Diversity Care Solutions 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?	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
Diversity Care Solutions Limited is a small domiciliary care agency in Battle. It provides care and nursing to 17 children and adults with long term, complex health conditions, including life limiting and life threatening conditions. It also provides support with personal care to two older people living in their own homes. Each person has a package of care that includes visits throughout the week, with some covering night time support.

People's experience of using this service and what we found
The service provided was bespoke to each person, this meant people received care and support that had been tailored to meet their individual care and/or nursing needs. People were supported safely, and risks regarding their care had been assessed.

People and their relatives were involved in the planning of care and any changes to the way care and support was delivered. Care plans were detailed and included all relevant guidance and protocols. Care was delivered in ways that supported people's safety, health and welfare. People's needs and choices were well documented and understood by staff. Individual communication needs were identified and recorded in care plans with specific communication guidance for staff.

People's health was monitored, and referrals made to other agencies if any issues were noted. Specific guidance was in place regarding people's nutritional needs and medicine procedures were in place to ensure people received their medicines as prescribed.

Care and support was delivered in line with current legislation and evidence-based guidance with regular reviews being completed. A consistent staffing group meant staff knew people well and understood their needs and preferences. People were encouraged to continue hobbies and interests that were important to them and supported to maintain relationships with friends and family.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us they loved their jobs and felt supported by the registered manager and office team. There were enough staff to ensure people received the care and support they needed. Staff were safely recruited, well trained and supported by a dedicated team of office staff. There was also a 24 hour on call support. People spoke highly of the service and staff, telling us staff supported people in a way that promoted their independence whilst ensuring their dignity and privacy was maintained.

The registered manager and staff placed emphasis on person centred high quality care. There was an open culture which was inclusive and valued people and their individuality. Staff were aware of their roles and

responsibilities.

There was a comprehensive system of quality checks and internal audits to monitor care, documentation, safety and quality of the service provided. Robust accidents and incident procedures included actions and lessons learned. These were taken forward to continually improve 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

Why we inspected
The last rating for this service was Good (published 3 November 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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? The service was safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was well-led.	**Good**

Diversity Care Solutions Limited

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 and an Expert by Experience (ExE).
An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE made telephone calls to people receiving care, their families or next of kin.

Service and service type
This service is a domiciliary care agency providing nursing and/or personal care to older people and children in their homes in the community.

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 a short period of notice of the inspection. This was because it is a small service and we needed to be sure that there would be someone in the office during the inspection.

Inspection activity started on the 25 June 2019 and ended on 28 June 2019. We visited the office location on the 27 June and the ExE carried out telephone calls to people in conjunction with the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including notifications. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-
During our visit to the office we spoke with seven members of staff including the provider/registered manager, care manager, training manager, care coordinator, nursing and care staff. We reviewed a range of records including two peoples care plans in full and a further two care plans to look at specific areas of care. We looked at three staff files in relation to recruitment, supervision, training and induction and a variety of records relating to the management of the service. This included audits, quality assurance records, policies and protocols.

After the inspection
We reviewed information gathered by the ExE during telephone calls to ten people who use the service, or care for people using the service.

Good

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 Good. At this inspection this key question has remained as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Everyone we spoke with told us they felt the care and support provided by the service made them feel safe. One person told us, "They made a Care Plan and it is constantly reviewed. That is why I feel it is safe."

● People were safeguarded from the risk of abuse as staff understood what actions to take to protect people and how to report concerns if they arose. The registered manager worked with relevant organisations to ensure appropriate outcomes were achieved. We saw examples when concerns had been reported appropriately to the local authority and social workers involved in peoples care.

● Staff received safeguarding training in relation to both children and adults and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination. This included reporting to the registered manager or most senior person on duty.

Assessing risk, safety monitoring and management

●Care was delivered in ways that supported people's safety, health and welfare. The service supported children and adults to live at home by providing nursing and care to help them remain safe despite their complex needs. This involved risk assessments being completed with regards to the persons individual nursing and care needs, and any equipment being used. For example, the use of oxygen and specialised breathing equipment. Risk assessments were also completed for the home environment.

● Some people were at risk due to specific health conditions. One person was at risk of seizures. The risk assessment included possible warning signs, triggers, interventions, who to contact and other health professionals involved. A supporting protocol was also in place to ensure risks were minimised. People we spoke with told us they felt the service worked well and provided support to enable them or their child to remain safe.

● Risk assessments were reviewed regularly and updated when changes occurred. Staff told us any changes to peoples care needs were handed over to them at the beginning of their shift or discussed at meetings. Staff felt they had the information they needed to be able to meet people's needs safely.

Staffing and recruitment

●There were enough staff working at the service to ensure people received the care and support they needed.

●The registered manager told us they would only agree to provide care to people if they had enough staff to do so. Due to people's complex care needs, this may include a period of up to 8 weeks before the service took on a new person to ensure adequately trained staff were in place to meet their needs.

● People's visits were planned. For older people receiving help with personal care and meals this was arranged with the person at the times they had requested. Many of the visits to children and adults were part of a care package funded by NHS continuing healthcare, and these took place at set times throughout the

week. For example, on person had support for three nights a week and another had staff travel with them to school and home. Feedback from people was positive, we were told, "Carers & Nurses are regular and always on time. They are friendly and polite and complete their allotted times and routines they cannot be faulted."

● Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.

Using medicines safely

●Where staff were supporting people with medicines, this was done safely. For children, medicine procedures were linked closely with other healthcare professionals also providing their care. An agreement was in place that a specific medicine form called a Paediatric and Neonatal Drug prescription and Administration chart was used by all involved health professionals to aid consistency and help prevent errors. At other times parents, next of Kin (NoK) or the person themselves were responsible for medicines.

●Medicine forms were completed accurately when visits took place and included 'as required' (PRN) medicines. PRN medicines are those taken when they are needed, for example when a person is in pain. People told us, "Medications which include special rules are followed meticulously and recorded routinely." All medication forms were sent to the GP once a month to be checked, reviewed and signed.

●Staff received medicines training and had competencies assessed regularly to ensure medicine practices continued to be safe and accurate. If any drug errors had occurred these had been reported and appropriate actions taken.

● Audits were completed each month, and these pointed out that gaps in the charts were days and times when the service was not providing care.

Preventing and controlling infection

●Risks around the prevention and control of infection were well managed. Staff had received infection control training, and food hygiene training. These were regularly updated. Staff told us they were aware of the risk to people who were very unwell, especially if a staff member had a cold or similar. The registered manager told us if staff suspected they may be unwell then they did not visit people. The registered or care manager were able to pick up visits to ensure peoples care and nursing needs were met.

● Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people.

Learning lessons when things go wrong

●All accidents and incidents were responded to appropriately to ensure peoples safety was maintained. This included referrals to other agencies and notifications to CQC when required.

●When incidents or accidents had occurred, these were analysed to ensure learning took place to prevent a reoccurrence. For example, we saw documentation in relation to a medicines error. This had been reported immediately to the on call team and GP and an incident form completed. The registered manager had collected a statement from the person involved and a meeting had taken place to discuss and reflect on what had happened. The person was provided with the opportunity to re read the protocol and attend refresher training to prevent a re occurrence.

Good

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 Good. At this inspection this key question has remained as Good. This meant 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

- People's needs were assessed before care visits took place. A detailed care plan was then written and all staff responsible for that person's care had opportunity to familiarise themselves with the care plan. A copy of this was kept in the persons home and a duplicate copy kept in the office.
- Staff were provided the opportunity to shadow the registered manager or other senior staff until they felt confident to provide a person's care.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well. New staff completed a full induction which included training, reading policies, procedures and car documentation and shadowing experienced staff. If appropriate people were offered the opportunity to meet prospective new staff being recruited to provide their care.
- All staff completed mandatory and person specific training to ensure that they are able to safely meet the needs of each individual they supported, especially those with very complex needs. This had included staff travelling to hospitals where people were currently patients to shadow nursing staff and receive specific training on procedures and equipment needed for that individual. People told us, "Diversity seem to select their staff with care, based on personality, efficiency and friendliness." And, "Care is often a matter of following rigid routines and having regular carers is more productive. They are never complacent and there is a high level of achievement."
- Nurses completed clinical training which demonstrated they had the appropriate knowledge and skills to support people. Nurses also completed revalidation with the Nursing and Midwifery Council (NMC) which confirmed they maintained their knowledge and skills and were legally able to work as a nurse.
- Staff received regular supervision and annual appraisals. Staff felt supported in their roles. The registered manager had a clear open door policy. Staff told us they would not hesitate to speak to them if they had any concerns or worries.
- All staff told us they felt they received all the training and support they needed and there were robust systems in place to ensure staff remained appropriately trained. Training was a mix of online and face to face. The training manager explained to us how they identified when training was due, and staff were informed each month to ensure that they remained up to date. When a training need was identified, for example, to meet changing health needs for a person, appropriate training was sourced. On occasion this had included staff receiving training from specialised trainers or visiting hospitals involved in peoples care.
- The service also worked in close collaboration with parents who provided the care for their child when Diversity Solutions staff were not visiting. Staff told us, "The family are often the primary carers for their child, they know them better than anyone."

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

●When supporting people with meals and fluids was part of the care package being provided, people received the support they needed.

●Peoples nutritional needs were well managed and reviewed regularly. Some people had nutrition provided via an enteral feeding system. Enteral feeding is where food, drink and medicine is given through a tube in the stomach or small bowel. A percutaneous endoscopic gastrostomy (PEG) tube or a gastrostomy tube is passed into a person's stomach by a medical procedure and is most commonly used to provide a means of feeding or receiving medicines when oral intake is not possible. Others where supported with meal preparation and provided assistance to eat if this was required.

●Peoples nutrition and fluid intake was monitored to ensure peoples nutritional needs were being met. When appropriate people had been referred to Speech and Language Therapy (SALT) and specialist guidance was in place regarding their nutritional needs. SALT and enteral feeding guidance was being followed by staff and all intake was documented. This included people being weighed regularly to monitor their health.

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

●Diversity Care Solutions worked collaboratively with other health care services. This included case managers, community nurses, social workers, children's hospice community teams, occupational and physio therapists and SALT.

● In the PIR completed by the registered manager they told us that when appropriate they had been part of family support/multi-agency meetings to identify the best way to support a child receiving care. This collaborative working meant that people received joined up consistent care.

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

●People were supported to lead healthier lives as the service worked closely with other healthcare services. Referrals to other agencies were made promptly when required. For example, staff liaised directly with one person's consultant in London to ensure any changes to their health could be responded to immediately, and adequate support provided. When people were admitted to hospital the service liaised closely with the hospital team to ensure any changes to the persons support needs could be implemented on their discharge home.

●Staff had access to relevant guidance and protocols which were reviewed and updated to ensure information remained current and relevant. All care provided followed current best practice guidance.

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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

● Staff told us that older people using the service had full capacity and were able to make appropriate choices or decisions. The registered manager had a clear understanding of DoLS and the process to follow should it be needed. All children receiving care had a parent or legally assigned person involved in decisions about their care.
● Staff understood mental capacity and that people had the right to make their own decisions. All staff received mental capacity and DoLS training.

Good

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 as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People were supported by staff who were kind and caring. Due to the small team of staff providing care to each person they were able to get to know people and their needs very well.
● People received support from regular staff. If a person chose not to have a particular person providing their care, this was respected. One person told us, "We spoke to the manager and things were changed."
● People spoke highly of the care staff. A parent told us, "They are interested in my childs welfare and well being and I know if anything happens they will deal with it immediately, they are excellent." People receiving care told us, "They will attend to anything if they see a need." And, "They chat and are friendly while completing tasks, I feel very comfortable with them."
● Staff spoke with obvious affection and compassion about the people they provided care to, telling us they felt privileged to be able to support them to live at home.

Supporting people to express their views and be involved in making decisions about their care
●People were supported to express their views and be involved in how they received their care.
●Staff communicated well with people and communication was tailored to the individual. Care plans included specific information regarding how the person will make their wishes known. For example, care plans informed staff that one peoples involvement was of upmost importance. ●Ensuring people were involved in decisions was paramount. One person told us, "I am involved with all the decisions, they consult me first." For people unable to communicate verbally, care plans clearly demonstrated that people should still be involved in choices and decisions. Information included asking closed questions, giving people time to reply and showing them things to indicate what you are talking about. One person used expression and blinking, and another would laugh or smile to indicate they were happy with a choice.

Respecting and promoting people's privacy, dignity and independence
●Staff were keen to support people to the best of their ability, treating them with respect and dignity. Staff demonstrated a caring nature and respect for the people and those caring for them.
● People were given a staff rota in advance of calls taking place. The care coordinator told us arranging calls was all about good communication, families let them know their requirements and staff gave their availability. Rotas were started a month in advance and finalised weekly. Rotas for people included times of calls and who would be visiting. People told us, "Carers & Nurses are regular and always on time. They are friendly and polite and complete their allotted times and routines, they cannot be faulted." This showed people were respected as they knew who was coming into their home.
●Everyone we spoke to told us carers and nurses treated them or those in their care with dignity and

respect. One person told us, "I have a male carer who supervises my shower; he is very caring and discreet. He is a lovely man." A parent told us they had made a request regarding the gender of staff providing care to their child as they got older and they felt the service had been very accommodating regarding this request.

● Peoples independence was supported and encouraged. Care plans guided staff about what people could do for themselves and where they needed support. Staff told us how they supported people to remain as independent as possible. Ensuring they were involved in choices and given space and privacy when needed. Staff told us they always ensured care was provided in a dignified, discrete way to allow the person privacy and dignity at all times.

Good

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 Good. At this inspection this key question has remained as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●Care planning was personalised and discussed with people and those caring for them when appropriate. Everyone we spoke with confirmed they had been consulted about the care plan. Telling us, "The manager came to see me at home prior to our joining Diversity." And, "They have a common sense approach, we review the care plan regularly making changes together as necessary."

●Peoples communication needs were known and understood by staff. Each care plan contained clear guidance to inform staff how people communicated their needs and how staff should engage with them. There were detailed descriptions about each person's personality, their likes, dislikes, and things that may make them anxious or upset.

●Each person was treated as an individual. Staff adapted their approach from person to person. For example, talking to people about their needs and preferences. For people unable to communicate with words, staff offered clear choices which could be indicated by blinking or showing their preference by noise or eye movement.

●Relatives, healthcare professionals, care and nursing staff were also involved when appropriate and kept updated of any changes. Relatives told us they were kept well informed of any changes and discussions about changing needs and received a full handover at the end of a visit, this meant they were always aware if their child had been unwell or needed any medication. People told us, "They communicate well, any changes they just let me know."

● Care plans included detail which enabled all staff to provide consistent person centred care. Care team meetings took place to discuss any health changes, issues or concerns if they arose. Staff told us they also used a communication folder to pass on any relevant information to staff carrying out the next visit. Detailed daily records were written in the care folder left in the home, so all staff could read back and see if there had been any changes or significant events. This ensured staff coming on duty were aware of any changes to care needs, things people wanted to do that day and people's chosen activities. The registered manager told us any urgent changes would be communicated by secure email or telephone.

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.

●Care plans identified peoples communication needs, this information ensured staff were able to communicate effectively with people in a way they understood. This included communication care plans for

each person, for example, always asking closed questions which could be responded to with a yes or no and allowing time for people to respond. One person communicated their wants and needs with their eyes, looking upwards and to the right for 'Yes' and did not respond to indicate 'No'. By ensuring guidance was followed staff were able to communicate effectively with them and ensure they were actively involved in all areas of their care.

●In the PIR the registered manager told us that when needed staff will work with parents to learn Makaton symbols which are known and used, and other gestures used to communicate. Tailored communication enabled people to understand what was happening and gave them involvement and choice. Parents told us, "They ensure that the communication skills which my child learns at school are practised and reinforced."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●Staff and management enabled and supported people to maintain relationships that were important to them. One older persons care plan included details that the person went out one day each week, and they told us they kept in contact with a friend who took them out or to appointments.

●Children receiving care lived at home with families. They were looked after by families when Diversity Care Solutions were not providing care visits. Children were supported to continue with activities that were important to them. We saw in care plan daily records staff had supported one child used skype to have contact with a sibling. Peoples hobbies were included in care plans, one attended scouts and enjoyed camping activities and football, others enjoyed books and cinema and were attending school. We were told, "The Carers read to them and include the other children it is fantastic."

●People had opportunity to access the wider community as hobbies and activity choices were supported. We were told staff took people out on walks or supported them on trips out. They also travelled with one child to school, supporting them on the journey. This enabled them to continue to attend school and continue their education.

Improving care quality in response to complaints or concerns

●Diversity Care Solutions had a complaints policy which was made available to people. The registered manager told us any complaint would be responded to and investigated. There were no recent or ongoing complaints, but records showed any minor issues raised had been documented and responded to. For example, when a minor issue regarding timekeeping was raised, staff were spoken to and a meeting was arranged to discuss concerns. The registered manager told us they always addressed even minor things to prevent the issue continuing. Staff were clear of the process to follow if any concerns were raised with them and were confident these would be dealt with promptly by the registered manager. This prevented them becoming official complaints.

● People told us they did not have any complaints but knew what steps to take if they did. We were told, "There is excellent communication, you can ring up the manager anytime to discuss issues and you are not kept waiting for action to be taken or an issue to be resolved." And, "You don't need to complain everything is open you can ring the manager anytime."

End of life care and support

●Diversity Care Solutions provided care to adults and children, some of whom had complex lifelong conditions. People were not always able to express their wishes in relation to end of life. Where appropriate discussions had taken place with relatives and next of kin. Children receiving care and support from Diversity Care Solutions were cared for by families who were responsible for decisions regarding end of life care. Although the service worked closely with families and organisations providing community hospice care and support to children, end of life wishes and arrangements would be decided by the family, supported by staff.

●Staff told us, "I am aware that some people we provide care to are very poorly, I understand that my job is to support them and their families no matter how upsetting things can be. I am there to remain professional and do the best job I can to support them, but we do care a lot about people and it can be upsetting."

Good

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 Good. At this inspection this key question has remained as 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

● The registered manager and staff placed emphasis on person centred high quality care. There was an open culture which was inclusive and valued people and their families.

●The registered manager worked with staff each day to provide people with a good quality of care.

●Information in peoples care documentation was written sensitively and supported ongoing involvement in decision making for people and their families if appropriate.

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

●The provider was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. There was a robust process in place which demonstrated how the service responded to incidents and concerns in line with their legal obligations. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded.

● Office based staff, including the registered manager worked alongside registered nurses and carers. This was used to provide additional support when needed and to monitor the quality of care being provided. People told us, "I get the impression that the training is excellent and the nurses and carers are in tune with the manager."

●In the PIR the registered manager told us that they were looking at ways to continuously learn and improve. To continually ensure the service works to safeguard children they were investigating whether the independent and voluntary sector has a representative on the Children Safeguarding Board who they could liaise with to access better understanding of local safeguarding procedures. As a service Diversity Care Solutions was also looking into training on the wider aspects of child protection such as parental behaviour and the impact on child safety.

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

● The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission (CQC) in line with guidelines. Reportable incidents had been referred appropriately to the local authority and care teams involved in peoples care. Action was taken to prevent similar occurrences, and outcomes were shared with staff.

● There was a comprehensive system of quality checks and internal audits to monitor care, documentation,

safety and quality of the service provided. This included a further audit completed by an external consultant. Action plans were produced from the findings and actions completed by the registered manager and senior staff. There was a designated care manager who worked with the registered manager to ensure peoples care needs were managed, reviewed and all legal requirements were met.

● The registered manager and senior staff carried out competency observations on staff and these were discussed with staff and constructive feedback given.

●Staff demonstrated a clear understanding of their roles and responsibilities and told us they felt supported and part of the team. One member of staff said, "The team are great, everyone in the office is brilliant, when things happen we are offered support, I love working for this company." And, "The manager carries out spot checks and observations, I like that."

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

●Peoples feedback was sought. Annual service user questionnaires were sent out. Although response numbers were low those that were returned were used to inform and improve future practice. Regular feedback was also sought from people to ensure they were happy with the level of care being provided. People told us, "We are asked for feedback all the time, the manager rings me every month." People we spoke with gave only positive feedback and many felt the care provided was of the highest standard. One person told us. "They have taken all the stress away from me, I get a full night's sleep," Another said, "If I was asked to give a rating I would say 9/10 or 10/10." Everyone agreed they would recommend Diversity Care Solutions to anyone in similar circumstances.

●Staff were offered meetings and invited to have regular feedback telephone calls with an independent person to ensure they felt supported and could discuss any issues. The registered manager was aware that staff felt that monthly feedback on top of a staff meeting was a bit too much, so they were evaluating ways to ensure staff continued to feel supported but that did not impact on their non working time.

Working in partnership with others

●The registered manager and staff worked with other organisations to improve services for people. They attended multi-disciplinary meetings (MDT) and liaised closely with social workers, NHS continuing healthcare and children's community hospice teams, GPs and consultants. They sourced guidance and training from appropriate sources and worked collaboratively with peoples care teams.

●People spoke highly of this collaborative working. One told us how after an MDT meeting the registered manager had given them support by following up a proposed provision of care with the NHS on their behalf.

● The registered manager completed a monthly client report for the children & young people's continuing care team to ensure they were kept aware of how people were being supported and the amount of hours being provided.