they reviewed the service against a number of quality indicators including the use of the call monitoring system among other matters. Where issues were identified, the provider put plans in place to address these. The provider also used an electronic system to monitor care calls, which was constantly reviewed. Where concerns were identified, these were followed up straight away.

Working in partnership with others

- The provider worked with other agencies in the provision of care. We saw evidence of liaison with other healthcare professionals where needed, including the pharmacy and the GP. We also found the provider worked extensively with the local authority in providing people with effective care that met their needs.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 HSCA RA Regulations 2014 Consent</p> <p>The provider did not always act in accordance with the 2005 Act, in ensuring care and treatment of service users was provided in accordance with their valid consent in circumstances where they lacked capacity, 11(1) and (3).</p>