

Diversity Health and Social Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. 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.

At the time of our inspection, the service provided personal care to two people.

People's experience of using this service

Since our last inspection on 24 September 2018, improvements had been made on risk assessments, pre-employment checks, training and quality assurance processes. Care plans contained suitable and sufficient risk assessments to effectively manage risks and keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people. Staff had been trained to perform their roles effectively. Audits were being carried out to ensure people always received safe, high quality care.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's ability to communicate was recorded, however, information did not include how to communicate with people effectively based on their communication ability. We made a recommendation in this area.

People told us that they were safe when supported by staff. People told us staff were punctual and systems were in place to monitor time keeping. Systems were in place for infection control and to learn lessons following incidents.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.

Care plans were person centred and included people's support needs. Care plans had been reviewed regularly to ensure they were accurate. Complaints had been managed in a timely manner.

Systems were in place to obtain feedback from people and relatives. People and staff were positive about the management 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

The last rating for this service was requires improvement (published 2 November 2018). We identified four

breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to risk assessments, pre-employment checks, staff training and good governance.

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 was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always 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.

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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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was away at the time of the inspection. The service operation manager supported us with the inspection.

Notice of inspection

Our inspection was announced. 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 a member of the management team would be in the office to support with the inspection.

The inspection activity started on 30 October 2019 and ended on 30 October 2019. We visited the office location on 30 October 2019.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we already held about the service. This included details of its registration, and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with the service operations manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed two care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at training data. We also contacted professionals that were involved with the service to obtain feedback. We also spoke to one person and two staff.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- There were risk assessments in place for moving and handling, falls, skin integrity and the environment.
- Risk assessments had been completed in relation to people's health conditions such as stroke and heart attack. Assessments included control measures to minimise risks.
- Staff told us that they understood risks to people and found the risk assessments helpful. A staff member told us, "The risk assessments, of course are helpful. They help do the job safely."

Staffing and Recruitment

At our last inspection the provider had failed to robustly carry out pre-employment checks to ensure staff were suitable to carry out their roles safely. The provider's policy was to request two references for new staff. In six instances we found only one had been requested. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Records showed that relevant pre-employment checks, such as criminal record checks and proof of staff's identity had been carried out. Two references had been requested and received, which included character references and professional references, which was in line with the provider's recruitment policy. This ensured staff were suitable to provide safe care to people.

At our last inspection, we recommended that the provider ensured carers logged onto calls through the provider's digital monitoring system to ensure callers attended calls and stayed the duration of the calls.

- Systems were in place to monitor time keeping to ensure staff attended calls on time. Records showed that staff logged on and out of calls.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. A staff member told us, "I get time to travel. I can get to appointments [care calls] on time."
- The provider had a digital monitoring system to monitor staff time keeping. People were given contact numbers to contact staff should they have any out of hours emergencies.
- People told us staff were punctual. A person told us, "Generally, they are on time."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- Staff had received safeguarding training and understood their responsibilities to keep people safe.
- People told us people were safe. A person told us, "Yes, I am safe with [staff]."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents. There had been no incidents since our last inspection.
- The service operations manager told us that if incidents were to occur then these would be analysed and lessons learnt to minimise the risk of re-occurrence.

Using medicines safely

- The service did not support people with medicines. People and staff confirmed that the service did not support people with medicines.
- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to. A medicines policy was in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons. Information on care plans included that staff should wear PPE when supporting people.
- People confirmed that staff used PPE when supporting them with personal care.

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 the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. 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 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 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.

- The service operations manager told us one person did not have capacity due to their dementia. Assessments had been completed to determine if the person had capacity using the MCA principles, which determined the person lacked capacity. The providers MCA policy stated if a person lacked capacity then, "The decision maker needs to consult with all other professionals and anyone else involved with the person in order to make a best interest decision." A best interest decision meeting had not taken place to make a best interest decision on the person's behalf. The service operation manager told us, they would arrange the meeting as soon as possible.
- At the last inspection, we found staff had not received training on the MCA and staff we spoke to were unable to tell us about the principles of the MCA. At this inspection, we found improvements had been made. Staff had been trained on the MCA and staff we spoke to were able to tell us about the MCA principles.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I would always get consent from them [people]. That is the most important thing."
- Records showed that people's consent had been sought prior to receiving care from the service.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had been trained in key areas to perform their role effectively. We found that training matrix was not up to date as some staff had left and some staff had not completed essential training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had completed mandatory training and refresher courses to perform their roles effectively. These included training in first aid, safeguarding, infection control and moving and handling. Staff had received an induction, which involved shadowing experienced care staff and meeting people. A staff member told us, "We get good training. Induction was helpful. When I started work, I did not know a lot of the care side so when I did training, it helped to do care work."
- People told us that staff were suitably skilled to support people. A person told us, "Yes, they do a good job. I am happy with what they do."
- Regular supervisions had been carried out to ensure staff were supported. Supervisions enabled staff to discuss any issues they may have and their development. Staff told us they felt supported. A staff member told us, "They [management team] are all very supportive."

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

- Pre-service assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances. This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included information that people should be offered choices when supporting them with meals.
- Care plans included if people required support with their meals. We were informed that people required limited support with meals. People we spoke to confirmed this.

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency.

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 the last inspection, this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People told us staff were caring. A person told us, "They are quite friendly. They are very polite."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People or their relatives were involved in decisions about people's care. Care plans showed that people or their relatives had been involved with the support people would receive. A person told us, "They come every so often and go through records and involve me in decisions."
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. Information on care plans included that staff should ask people how personal care should be carried out to ensure people decided on how they should be supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private and they would ensure doors and windows were closed with people's consent. A person told us, "They respect my privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. A staff member told us, "First of all, I would read the care plans and see how independent they [people] are. I will then support them and encourage independent where I can."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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

- At our last inspection, we found that information on some care plans was identical and some important information had not been included on care plans to ensure people were safe after staff supported them.
- At this inspection, we found improvements had been made. Care plans were person centred and detailed people's support needs.
- Care plans were specific to people's needs. For example, information on one care plan included that staff put on a back brace when they mobilised to minimise the risk of falling.
- There was a 'About Me' section that included people's health condition and living arrangements.
- Staff told us they found the care plans helpful. A staff member told us, "Care plans are very helpful, they help with the jobs." A person told us, "Care plans are accurate."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities. For example, one person required repositioning in bed as part of their risk assessment to minimise risk of skin complications. Daily records showed that repositioning was being carried out.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At our last inspection, we found care plans did not include people's ability to communicate.
- At this inspection, people's ability to communicate was recorded in their care plans. However, there was no information on how staff should communicate with people. For example, information on one care plan included that a person used their eyes to communicate. However, there was no information on how the person communicated with their eyes and how staff should communicate with them effectively.

We recommend the provider follows best practice guidance on capturing people's communication needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place.
- No complaints had been received since the service's the last inspection. The service operations manager told us about the complaints process and people were given information on how to complain if they needed to. People we spoke to told us they knew how to make complaints and who to complain too.

End of Life Care:

- The service did not support people with end of life care. The service operations manager was aware should they need to support people with end of life care in future, then an end of life care plan would need to be in place and staff should be trained to deliver end of life care. An end of life policy was 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.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure audit processes were robust to identify shortfalls and take prompt action to ensure people received safe care. We found that visual audits had not been recorded and there was no structure to carry out audits. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- During this inspection, we found improvements had been made.
- Audits had been carried out on the running of the service to ensure people received personalised high-quality care such as reviewing care plans, risk assessments and staff files. Systems had been put in place to carry out audits regularly.
- The service operations manager told us that significant efforts had been made to improve the service. During our inspection, we found improvements had been made with risk assessments, pre-employment checks, staff monitoring, training and care plans.
- The service operations manager was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- There was an effective system to gather people's and staff feedback on the service.
- The service carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff approach and performance when delivering care. This also included getting people's feedback on staff and the care they received.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People told us they liked the service. A person commented, "I like the service."

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

regulatory requirements

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "It is a good company to work for. [Service operations manager] is a good manager. She knows what she is doing." Another staff member commented, "[Registered manager] is a good manager. He communicates with us to see if we are ok."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent to people to gather feedback and this was analysed to identify areas of improvement. The results were positive. Comments from the surveys included, "Staff is very caring and helpful. Will have a laugh and chat, while [staff] is doing things."
- The service operations manager told us that surveys were carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health.
- The service worked with other agencies to develop practice. For example, with the local authority and health services to carry out reviews on people's care to ensure they were in the best of health.