

Diverse City Care Ltd

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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

Diverse City Care Ltd is a domiciliary care agency. It is registered to provide personal care to children, younger and older people, people living with dementia, physical disabilities, sensory impairment, learning disabilities and/or autistic spectrum disorder, as well as mental health needs.

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 this inspection ten people were receiving personal care.

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

The registered manager, who was also the provider, was passionate about providing person-centred care. They knew people well as they were involved in their care delivery. The provider sought feedback from people and their relatives about their care experience and any issues raised, were dealt with.

People were supported by staff who knew how to keep them safe from harm or abuse. People were supported with their medicines in a safe way by staff that had been safely recruited. Staff were provided with sufficient amounts of personal protective equipment (PPE) to mitigate the risk of cross infection. Staff had good knowledge of the risks associated with providing people's care and had received training relevant to people's needs. People were supported to eat and drink enough.

People were supported to express their views, preferences, wishes and choices. The provider undertook, as much as possible, to try and match staff to the people they were supporting. This contributed to the delivery of successful and culturally specific care and support to people. A relative told us, "The staff engage with [person] on a personal level, they do [person's] hair beautifully, they (the service) are so unique I never knew services like this were out there." The provider worked effectively with health and social care agencies.

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

Staff supported people to engage in their hobbies and interests, while promoting people's independence. The provider's service was flexible and responsive to people's individual needs. People and relatives knew how to raise a concern or make a complaint and felt confident they would be addressed.

People, relatives and staff gave examples of care delivery demonstrating kindness and compassion. Staff we spoke with were committed to ensuring people's care and overall wellbeing needs were being met. People's diversity was supported and people's privacy and dignity was respected.

The provider completed audits to monitor the quality of the service. The impact of the COVID-19 pandemic

on staffing meant at times some people received care from staff they had not previously met or were familiar with. Some people and relatives felt the service could communicate more clearly with them when there were staff changes or when a replacement staff member would be sent.

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

Rating at last inspection

This service was registered with us on 14 June 2019 and this was their first inspection.

Why we inspected

This was a planned inspection for this service.

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?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Diverse City Care Ltd

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 houses and flats.

The service had a manager registered with the Care Quality Commission. The manager was also the nominated individual. This means that they were also the provider and 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 October 2021 and ended on 13 October 2021. We visited the office location on 05 October 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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.

During the inspection

We spoke with three members of staff, the quality assurance manager and the registered manager, who was also the nominated individual and responsible for supervising the management of the service as the provider.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person who used the service and four relatives about their experiences of the care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff supporting them in their home. One relative told us, "I need to know [person] is safe and this service is good, they have proven themselves to me. They [staff] have formed that relationship with [person] they sit and talk to them, putting [person] first."
- Staff had received training in recognising abuse and were able to explain the processes they would follow to report safeguarding concerns.

Assessing risk, safety monitoring and management

- The provider assessed people's needs before they began using the service to make sure they could meet those needs and manage any identified risks.
- Staff spoken with understood how to keep people safe and reduce the risk of avoidable harm. For example, how to mitigate the risk of people developing sore skin and how to transfer people safely using specialised equipment.
- Risks assessments were reviewed and updated as needed. Staff told us they were updated when there was any change to people's support needs.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS).
- People were supported by enough staff. We received no reports of missed calls. One relative told us, "Staff stay the correct length of time and never leave early; they always ask if there is anything I need help with before they go. The staff (attending) are consistent." Another relative said, they would like a telephone call if a regular staff member is unable to attend, to let them know a different staff member would be attending. We have relayed this back to the provider.,

Using medicines safely

- Where people received support with their medicines, this was managed safely.
- Staff told us they had received medication training and had their competencies assessed during spot checks completed by managers.

Preventing and controlling infection

- We were assured staff were using personal protective equipment (PPE) effectively and safely.
- People and relatives we spoke with raised no issues concerning staff not wearing the correct PPE.

- Staff we spoke with confirmed they wore PPE and completed lateral flow and PCR tests in line with government guidance.
- The provider told us there was a stock of PPE, including hand sanitiser available to staff at people's homes and the staff we spoke with confirmed this; although they said when stocks were running low, the system to deliver PPE to people's homes could be quicker.
- Everyone we spoke with confirmed they had never run out of PPE.

Learning lessons when things go wrong

- The provider had processes in place to record, investigate and monitor safeguarding incidents or accidents. We saw one incident had been appropriately referred to the local authority and investigated.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 by the provider prior to joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. The pre-admission process was person-centred, fully involving the person and their family members to make sure the service could meet the person's needs. A relative told us, "[Staff name] came out and completed an assessment on [person] and involved us in everything and advised us what they would do for [person] to meet their needs."
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- People and most of the relatives we spoke told us they thought the staff had the appropriate skills and training. Staff we spoke with demonstrated good knowledge and skills to support people in receipt of their care. We reviewed information that confirmed staff training was up to date and relevant to their role.
- One relative told us although staff were caring, they were not always consistent in their approach to completing tasks with their family member. This had been raised with the provider and discussions are ongoing.
- New staff to the service completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completing of the care certificate. The care certificate is the nationally recognised induction standard for staff working in care settings.
- Staff spoken with told us they felt supported, had supervisions and attended meetings, although the recent pandemic, meant these meeting had taken place virtually. The provider told us they intended to re-introduce face to face supervision, team meetings and training as soon as possible.

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

- Where staff provided support to people to maintain their diet, we found people's specific cultural and dietary needs were considered and appropriately assessed.
- No concerns were raised by anyone we spoke with about the support people received with their nutrition and hydration needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider and staff worked in partnership with people, relatives and health and social care

professionals to monitor and maintain people's health. These included people's GP's and district nurses.

- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

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.

- People and relatives told us staff sought consent from people before providing support to them. One relative told us, "I couldn't ask for more; [person] can get confused but the staff are so patient with them, they talk to them, ask them what they want and explain what they [staff] are doing (personal care)."
- Staff had received training in the MCA and understood how to apply it when supporting people. One staff member said, "[Person] can't verbalise but we know what they mean by their facial expressions, hand gestures and sounds."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives, without exception, provided consistent and positive feedback, about the caring attitude of the staff. People told us they were treated with respect and kindness. One relative said, "I would say this service goes over and beyond, I just can't praise them enough, they [staff] are so unique how they support [person]. [Person] knows everyone who comes to us and she has a unique relationship with them. They [provider] creates a holistic package of care."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One staff member said, "I love the people I work with."
- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported. This included information about specific cultural, religious or personal needs.

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

- The provider made sure people were, as much as practicably possible, fully involved in their care. For example, the provider would regularly visit and meet with people in their homes to make sure the support being delivered continued to meet their individual care needs.
- People were encouraged to express their goals and aspirations when their care needs were assessed or reviewed. This information was then used to plan and deliver care that reflected what people could achieve and what support was needed to make their wishes a reality.

Respecting and promoting people's privacy, dignity and independence

- People and relatives spoken with told us staff protected their right to receive care and support in a dignified way. A relative told us, "The staff try to encourage [person's] independence. [Person] tries to put themselves in the right position for staff by putting their arms out for a jumper; they [staff] really promote independence to keep [person's] skills."
- Staff gave us examples of how they supported people to do as much as they could for themselves to encourage their independence. One staff member said, "We try to encourage people as much as possible to try and do somethings for themselves like washing their face, holding a spoon or cup."
- Staff we spoke with were passionate about respecting people's privacy, dignity and were supportive and sensitive to people's needs.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 plans we looked at were person centred and we could see people and their relatives had been involved with the planning of care and support. One relative told us, "This (care provision) is all new to us and it has been a bumpy road for us as a family and [provider] has come in, delivered what they said they would, have open and frank conversations with us about [person's] needs. They [staff] look after [person], listen and so far, so good."

- People received care and support that was personalised to their individual needs and preferences. People and relatives told us they were happy with their care and staff were responsive to their needs. One relative said, "[Person] contracted (illness) and the carer noticed [person] was not right, I can't sing their [staff] praises enough, they [staff] are vigilant."

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.

- The provider understood their responsibility to comply with the Accessible Information Standard (AIS) and ensured people's communication needs had been considered as part of their assessment process. The provider explained how staff supported some people with basic use of signing, Makaton and pictures.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with told us they could share any concerns with the management team and were comfortable to raise and discuss any issues. One relative said, "I am in absolute no doubt if we had any concerns they would be dealt with quickly."
- We saw there was a process in place to record and monitor complaints.

End of life care and support

- At the time of the inspection the service was not supporting people thought to be end of life (EOL). We have discussed with the provider, more information around people's last wishes could be recorded within their care plans.

- The provider explained they had supported a person at the end of their life to remain at home where they had a peaceful, dignified death surrounded by their family. The provider's staff had engaged fully with the appropriate palliative care team.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was effectively managed. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider told us how they wanted to expand and 'grow' their service. We discussed with the provider the improvements they could make to their governance processes to support this development. For example, a process to oversee complaints, incidents and accidents. Care plans and risk assessments to contain more detail around about people's individual preferences and specific health conditions.
- Some people and relatives felt the service could communicate more clearly with them when there were staff changes to the rota.
- The provider had systems in place to monitor and review the quality of the service. Audits of the service were completed to ensure the provider was meeting peoples' needs and the service being delivered was to a high standard.
- Staff we spoke with were positive about working for the service. One staff member told us, "[Provider] is a nice manager, I enjoy my job and working for [provider] you are never stuck for information, you can always contact her."
- The management team had conducted spot checks on the support provided by staff until the onset of COVID-19 when oversight by the provider was maintained through regular telephone calls to people and relatives. Relatives and staff confirmed the checks had been completed. The provider told us they had started to reintroduce spot checks as the restrictions were eased and people and relatives were more comfortable for visitors to enter their homes.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure visits were completed.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

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

- People, relatives and all staff we spoke with told us they felt listened to and the provider was approachable. A staff member said, "[Provider] is caring and makes sure we have everything we need; they are a good person to work for and personally I have no complaints. I like my job a lot."
- The provider led by example and completed care calls and spent time with people in their homes to. One relative told us, "[Provider] is so approachable and hands on, she knows us as a family and knows what

needs to be done to make it work."

- The staff and management team put people first and promoted their independence, enabling people to make choices about their lives.
- The provider told us they only took on care packages if they were sure they could meet people's needs and provide them with good quality care.

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

- The management team were open and honest and knew how to comply with the duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There were whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.

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

- People and relatives had the opportunity to share their views on the service provided. One relative said, "I was sceptical at first and did not believe such services existed to this standard. They [provider] really meet [person's] cultural needs, their food, skin, the staff pick up on [person'] pre-empting their needs, they [staff] are so creative on how they engage with [person] I don't know what I'd do with them."
- Staff had meetings and supervisions to reflect on their work.

Continuous learning and improving care

- The management team were enthusiastic and committed to further improving the service for the benefit of people using it.
- The management team used feedback from a variety of sources, including involving people and relatives in individual reviews to make sure the care and support was personalised and met people's needs.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.