

Diverse Care Services Limited

Diverse Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Diverse Care Services is a domiciliary care agency. The service provides personal care to children, younger adults and older people. It supports people with physical disabilities, sensory impairment, mental health needs and those living with dementia. At the time of our inspection there were 64 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

Risk assessments did not always provide staff with clear guidance. However, staff were aware of the risks to people and how to manage these. There were quality assurance systems and processes in place; however, minor improvements were needed in this area to ensure audits identified areas of improvement.

There were effective systems and processes in place to investigate incidents and accidents and the relevant notifications were submitted to CQC as well as other agencies if needed.

There were systems and processes in place to protect people from the risk of abuse. People and their relatives told us they felt safe.

People received support from staff to take their medication safely. The provider ensured staff were trained and competent before administering medication.

Staff received infection control training and knew how to prevent the spread of infection. The provider ensured there were adequate supplies of personal protective equipment. Staff were recruited safely.

People were supported well by staff and were treated with kindness. People and their relatives spoke highly of staff.

There were systems and processes in place to ensure people and their relatives were involved in their care planning. People had signed their care documents to say they agreed with them.

Staff promoted people's dignity and privacy. People and relatives told us staff supported them to keep their independence as much as possible. People felt they could express their views and be involved in the decision-making process.

People and relatives spoke highly about the management team. The provider sought feedback from people who used the service.

Regular staff meetings took place. Staff told us they felt supported by the management team.

Staff worked in partnership with relatives and external health care professionals to ensure people received a joined-up approach to their care.

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

Rating at last inspection

The last rating for this service was good (published 28 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to calls cramming, short calls and missed calls and shortfalls in the quality of care provided. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, caring, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 caring?

Good ●

The service was caring.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Diverse Care Services

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 2008.

Inspection team

The inspection was carried out by 2 inspectors, an assistant inspector and an Expert by Experience. 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 96 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 13 March 2023 and ended on 21 March 2023. We visited the location's office location on 14 March 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 sought feedback from partner agencies. We used information gathered as part of monitoring activity that took place on 28 November 2022. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people using the service and 7 relatives. We spoke with 8 staff members including the nominated individual, registered manager, and care workers. We looked at 2 staff files in relation to recruitment and staff supervision. We looked at 6 people's care records including medication records. We reviewed a variety of records relating to the management of the service.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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.

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

- Risk assessments did not always provide staff with clear guidance, including the support people needed to mobilise safely. Despite this, staff we spoke with were aware of the risks to people and how to manage these. We raised this with the nominated individual who rectified this whilst the inspection was underway.
- Staff knew how to support people safely and were able to explain in detail how they met people's support needs.
- There were effective systems and processes in place to investigate incidents and accidents.
- The provider ensured the relevant agencies were informed when things went wrong when required such as CQC and the local authority's safeguarding team.

Systems and processes to safeguard people from the risk from abuse

- The provider had safeguarding policies, and systems and processes in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and knew how to recognise and report signs of abuse. One staff member told us, "It's the wellbeing of the person. If the person is being abused or has bruises, I would report it to management. If no action has been taken, I would contact CQC and whistle blow; I know all the procedures."
- People and their relatives told us they felt safe. One relative said, "[Person is] absolutely safe. All staff are lovely. They've known [person] a long time so know [person], and the staff work together."

Using medicines safely

- People received support from staff to take their medication safely.
- Staff received training to administer medication safely and new staff members shadowed more experienced staff administer medication before being signed off to administer medication.
- People and relatives were satisfied medication was administered safely. One relative said, "If I'm not here, staff do medication, and they know it needs to be 4 hours between calls due to pain relief. I've always been happy."

Preventing and controlling infection

- The provider had an up-to-date infection control policy in place.
- Personal protective equipment (PPE) was readily available. A relative confirmed staff wore PPE appropriately. They said, "They use gloves and aprons."
- Staff received infection control training and knew how to prevent the spread of infections. One staff member said, "We wear gloves, mask, apron, and shoe covers. As things have calmed down, I continue to wear PPE except the shoe covers. Once inside the client's house, I would put on the PPE. Once the call is

finished, I remove the PPE and place in the bin outside. We carry sanitisers. I wash my hands first."

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The nominated individual ensured there were enough staff to support people safely.
- People told us staff arrived to calls within their time slot, and if staff were running late, they were informed. One person said, "The carers arrive give or take within 20 minutes; they arrive together. I send them on their way if they've done the tasks; they stay if they need to. I can't remember any missed calls in 5 years."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 well treated and supported by staff.
- People and relatives spoke highly about staff. One person said, "They are brilliant, caring and actually listen to me. They treat me with dignity and respect; they don't rush me and take care." Another person told us, "[Staff are] knowledgeable, caring, very friendly and try to make me laugh. They listen. I don't have to say it more than once; they listen to what I have to say. As soon as they come in, they introduce themselves and know how I like things done; they respect my wishes."
- Staff demonstrated they knew people's needs well and their likes and dislikes. One staff member told us, "[Person] has a flask of water near their bed. I tend to do the little things [person] appreciates and likes. I know how to make [person] comfortable. I know the TV programmes [person] likes and will put the TV on the channel [person] likes."
- The provider had adapted the office premises to allow access for people with disabilities to visit the location as part of their open office initiative.
- People's records included details of their life histories, religious beliefs, wishes and preferences.

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

- The provider had systems in place to ensure people and relatives were involved in the assessment and planning of their care.
- The provider had systems in place to ensure people and relatives were involved in the assessment and planning of their care. The provider used a live portal to allow people and their relatives to access their care records through an app. This allowed people and relatives to interact and provide live feedback about the care they receive.
- People felt they could express their views and were involved in making decisions about their care. One person said, "I tell them if anything changes with my care needs."
- People and relatives had signed care records to say they agreed with the documents in place.

Respecting and promoting people's privacy, dignity and independence

- Staff prompted people's privacy, dignity, and independence.
- People and relatives outlined ways in which staff supported them to keep their independence. One person said, "They let me do things I can." A relative told us, "When [person] started having physio [person] was able to walk a short distance. [Person] does this with carers to keep [person] moving."

- Staff supported people to maintain their privacy. One relative said, "When washing and dressing [person] they put a towel over them and keep them covered."
- Care records outlined personal care tasks which people could carry out independently.

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 we have rated this key question 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-centered care.

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

- Although there were systems and processes in place, audits around risk management needed further improvement. The provider's care plan audit was not effective. The audit had not identified that people's individual risk assessments required clearer guidance for staff to follow on how to manage known moving and handling risks. For example, we reviewed the care plan and risk assessment for a person that required a hoist to transfer. The risk assessment did not outline which sling and the procedure for staff to follow when operating the hoist. This lack of information meant staff may not work in a consistent manner. The registered manager and nominated individual were receptive of our feedback.
- People and relatives spoke highly about the management team. One person said the service was, absolutely well managed, marvellous".
- Regular staff meetings took place and staff told us they found these useful. The registered manager told us if staff were unable to attend the meeting, they would share key information on a secure group messaging application.

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

- The provider engaged with the people using the service, the public and staff.
- On the day of the site visit, we were able to speak to 1 person who had visited the office premises to share positive feedback about the service. The person said, "I come into the office, and I chat to them, they give me a coffee."
- People and relatives told us they were given the opportunity to discuss their views about the service. One person said they received, "periodically questionnaires and quite a few phone calls".
- Staff told us they felt supported by the management team. One staff member told us, "I can talk to my manager about anything, and it will stay with them. If I am struggling, I will call them up and they will guide me."

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; Continuous learning and improving care

- The provider understood their responsibility towards duty of candour. We discussed this with the

nominated individual who said, "It's about being open and transparent."

- Incidents and accidents were analysed to identify any trends and if any action was needed.

Working in partnership with others

- Staff worked in partnership with relatives and external health care professionals to ensure people received a joined-up approach to their care. One health professional said, "[Nominated Individual] is brilliant, forthcoming, caring, proactive. They know their clients inside out; they are very knowledgeable. I know they do their best."
- Relatives told us staff members would inform them when people required input from external healthcare professionals. One relative said, "Carer pointed out [person's] heel was cracked, so [person] contacted the GP surgery and the district nurses visited." Another relative told us, "Staff had been concerned about [person's] swollen foot and water tablets had been arranged. They were coming to an end and the foot was still slightly swollen so carers contacted me, and I spoke to the GP. There's never any delay if something needs sorting."