

Diverse Care Services Limited

Diverse Care Services

Inspection report

Sheldon Chambers, 2235-2243 Coventry Road
Sheldon
Birmingham
West Midlands
B26 3NW

Tel: 01214488590

Website: www.diversecareltd.co.uk

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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:

Diverse Care Services is a Domiciliary Care Service that is registered to provide care for people within their own homes. People using the service are younger adults, older people, some with dementia, sensory impairment or mental health concerns. The service is also registered to provide care to children aged 13-18 years. Eighty-four people were using the service at the time of the inspection.

People's experience of using this service:

People were supported by staff to remain safe. There were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were recruited in a safe way. People received their medicines as expected.

Staff knew people's needs. Staff received training and had been provided with an induction, and felt able to approach the registered manager with any concerns. People were assisted to receive nutrition and hydration by staff. People were supported to maintain their health.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

People's care plans reflected their needs and preferences and staff understood the care that people required. Complaints were dealt with appropriately in line with the complaints procedure.

Quality monitoring systems were in place. Feedback was taken from people in the form of questionnaires and used to inform the service. People knew the registered manager and felt they were approachable.

Rating at last inspection: The rating for the service at our last inspection was 'Requires Improvement'. We found that the service was not always 'safe' because information had not always been shared with staff around people's health conditions and there was a lack of robust recruitment practices. The service was also not always 'well-led' due to systems to monitor the safety of the service not being robust. At this inspection we found that staff were now given information on people's health needs within care plans and recruitment was carried out safely. There had been improvements around auditing of the service. There had previously been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with our last report published on 17 May 2018. We found that the service was no longer breaching regulations.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one 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 service.

Service and service type:

Diverse Care Services is a Domiciliary Care Service that is registered to provide care for people within their own homes. People using the service are younger adults, older people, some with dementia, sensory impairment or mental health concerns. The service is also registered to provide care to children aged 13-18 years. Eighty-four people were using the service at the time of the inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Inspection site visit activity started on 16 May 2019 and ended on 22 May 2019. We visited the office location on 16 May 2019 to see the manager and office staff; and to review care records and policies and procedures. The expert by experience made telephone calls to people using the service on 17 May 2019 and one staff member and one person using the service were contacted by telephone by the inspector on 21 May 2019. The inspector then contacted one relative by telephone on 22 May 2019.

We reviewed information we had received about the service since they were registered with us. This

included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

We spoke with ten people that used the service and four relatives to gather their views on the service being delivered. We also spoke with the registered manager and two staff members. We used this information to form part of our judgement.

We looked at four people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- ☐ We found previously that information around people's healthcare needs and associated risks were not in place. During this inspection we saw that this had been resolved and information regarding specific healthcare needs, such as epilepsy or diabetes and any risk was detailed within risk assessments and care plans. Staff told us they were aware of this information.
- ☐ Any risks to people were identified, with risk assessments in place that related to people's needs. Risk assessments were reviewed in a timely manner and staff were aware of the information contained within them and how that related to people using the service. Staff told us that risk assessments informed the way that they cared for people and that they helped to keep people safe.
- People's risk assessments considered risks presented by their home environment and possible hazards, such as infection control and any medical diagnosis or healthcare requirement. Risk assessments included, but were not limited to; health and related risk such as allergies and sensory impairments, manual handling and administration of medicines.
- Accidents and incidents had been dealt with effectively and information was passed on to the relevant external agencies where required, with action being taken if needed.

Staffing and recruitment

- Previously there had been concerns that recruitment checks were not robust, as references provided had not been verified. At this inspection we found that all pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks.
- We found that there were enough staff available to people and one person told us, "There are enough staff, they always turn up, never let me down," A relative told us, "We have no problems at all. Always have the same carers." A staff member told us, "There are enough staff. Of course, we would always welcome more, but there is no question that anybody is at risk of harm from the numbers of staff on duty, there are always enough to keep people safe."
- We found that rotas reflected the amount of staff on duty at the time of the inspection.

Using medicines safely

- ☐ We found that people received their medicines safely. One person told us, "I always have my medication on time." A staff member told us, "I am trained to give medicines and receive spot checks to ensure I give them correctly. We try our best to ensure that medicines are given on time and people seem happy with what we do". Staff we spoke with told us that spot checks were carried out to ensure the competency of staff administering medicines.
- Medicine Administration Records (MAR) that we looked at recorded the medicines given to people. We saw in one person's file there were gaps in the MAR charts, which meant we couldn't be sure if they had been given or not. The registered manager checked records and found that the gaps were linked to people not

receiving care on that day, and we saw that this had then been discussed with the staff member to ensure that actions were taken to improve on recording. We found that recordings for the following month showed that the improvements had been made.

- We were unable to see any written PRN [as required medicines] protocols during the inspection, however we were provided with additional information following our visit. We were informed that PRN medications were listed and documented within the records in people's homes and that they were also added to risk assessments read by staff visiting people's homes. People we spoke with told us that they received these medicines without any issues. Staff we spoke with told us they were aware of how the medicines should be taken and administered them appropriately.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff recognised the potential signs of abuse that people may encounter and were aware of their responsibility to report concerns quickly in order to safeguard people. One staff member told us, "If I felt there were any concerns I would share them with management who would inform the appropriate agencies. I would also inform family members if it were the right thing to do".
- ☐ One person told us they felt safe using the service and said, "I feel very safe with my carers. I have had them for a long time now I have a safe key, so they let themselves in. I trust them, they always turn up and care for me well." A relative told us, "They [staff] are just great, we feel very safe with them, we couldn't do without them."
- ☐ We saw that safeguarding referrals had been dealt with as required.

Preventing and controlling infection

- ☐ We found that staff ensured hygienic practices were in place when assisting people. One person told us, "The carers always wear gloves." A staff member told us, "We have been trained in infection control procedures and make sure we keep things clean". We saw that infection control risk assessments were in place, including a hand washing protocol and directions for staff to ensure that they always have access to sufficient supplies of protective clothing.

Learning lessons when things go wrong

- ☐ The registered manager told us how they learnt from the previous inspection and that considerable work had been put into the service to make improvements. The registered manager told us how they went through the previous inspection report with staff members and made a plan for how to address the issues raised. The registered manager told us how the recently implemented electronic clocking in system had cut down on late or missed calls as they were now alerted to all call timings and length and the registered manager felt that this was making a big improvement.

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

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.

- ☐ An initial assessment was completed to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, medical diagnosis and care needs. People told us that the care they received was reviewed regularly.

Staff support: induction, training, skills and experience.

- ☐ People felt that staff were knowledgeable and well trained and one person told us, "Yes, they [staff] all know my needs, they know I have an allergy and [specific care needs] they know what to do, I never have to tell them." A second person said, "The staff are very careful when they hoist me they are well trained to do it." A relative told us, "They [staff] know all the needs of my [relative], they would definitely notice any changes in them".
- ☐ We saw that there was a mix of opinion in how regular staff received supervision, with some receiving more regulation sessions than others, but all staff we spoke with told us they could approach management at any time and that they were responsive and open. Staff told us that they didn't feel isolated and were part of a wider team.
- ☐ Staff received an induction, which included shadowing longer serving staff members and learning more about the service by familiarising themselves with policies and procedures. One staff member said, "I did a lot of shadowing and written work. I learnt more here than I did with my last company". We saw that where staff were new to the care profession they completed the care certificate. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- ☐ Staff told us they had completed more than an adequate amount of training and could ask for additional training if required. One staff member said, "We have access to training and do lots of refresher training. I am about to do hoist training and first aid was the most recent I did. We constantly have messages to ask what training we require.

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

- ☐ One person told us, "They [staff] warm my meals, I am very happy with them. They make me a sandwich and drink". A second person shared, "They [staff] make my breakfast exactly as I like it, I am really pleased".
- ☐ Staff were aware of people who may be at risk of poor nutrition and monitored people's nutritional intake and weight as required. Where there were concerns these were passed to professionals.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ The provider worked with other healthcare professionals to ensure positive outcomes for people.
- ☐ We saw from records that concerns were shared with professionals in a timely manner.

Supporting people to live healthier lives, access healthcare services and support

- ☐ People had access to healthcare services and professionals according to their needs and agreement. One person told us, "The staff are very good they do notice if there is any change in my skin and they always keep an eye on it. They would call the GP if anything was wrong, they are very attentive."
- ☐ Care staff were able to speak with us about people's health and medical needs and one staff member said, "If we see anything concerning we inform family and call the doctor or ambulance if needed. We also let the office know."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found they were. Staff understood how some people were unable to make decisions and the support they may require.
- We saw that mental health risk assessments were completed and these looked at any possible triggers and how staff could manage them. Best interests decisions were also taken alongside family and professionals to ensure that where decisions were made on people's behalf this was done appropriately.
- ☐ People told us that staff always asked for their consent before assisting them. One person said, "The staff are always polite and ask my consent before helping me".
- ☐ Staff we spoke with understood the requirement to gain people's consent prior to assisting them. One staff member said, "Asking consent is giving people choice, which is very important." Staff told us how they understood people's body language and gestures, which helped to guide them when supporting people who did not communicate verbally.

Adapting service, design, decoration to meet people's needs

- ☐ We saw that there was an environment assessment in place. This assessed any hazards, who may be harmed, if the risk was controlled and any further action to take. The assessment considered lighting and heating, risk from appliances and trip and slip hazards.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People we spoke with were positive about how staff provided personal care and one person told us "They [staff] are always very gentle, [staff member's name] washes me so well, they are very caring". A staff member said, "We all want the best for people and care for them as best we can."
- ☐ The registered manager and staff were aware of the need to ensure people's diversity was respected and acknowledged. Any cultural and religious needs were acknowledged.

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

- ☐ We found that people were offered choices as far as possible and one person told us, "I am definitely given choices, what I want to eat, to wear, how I want to be cared for." A staff member told us, "We give people choices, it is their home and we are visitors, it is only right. We always encourage choice to enable people to maintain their independence."
- ☐ Everyone we spoke to told us they had been involved in their care and their views had been heard. One person said, "I was involved in my care plan, I'm happy I feel I'm being cared for." A relative said, "I was involved with my relative's care plan, I am constantly involved." Staff shared that care plans were updated in the event of any changes, with one staff member telling us, "Care plans are useful to help us do our jobs. We make changes where they impact on people and let management know. People's needs change and we recognise that."

Respecting and promoting people's privacy, dignity and independence

- ☐ One person told us, "The staff keep my dignity, I never feel embarrassed when they shower me, they are so considerate." A staff member told us, "I do all I can to keep people's privacy and dignity. I keep the curtains closed and put the light on if neighbours can see in the windows. I put a towel over people to make sure that their body is unnecessarily displayed. I always knock on the door before entering."
- ☐ People told us their independence was encouraged, with one person saying, "I live in my own home and do a lot for myself, the staff know that and let me do it, but they help me where I need it." A staff member told us, "We support people with whatever they need us to support them with, independence is encouraged."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ Care plans were in place and these included, but were not limited to; health and medication, personal care needs, nutritional intake, environment and religious and cultural requirements. Care plans were reviewed in a timely manner.
- ☐ We found that care plans held a person's life history and gave an insight into their likes, dislikes, hobbies and interests.
- ☐ Staff spoke of people's care needs in a knowledgeable manner.
- ☐ We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People told us that they had access to their records.

Improving care quality in response to complaints or concerns

- ☐ We found that people knew how to complain and would do so if they needed to. One person told us, "I would know how to make a complaint, but I can't fault them [staff]. I haven't had to make a complaint." A relative told us, "I am my relatives full time carer and I would know who to complain to. I have had no complaints, it is a good company."
- ☐ The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people.
- ☐ We saw that complaints were dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.

End of life care and support

- ☐ The registered manager told us that end of life plans were not currently required, but if they were they would be put in place.

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

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

- ☐ Previously we found that systems and processes in place to monitor the quality and safety of the service were not satisfactory. During this inspection we saw that improvements had been made and audits were carried out. These included, but were not limited to care plan and medicine audits and we saw how these had identified issues and resulted in actions taken, addressing gaps in MAR charts for example. However, there was no clear overview of numbers of incidents occurring and no procedure in place to compare trends and patterns month on month. We spoke with the registered manager about this and they immediately set about compiling a template which would give an insight into issues identified through audits. Information going back to January 2019 was inputted. The registered manager told us that from this point the template would be used consistently.
- ☐ We saw how the registered manager had failed to ensure that information regarding the administration process for 'as and when' medication had not been given to staff. Staff who were familiar with the people they cared for were able to tell us how they would give the medications, but the lack of protocol may mean that new staff or staff covering shifts, did not have the information they required to give medicines safely. The registered manager told us that information would be added to each person's care plan.
- ☐ At the last inspection we found that the previous CQC inspection rating was not displayed on the provider's website as is required. We found that this was no longer a concern and the most recent ratings report was displayed for people to see.
- ☐ We found that people using the service were familiar with the registered manager. One person told us, "[Registered manager's name] is great, very civil and nice. Any problem they sort it for me." Another person shared, "The registered manager rings to see how I am getting on. I can't praise them enough." A relative told us, "The manager is very helpful."
- ☐ We found that staff were supported by the registered manager and the provider and one staff member told us, "The registered manager has been really supportive and has helped my confidence".
- ☐ Staff told us that they understood the whistle-blowing policy and would use it if they felt the need. A whistle-blower exposes any information or activity deemed not correct within an organisation.

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

- ☐ Previously we found that feedback taken from people had not been collated so that it could be used to improve the service. This time we saw that feedback was taken and the information provided had resulted in a newsletter for people. This was a 'work in progress' and plans for the second edition included providing more information on the results of the questionnaires and how they were changing the service. The

registered manager told us how feedback how resulted in staff arranging a meal out for people using the service, as some had shared that they felt isolated. Everyone we spoke with told us they had received a questionnaire. Some relatives told us that they would like the opportunity to complete feedback, but hadn't received any questionnaires.

- We saw that team meetings occurred, but not always regularly. Staff told us despite this they felt that they were constantly updated by the registered manager and we saw that regular memos had been sent to staff giving information and detailing any changes.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw that the provider had submitted notifications since the last inspection. This meant that we could see how the provider had reacted to any incidents or concerns and how people were supported.

- People told us they were happy with the service received and one person said, "I am satisfied with everything, I wouldn't change a thing." A relative told us, "It is a really good service from experienced staff, we are very happy." A second relative told us, "Fantastic company, I would recommend them to anyone." A staff member told us, "I would recommend this service to people, if my family needed support this is something I would consider."

Continuous learning and improving care

- The registered manager told us how they had learnt from the previous inspection and that as a whole staff team they had considered what changes could be made. We saw that considerable effort had been made to improve on the previous rating.

- The registered manager told us how they were always learning from people's changing needs and would continue to improve as much as possible.

Working in partnership with others

- The registered manager told us of how they worked with professionals to share required information to ensure people's wellbeing and we saw that contact with professionals was recorded, for example where people received specific healthcare.