

Diversity Health and Social Care Limited

# Diversity Health and Social Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Diversity Health and Social Care Limited on 16 February 2015. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission. The service provides support with personal care to adults living in their own homes. One person was using the service at the time of our inspection.

There was a registered manager at the service at the time of our inspection. 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 and associated Regulations about how the service is run.

Systems were in place to help ensure people were safe. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Risk assessments were in place which provided information about how to support people in a safe manner. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there were enough staff working to support people in a safe way in line with their assessed level of need.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. People were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making decisions about their care.

The registered manager was open and supportive. Staff and relatives felt able to speak with the registered manager and provided feedback on the service. The service had various quality assurance and monitoring mechanisms in place.

We made a recommendation that on-going supervision is completed for all staff.

## 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. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Staff were recruited appropriately and adequate numbers were available to meet people's needs.

### Is the service effective?

Requires Improvement ●

The service was not always effective. Staff had not received on-going formal supervision in order for them to feel supported in their roles Staff undertook regular training.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes.

Staff had a good understanding about the current medical and health conditions of the people they supported.

### Is the service caring?

Good ●

The service was caring. A relative of a person that used the service told us that staff treated them with dignity and respect.

A relative of a person that used the service told us they were involved in making decisions about their care and the support they received

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

Relatives knew how to make a complaint if they were unhappy about the service and felt confident their concerns would be

dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable and open.

The service had various quality assurance and monitoring systems in place.

# Diversity Health and Social Care 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 checked 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). 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.

The inspection was carried out by one inspector. On the day of the inspection we spoke with the registered manager, the human resources manager, the administrator and three care workers. After the inspection we spoke with one relative of a person who used the service in their home. We were unable to speak to the person using the service because of they were unable to communicate with us. We looked at one care file, daily records of care provided, staff duty rosters, two staff recruitment files, training records, minutes for various meetings, and policies and procedures for the service. We also looked at one care folder in a person's home.

# Is the service safe?

## Our findings

The relative of the person who used the service told us they felt the service was safe. The relative said, "Yes safe. They [staff] are very good."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the registered manager. All staff had received training in safeguarding vulnerable adults as part of their induction and this was refreshed every year. The organisation's safeguarding and whistleblowing policies and procedures were also contained in the staff handbook which was given to all new members of staff when they first joined the service.

The registered manager told us there had been no safeguarding incidents since the service had been registered. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

People's support plans included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as risk of developing an infection, developing pressure sores, epilepsy, diabetes and choking. The risk assessments were specific to the individual need and included information for staff on how to manage risks safely. For example, where a person was at risk of the person developing pressures sores, there was guidance available for staff such as ensuring the person was turned regularly and for this to be documented.

All care staff had completed first aid training. Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed so they could contact the service out of hours if there was an emergency or if they needed support. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely. The relative of the person who used the service told us, "They have someone on call 24 hours."

The relative of the person who used the service told us their care staff usually arrived promptly and would stay the allotted amount of time. If there were any problems they said the office would call them. The registered manager explained that permanent care staff would be allocated so they would see the same care staff regularly. The relative of the person who used the service told us, "We get the same carers. We get to know them."

At the time of this inspection the service was not supporting people with their medicines. The registered manager told us and we saw records the service had medicines training and procedures available to staff when this would be required.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly

identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

## Is the service effective?

### Our findings

The relative of the person who used the service told us they were supported by staff who had the skills to meet their needs of their relative. They told us, "The carers are professionals."

Staff told us they felt positive about the regular training opportunities they were able to go on. They said the training they had done had helped them understand how to support people effectively. One staff member told us, "The training has been very good." Another staff member said, "It was enough training." They told us they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about health and safety, infection control, food hygiene, fire safety, basic life support, manual handling, safeguarding adults, lone working, complaints handling and conflict management and information governance.

New staff were given training and support when they began working for the service. There was an induction-training programme for all new employees which included a copy of the staff handbook, meeting potential people to care for and shadowing more experienced staff to learn how to provide people with effective care.

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.

We checked whether the service was working within the principles of the MCA. We found the service had written information on the MCA so that staff were provided with important information to uphold people's rights.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with family members to get an understanding of people they supported and their likes and dislikes.

At the time of this inspection the service was not supporting people with eating and drinking. Records showed staff had training on food safety and information on recording eating and drinking was available.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. Care plans showed the service had obtained the necessary detail about people's individual healthcare needs. There was specific guidance to staff about how to support people to manage these conditions. The relative of the person who used the service told us, "They [staff] know when [person who uses the service] is unwell. They will call me."



Staff had not received on-going formal supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. However, staff felt supported by the management team. Staff comments included: "If I have any problems I will come to the office. They are very helpful" and "I started in January and [registered manager] told me supervision will be soon." The registered manager explained that supervision and appraisals were now being planned for the near future. We recommend that the service provides on-going formal supervision at least quarterly as stated in the provider's policy on supervision.

## Is the service caring?

### Our findings

The relative of the person who used the service told us staff treated their relatives with dignity and acted in a caring manner. They said, "[Person using the service] is being loved. They handle [person using the service] with love." They also said, "They [staff] sit with [person using the service] and read him stories and talk to him. I can hear him laughing."

The relative of the person who used the service told us that staff listened to them and respected their choices and decisions. They confirmed that they were involved as much as they wanted to be in the planning of their care and support for their relative. The relative told us they were kept up to date about any changes by staff at the office and the registered manager. They said, "I'm involved with the care plan."

Staff had a good knowledge of the people they were caring for and supporting. Staff comments included, "Sometimes [person using the service] has facial expressions and I know something is wrong" , "We are there to help the client" and "[Relative of the person who used the service] told me quite a bit about [person using the service]. Working there I get to know [person using the service]."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "When we are providing care we do it privately. We lock the door so no-one else can come in."

Staff were provided with a staff handbook which set out a code of conduct. This included how staff should maintain appropriate professional boundaries, how to adopt high standards of personal conduct and that staff had a responsibility to ensure that confidential records relating to people were only accessed by those with a legitimate right to do so. Staff were aware of the need for confidentiality.

People and their relatives were provided a service user guide about the service. The information set out how the service respected the right of each client to lead as independent and fulfilling life as possible. For example, they stated, "Each client is an individual with individual needs, wants and desires. This individuality will be recognised and respected to ensure promotion and maintenance of the clients dignity and self-worth." One staff member told us, "I was given a booklet about the level of care to be given and the policies and procedures."

## Is the service responsive?

### Our findings

The relative of the person who used the service told us that the service involved them in decision making about their care and support needs for their relative.

The registered manager told us that they met with prospective people who wanted to use the service to carry out an assessment of their need after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The registered manager told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. The relative of the person who used the service told us, "They did a risk assessment. They asked about his needs, how to handle him, what he likes and how to communicate with him."

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including toileting, mouth care, pressure sores, respiratory problems, hoisting, diabetes, and epilepsy. The care plans were written in a way that reflected people's individual preferences. For example, one care plan detailed how one person had epilepsy. The care plan detailed for staff to document events following a seizure, time and duration of the seizure and the type of seizure. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with their relatives, and records confirmed this. Staff told us care plans were reviewed regularly. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. People and their relatives were given a copy of the complaints procedure including in the service user guide. The relative of the person who used the service told us, "I would speak to the manager. He always questions if I am not happy. He asks the right questions." The registered manager told us there had been no formal complaints since the service was registered.

## Is the service well-led?

### Our findings

The relative of the person who used the service told us they liked the service and thought it was well led. They said, "He [registered manager] is a caring man. I don't have any problem with him."

There was a registered manager in post and a clear management structure. Staff spoke highly of the manager and the office team. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "Any concerns he [registered manager] attends to including the clients." Another staff member said, "He is a very good manager. I feel comfortable talking to him. He is a person you can approach."

The registered manager and staff told us that regular staff meetings were held. Records confirmed these meetings were held regularly. Topics included audits, recruitment, staff database including rotas and training and compliance. One staff member told us, "We have a staff meeting every month."

The registered manager monitored the quality of the service by regularly speaking with relatives of the people who used the service to ensure they were happy with the service they received. The registered manager undertook spot checks to review the quality of the service provided. This included arriving, at times when the staff were there, to observe the standard of care provided and obtain feedback from relative of the person who used the service. Records confirmed spot check were completed. The relative of the person who used the service told us, "He [registered manager] comes to see us. He always likes to know if something is not right."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a quality check completed every two weeks. The quality check included looking at daily records completed, turning and fluid charts. Records confirmed these had been completed and signed by the registered manager.

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.