

Diversity Care Solutions Limited

Diversity Care Solutions Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Diversity Care Solutions Limited domiciliary care agency took place on 26 and 27 September 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection. The inspection involved a visit to the agency's office and telephone conversations with people who used the service and healthcare professionals.

Diversity Care Solutions Limited is a nursing and domiciliary care agency based in Battle. They provide support and care for 16 children and adults living in their own home in East Sussex who require a complex range of personal and care support including nursing and overnight care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe receiving the care and support provided by Diversity Care Solutions Limited. Staff understood and could recognise the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at Diversity Care Solutions Limited. There were sufficient levels of staff to protect people's health, safety and welfare consistently and reliably.

People said staff were caring and kind and their individual needs were met. One person told us, "The carers are professional, thoughtful, caring and kind." Another person said, "The staff are gold standard compared to other agencies." Staff knew people well and had a good understanding of their needs and choices.

Care plans and risk assessments reflected people's assessed level of care needs. People were encouraged to be as independent as possible. One person told us, "I am regularly asked for my input to review my care plan."

Staff felt supported by management, said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service. A member of staff told us, "I feel very confident to raise concerns. The manager has an open door policy."

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to and investigated in a timely manner and used to improve the service.

Regular audits were in place to measure and monitor the quality of care and service provided.

People and staff surveys were positive about Diversity Care Solutions Limited. One person commented, "It's wonderful that something is so wonderful." A member of staff told us, "I wouldn't change anything. It's a great company to work for."

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 ●

Diversity Care Solutions Limited was safe.

Risk to people had been assessed and managed. Staff understood how to support people to remain independent in a safe way.

Checks had been completed on staff to ensure they were suitable and safe to work with adults and children.

Staff understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough staff to meet people's needs consistently and reliably.

Is the service effective?

Good ●

Diversity Care Solutions Limited was effective.

Staff had received training and regular supervisions to carry out their role.

Staff protected people from the risk of poor nutrition and dehydration.

Staff had an understanding of the Mental Capacity Act 2005.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

Diversity Care Solutions Limited was caring.

Staff knew people very well and had a good understanding of people as individuals.

Staff had built rapport with people and treated them with kindness and respect.

People were consistently positive about the caring attitude of

staff.

People were proactively supported to express their views.

Is the service responsive?

Good ●

Diversity Care Solutions Limited was responsive.

People received consistent, personalised care and care plans were reviewed.

Concerns and complaints were responded to appropriately.

People had a choice about who provided their personal care.

People were involved in developing their care.

Is the service well-led?

Good ●

Diversity Care Solutions Limited was well-led.

There were systems in place to monitor the quality of the service.

People and staff told us the service was well managed and the registered manager was supportive and accessible.

People's feedback about the way the service is led described it as consistently good.

Regular audits took place to measure the quality and safety of the service provided.

Diversity Care Solutions Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 September 2016. This was an announced inspection. The provider was given 48 hours' notice, because we wanted to make sure the manager and other appropriate staff were available at the agency's office. One inspector completed the inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed on 12 February 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection on 28 May 2014.

During our inspection we went to the office and spoke to the registered manager, the director and four staff. We reviewed the care records of six people. We looked at five staff files, supervision and training records and systems for monitoring the quality and safety of the service.

On the second day of the inspection we made phone calls to three people and three relatives to get their feedback about what it was like to receive care from the staff at Diversity Care Solutions Limited. We also made phone calls to an additional six members of staff and four healthcare professionals who work with the service including a Well Child nurse, a nurse care manager and a palliative care nurse.

Is the service safe?

Our findings

People told us they felt safe receiving support from Diversity Care Solutions Limited. One person said, "I feel entirely safe. The carers make me feel confident." Another person told us, "I would give them five stars. I feel absolutely safe." A member of staff told us, "One important aspect of my role is to make sure that the people we care for are protected and feel safe."

Diversity Care Solutions Limited provides personal care and support seven days a week on a 24 hour basis. The office is open between 9am and 5pm with an out of hours telephone number for evenings, weekends and emergencies. In the event of an out of hours emergency an on-call team will attend. In addition to this the local authority had provided five people with a personal alarm called a Lifeline pendant if they required emergency support as a result of a fall or were unable to get to the telephone. The personal alarm is worn around the neck as a pendant and the button can be pressed to alert or summon appropriate help.

Safeguarding policies were in place which included specific policies on entering and leaving a person's home, handling a person's money and pensions, first aid, hypothermia and heat waves. Training records showed that all staff had attended safeguarding training annually. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect them from the risk of abuse or harm. Staff told us all concerns would be reported to the registered manager. If concerns related to the registered manager they would report them to the appropriate local safeguarding authority, the child protection team, the police or the CQC. A staff member said, "If I had any concerns I would report them to the care manager, the registered manager or social services." Another member of staff told us, "I would not hesitate to contact the office or the on-call team if I needed to raise any concerns. I would record it and report it straight away."

Staffing levels matched what was planned on the staff rota system. A staff member told us, "When we did short visits we had staffing issues but we no longer do them. Our shortest visit is 45 minutes as we are now a complex needs company. We have the staffing levels right now." One person said, "My carer is always punctual and usually a little before time. The office will always inform me if my carer is held up and will be late." Another person told us, "My carer spends time with me and we chat. They are not rushed or hurried."

At the time of our inspection Diversity Care Solutions Limited used no temporary agency or bank staff and there were no live-in carers. There were enough staff to provide consistent and reliable care to people. The registered manager told us, "We don't do 15 minute visits as this is not a dignified service for the client involved. We would only increase our clients if we had the staff to care for them."

Staff files included relevant checks on staff suitability including two references, a driving licence check, employment history, a health questionnaire and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. The staff files of two nurses had current PIN numbers which showed that they were registered with the Nursing and Midwifery Council. This meant people were protected, as far as possible, by a safe recruitment practice.

Care plans showed that each person had been assessed before care and support started. The registered manager said, "Either myself or the care manager will visit the potential client and complete a full needs assessment including their physical, mental and care requirements and most importantly whether we can meet these needs." People's care documentation highlighted which specific members of staff visited people and contained assessments such as health risks, mental health and sensory needs. We looked at comprehensive risk assessments which covered the external and internal environment of the person's home, moving and handling risks, risks of falls and also checks that were completed on equipment such as hoists, slings and bathing equipment. Additional checks and risk assessments were completed on the condition of electrical equipment and specific individualised risks relating to the person's health condition. The care plans were reviewed six monthly or earlier if there were any changes in the person's care needs.

People's medicine administration records (MAR) were accurate and clear. Staff told us they had attended training in medication, they were aware of the provider's policies on the management of medicines and that they should follow these. Training records confirmed that all staff received medication training and staff had a good understanding of why people needed their medicines and how to administer them safely. The registered manager told us, "Our medication accuracy is very high and we involve people, where possible in the administration of their medication. Our approach is that people manage their own medication unless the risks associated with this are not manageable." At the time of our inspection only one person received covert medicine. Covert is a term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. The best interests decision to give the medicines covertly was in consultation with the GP, relatives and the local pharmacist. There was clear guidance in the MAR charts on as required (PRN) medicines. PRN medicines are only given when people require them and not given routinely for example for pain relief or anxiety. A relative told us, "My granddaughter's medication is very complex and fluctuates. They have a triple check list. It is more work but is safer and working well."

Diversity Care Solutions Limited had a set of infection control policies and procedures and personal protective equipment was available to staff from the office and at the person's home. Staff told us they understood the importance of good infection control practice and had access to all the personal protective equipment that they needed to carry out their role safely. Staff were also informed that if they had a cold or upper respiratory tract infection that they should not come into contact with people who are vulnerable to infection.

A business continuity planning policy was in place which also included bad weather. A member of staff told us, "We try to be as paperless as possible but we will have a physical print out of the next 12 hours of visits. If the computer system went down and stopped working we have a local IT specialist who would deal with the problem immediately."

Accidents and incidents were recorded and the registered manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred they would inform the office and an accident form would be completed. We looked at the last four incidents in January 2016, February 2016, July 2016 and September 2016. Two of the incidents involved minor injuries to staff, one involved first aid given to a person and the other incident was a reported fall of a person in their own home. These records clearly stated what actions were taken and what preventative measures had been put in place to prevent a re-occurrence and protect the person.

Is the service effective?

Our findings

People were happy with the care and support provided by Diversity Care Solutions Limited. One person told us, "The team in the office are excellent. They are efficient and do their job well." Another person said, "The carers are exceptional and I am very happy with them."

All new staff completed a one hour induction which included reading the staff handbook, reading relevant policies and procedures on health and safety, personal protective clothing, record keeping and medicines which was then followed by a minimum of two to three shadow shifts. New staff shadowed more experienced staff and did not work on their own until they were competent and confident to do so. One member of staff told us, "The induction was very informative. The shadow shifts talked me through everything." Another member of staff said, "I did six 12 hour shadow shifts. I was then ready to fly solo." The registered manager told us, "The feedback from our induction is good because it is client specific. We have clients with very complex needs so we recruit and train staff for specific roles."

Staff received generic training in fire safety, moving and handling (theory and practice), infection control, safeguarding, mental capacity, health and safety, food and nutrition and hand hygiene with regular refresher training. A member of staff told us, "This mandatory training is a mixture of eLearning and face to face training. More on-line refresher training is being introduced so that it can be done without staff having to attend a classroom based session. The training manager keeps us on our toes. She monitors what we have completed and reminds us of what we need to do. Once the mandatory training is completed I was provided with training specifically for my client." The registered manager told us that both nurses and care staff received specific client based training for example tracheostomy care. They are signed off as competent by the lead nurse and these competencies are reviewed every year. Staff were very clear about their roles and responsibilities and this was clearly outlined in the care plan. Regular spot checks and feedback from families and relatives provided information to check staff competencies." Training records confirmed that staff received specialist training specific to the person that they provided care for. For example training on dementia, learning disability, epilepsy, tracheotomy (an incision in the windpipe to help breathing) and training on the use of equipment for people on ventilation were completed. In addition to general staff meetings, the registered manager held regular meetings with nurses. We looked at the minutes of a nurse meeting about a person's care in April 2016 which outlined what was working well and what needed to be improved. This showed that the manager supported staff to make improvements where needed.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. A staff member told us, "The Mental Capacity Act is about clients making their own decisions and not presuming that they don't have capacity to do so." Another member of staff said, "Capacity can fluctuate so mental capacity assessments are completed regularly by the care manager and healthcare professionals." Staff had a good understanding of mental capacity and put this into practice to ensure people's rights were respected. A

member of staff told us, "It is important that we respect people's homes, ask people for consent and wait for a response. We only start the personal care once consent is given and we make sure we let the person know what we are doing at every stage of care."

Staff received regular supervisions and annual appraisals to maintain levels of competency and to identify areas for development and improvement. In addition to this unannounced spot checks were completed twice a year on staff by the training supervisor manager, care manager or registered manager. The spot check covered areas such as whether the member of staff was on time, whether the member of staff was wearing their uniform, whether they stayed the required length of time and their performance. Comments on one of the spot check forms stated that the member of staff, 'was brilliant with personal protective equipment and infection control' and also 'well suited, willing to learn and very competent in their work'. Another spot check form stated that the member of staff, 'was not able to demonstrate safe administration of medication' and as a result was not signed off as competent and had to attend further medication training. This demonstrated that the service had a proactive approach to staff members' learning and development. It also highlighted areas where additional training may be needed to make improvements.

Where people were supported with their meals, they said staff helped them in the way they needed, and showed a flexible approach. Some people had daily fluid and nutrition charts where necessary with guidance for staff to follow to ensure people's nutritional needs could be met. Staff said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their capabilities.

The care plans included key contact details of people's case manager, GP, district nurse, dentist, pharmacist, religious advisor and relatives. People with complex needs also had additional contact details of healthcare professionals such as neurologists, community physiotherapists, learning disability nurses, dieticians and the Speech and Language Therapy (SALT) team. Staff said that any changes in a person's behaviour or if someone was ill when they arrived would be reported to the office immediately to obtain advice and support. This demonstrated that the service would respond quickly if people's needs changed.

Is the service caring?

Our findings

People told us they had good relationships with the staff. One person said, "The carers are a listening ear. It is like free therapy and we have good social interactions." Another person said, "I don't think you can beat them. I love them all." A relative told us, "The staff are very constructive. They are continually introducing helpful solutions on how to improve life for my mother."

The registered manager told us, "When you work with the clients and relatives you get to know them and their needs. We provide small teams of regular, consistent staff and many staff have worked with the same clients for years. We are looking at rotating staff to ensure that professional boundaries are maintained." A member of staff told us, "The care is good and looking after our clients is our number one priority."

We heard staff speaking with people on the telephone during our inspection visit. The staff were polite and caring in their interactions. Staff in the office understood why it was important to interact with people in a caring manner and to ensure that people were informed of any changes to visit times or any delays. A member of staff said, "The office staff provide detailed clarification on anything." Another member of staff told us, "I have never had a problem with the office staff. They are welcoming, happy to talk and willing to sort out anything." One person told us, "The office keep me informed of any changes to my rota. You can ring them in the middle of the night if you need to." The registered manager told us, "Some of our office staff work out in the field with clients which I think makes a difference to the quality of the care."

Staff knew people well, they had a good understanding of people's needs, choices, likes and dislikes. One member of staff told us, "My client cannot do anything for herself so I provide personal care, support with eating and drinking and moving and handling. I completed two shadow shifts and I had to go to the office to read the care plan. My client can't communicate but I know her moods from her reactions. If she looks at me in a funny way it means she is anxious. I know how to calm her down. She knows who I am and I know when she is happy or sad." Another member of staff said, "I was with a client who has dementia. You have to go slow and talk all the way through what you are doing." One person told us, "I've got to know my carer really well and they've got to know me. We have a good laugh and they are so competent and understand my needs." Comments from supervised spot checks stated that a member of staff was, "very attentive to the client and interacts with the client and their relative well" and another stated that a member of staff, "was very observant and vigilant and had communication with the client."

Staff were given enough time to get to know people who were new to the service and read through their care plans and risk assessments. A member of staff told us, "Care plans change regularly so it is important that we are given the time to read them. And we do get given time to read them. I got called into the office recently to read a care plan and do a shadow shift." Staff told us although they knew what care people needed they continually asked people what they wanted.

Care plans showed that people had been involved in their care planning. One person told us, "The registered manager updates my care plan regularly and I am always asked for my input." A relative said, "I am very involved in the care plan and provide a lot of input. We are reviewing it again because we want to streamline

it." Reviews were completed every six months and where people's needs or preferences had changed these were reflected in their records. People's comments were listened to and respected.

People told us that they were treated with dignity and respect. One person said, "The carers respect my privacy and dignity which is a god send." A member of staff told us, "I always make sure that doors and curtains are closed and that the client is covered up when providing aspects of personal care. It is only dignified and right." Another member of staff said, "I always ask the client about anything first. I never presume anything. I will always maintain their dignity by covering them up when appropriate and most importantly I tell them what I am doing at every stage." People said they felt comfortable with their care workers, and were treated like individuals. One person said, "I am treated as an individual with enormous respect." A member of staff told us, "As much as possible we try to maintain their independence so they can live in their own homes."

People were provided with a 'Service User Guide' which contained information about the provider, including who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

Is the service responsive?

Our findings

People were involved in decisions about the care and support provided and in reviewing care needs. One person said, "I am very much involved in my care plan and what I need." Another person said, "The registered manager updates my care plan with me every year." A relative told us, "I wrote my mother's care plan with staff at Diversity Care Solutions. I am fully involved as my mother would want."

The service encouraged feedback from people to make improvements. Comments made by people who used the service from the last satisfaction survey in August 2016 included, "My impression of the organisation is very good" and a member of staff was, "an absolutely first class nurse." There were 17 questionnaires sent out and five responses which is a 29% response rate. The registered manager told us that they would be looking at ways of improving the response rate to the satisfaction survey. People's needs had been assessed before they began using Diversity Care Solutions Limited and they felt the care plans reflected their support needs. The registered manager told us the assessments were carried out to ensure the service could provide the support people needed and they were used as the basis for the care plans. A member of staff said, "The pre admission visit is essential. We involve clients and work with them to ensure we can meet their needs. If there was a demand for something we couldn't do, we wouldn't take it on."

Care plans included a detailed assessment of people's needs and included people's preferences and routines and had been completed with each person and their relatives where appropriate. Staff were able to provide examples of how they provided personalised care and support to people which responded to people's needs. One member of staff told us, "My client has dementia and has difficulty swallowing. She cannot communicate verbally but she makes herself understood through facial expression and body language. She smiles a lot and sings to music so in the morning we listen to the radio." Care plans were informative and comprehensive and included people's religion, medical histories, social histories, health details and medical condition. Each care plan had additional policies, guidance and best practice documentation which related specifically to the person's condition such as 'emergency tracheostomy management' or 'epilepsy' guidelines. Staff were trained in subjects specific to the person that they provided care and support for and care plans reflected this. Some of the care plans contained person specific guidance with photographs showing how specialised equipment such as ventilators and respiratory equipment should be used safely. This was for information only and provided a visual back up for new staff. A member of staff said, "The training is thorough and I am confident about what I do but having detailed care plans is a good back up."

People's views and choices were recognised and taken into account. Their daily care notes were completed and returned to the office and provided clear details of the care and support provided for people. The notes were person centred and not task orientated. For example a nurse had noticed a reddened area on a person's body and had also noticed that the person had lost weight. After discussion the person agreed to make an appointment with their GP. The nurse also suggested a referral to the occupational therapist regarding skin integrity but the person preferred to deal with the issue themselves. People were given the choice of which care workers they would prefer to provide care for them. One person told us, "I have a core group of three carers who are exceptional." A relative told us, "Not everybody fits. If they listen it is fine."

Another relative said, "I had a problem with a member of staff so they no longer provide care for my mother." A member of staff said, "In the last 12 years of home care with different agencies, I am the happiest I have been. It is because of how well they matched me with the client." Another member of staff said, "It is so important to build rapport, not only with the client but with their family and relatives too."

People said staff arrived on time and no one we spoke to had experienced missed visits. One person told us, "If my carer is late they always apologise and I am notified by the office before hand." A member of staff told us, "When I allocate staff to visits I allow for travel time as this was an issue in the past. We don't let people down. I have never known staff just not turn up for a call. Family members would inform us if there were issues about lateness."

Staff told us they felt supported by the office staff and by the information available in people's homes. One member of staff told us if they did not have sufficient information about a person's needs they would phone the office. A member of staff told us, "The office staff are very supportive and if I need any clinical clarification on something they are always available."

People knew how to make a complaint and felt that they were listened to. One person told us, "I have never had to raise a complaint. If I did, I have no doubt that they would deal with it." Another person told us, "I have not had any issues to complain about but I know what to do if I did." The procedure to make a complaint was clearly outlined in the Management of Complaints policy and the Service User Guide which had been sent out to all the people who used the service. Complaint records showed that complaints and concerns were investigated and addressed in a timely manner including a record of the investigation outcomes. The service had received two complaints in December 2015 and three complaints in 2016. All of the complaints were investigated by the registered manager or the care manager who consulted with the continuing healthcare team, the local authority and social workers. Complaints were used to improve the service and to prevent similar issues from reoccurring.

Is the service well-led?

Our findings

People and relatives described the staff of Diversity Care Solutions Limited as professional and caring. One person told us, "It is a professional organisation. I have been with them since 2010 and have no reason to change. They do exactly what it says on the tin." Another person said, "My carers are trained to care for me. They are specialists and I wouldn't stay if they weren't any good." One relative told us, "The staff are very competent. It is the best care."

There was an audit system to assess and monitor the quality of the service. Every year the registered manager completed an internal audit which reviewed the five CQC key questions. The review for August 2016 highlighted the challenges faced by the organisation and the areas for improvement that would be implemented. The review identified the need for staff to familiarise themselves with some of the more complex care plans and that the organisation was looking to rotate some staff to avoid the risk of blurring professional boundaries between staff and people who used the service.

The provider also commissioned an annual external audit by an independent care consultant. This audit was completed in March 2016 and reviewed the five CQC key questions. All of the areas identified as requiring improvement had been completed. This included improvements to hand hygiene, mental capacity assessments, a clear note of which staff were matched as competent to a specific care package and supplying people who use the service with a current copy of the 'Service User Guide'. The registered manager told us, "We identified that hand hygiene needed to be more robust so we now have it as a mandatory annual training course. Paper towels, gel, hand wash and wipes are sent to our clients' homes to improve our infection control practices. We updated the 'Service User Guide' in April 2016 and it was sent out to all of our clients. We are currently working on a 'Children's User Guide.'" This demonstrated an emphasis on striving to improve.

In their Provider Information Return, the provider stated, "We plan to continue our internal and external audits to identify areas for improvement. The commitment of leaders and managers to act upon suggestions from clients and staff is key to the identification and development of new ideas for the improvement of our service." The registered manager told us, "There are always improvements to be made. It is good to have external audits and sharing good practice with other care providers is vital because you can become blinkered in your own organisation. Audits identify problems and allow you to deal with them before it affects safety and quality."

The registered manager also completed a safeguarding audit which ensured that detailed records were held in respect of all safeguarding issues and how these had been resolved. The audit identified the area of concern and what actions were taken as a result to prevent reoccurrence. The registered manager told us, "We recently had an incident where a member of staff had not identified a potential pressure sore on a client. As a result of this we have now put in place mandatory tissue viability training for all staff. Our nurses have been enrolled on tissue viability training and care staff have been enrolled on a pressure area care qualification. Pressure sores or skin related issues are included in the list of incidents that staff must report to the office."

Staff said they liked working for the agency because of its friendly and supportive nature. One member of staff told us, "I have no intention of getting another job ever. They are brilliant and a good company to work for." Another member of staff said, "I love it. People are good. We have a really good team. Friendly and supportive. It's like a family. We all look after each other."

Staff surveys were completed every six months. The latest staff survey in August 2016 was completed by just over 20% of the staff. All staff who responded felt that they had received adequate training, that they were supported by their line manager and would contact the office for any help or advice. Comments made by staff included, "Very pleased with the training", "Very supportive team" and "There is nothing I don't like about my job." The registered manager told us that they would be looking at ways of improving the response rate to the staff satisfaction survey.

The registered manager told us, "I am supported by the director and by the other nurses. Some have a wealth of experience and it is good peer support. I am 'hands on' and clinical and sometimes I don't have time to steer the boat because I am busy rowing it. I keep my hand in so that we don't lose the quality of care. It is difficult to get the balance right between clinical and managerial." A member of staff told us, "We provide good quality care. Clients are happy. We have a personal approach centred around their needs." Another member of staff said, "Everyone is motivated to deliver a good, committed service. I feel very supported. I cannot fault the senior managers. They are very approachable and if one person can't rectify something we all muck in to help out. I love the job."

The registered manager reviewed the medicine administration records (MAR), people's daily records and fluid charts on a monthly basis when they were returned to the office. This was to identify if a review of care was needed and to check for any shortfalls in recording or documentation. When there were missing signatures from MAR charts these were picked up in the monthly audit and the registered manager identified which member of staff was responsible and spoke to them directly to address the issue.

The registered manager told us that staff meetings were held regularly. We looked at the minutes from the last meeting in March 2016 and found they discussed a new 'Dignity in Care' training programme, staff supervisions, revalidation for nurses, care plans, recruitment, rotation of staff and timesheets. The registered manager told us, "In addition to general staff meetings, the nurses will get together as a team to talk through best practices, what is working well and what is not working well." The minutes of a recent nurses meeting dated 3 April 2016 related to one client and involved the registered manager and seven nurses. A member of staff told us, "If there are issues we have a meeting. They are not set in stone. They are minuted and sent out to all staff." Another member of staff said, "If I have a problem I will go to the registered manager or director. I have not had any issues but if I needed something addressed I would talk to them." This demonstrated an open and positive culture and gave staff confidence to question practice and report concerns.

The provider worked in partnership with other organisations to make sure they were following current practice and provided a high quality service. One healthcare professional told us, "We share some of the continuing healthcare packages and I have only heard positive feedback about them from the families." Another healthcare professional said, "We oversee the care for one client who has complex needs. Diversity Care Solutions Limited provide excellent care from enhanced carers who are well trained in what they need to do." A healthcare professional who sets up care packages for children told us, "Diversity Care have managed to maintain care packages where other providers have been unable to continue and we are happy to offer them care packages now and in the future."