Diversity Health and Social Care Limited

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Inspection report

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16 July 2018
17 July 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This announced inspection took place on 11, 16 and 17 July 2018. This was our first inspection of this service since they registered with us.

Diversity Health and Social Care Limited is a domiciliary care agency which provides personal care to people who live in their own homes in Leicester. They support people with a range of needs, including health conditions and school-age children with complex needs. At the time of our inspection there were 18 people using the service. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. 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.

Potential risks people were exposed to had been identified. Records, such as risk assessments and behaviour management strategies, did not always provide the detail and guidance needed, or the measures staff needed to take to keep people safe.

There were robust recruitment policies in place. These helped to ensure staff were suitable to provide care and support. There were enough staff available to meet people's needs as assessed in their care plans. There were limited systems to evidence a systematic approach to the deployment of staff. The registered manager told us they would develop these following our inspection.

Staff had completed training to enable them to recognise signs and symptoms of abuse and felt confident in how to report concerns.

Systems were in place to ensure staff followed safe infection control procedures to prevent the risk of infection when providing care. Procedures were in place to enable staff to report and review accidents and incidents when they occurred.

People's needs and choices were assessed and their care provided in line with their wishes and preferences. Staff completed training that was relevant to their role and received support and supervision from the registered manager. This supported staff to gain the skills and knowledge they needed to meet people' needs.

People received enough to eat and drink and were supported to maintain their nutritional health if required. People were supported to access health services when required to make sure they maintained their health and well being.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA). People, and appropriate representatives, parents or guardians were involved in making decisions about their care.

People had developed positive relationships with staff who were kind and caring. Staff treated people and their relatives with respect and protected people's right to be treated with dignity and have their privacy maintained at all times. Staff understood people's individual needs and preferred means of communicating which supported people to be involved in their care.

People, their relatives and representatives were consulted and involved in all aspects of their care and were able to make changes to how their care was provided. Care plans were regularly reviewed to ensure they reflected people's current needs. Care plans included guidance from health and social care professionals to ensure care was provided in line with best practice.

People, their relatives and representatives knew to raise concerns and complaints and were confident these would be listened to and acted upon.

The registered manager had developed an open, inclusive culture that was focussed on achieving the best possible outcomes for people through personalised care. Staff embraced these values, which were embedded in their working practices. People, those important to them and staff were able to share their views about the service. Staff worked in partnership with other agencies to ensure people's needs were met.

The registered manager monitored the quality of the service to ensure people received good care. They were clear on how they could drive improvements in order to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments did not always provide the detail and guidance needed, or the measures staff needed to take to keep people safe.

There were sufficient staff available to meet people's needs. The provider did not maintain accurate records to demonstrate they used a systematic approach to ensure the right numbers and skills of staff were deployed.

Staff followed safe infection control procedures.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met by staff who had the skills and knowledge they needed to provide effective care.

People were supported to maintain their health and well-being, including their nutritional needs.

Staff understood the principles of the Mental Capacity Act 2005 and sought consent before providing care and support.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. They understood the most appropriate communication methods for people and were knowledgeable about the people they supported.

People, relatives and representatives were involved in the planning of their care.

Staff protected people's privacy, dignity and confidentiality and were respectful to people and their relatives.

Is the service responsive?

Good

The service was responsive.

People were supported to be involved in the planning of their care.

Where required, people were supported to pursue hobbies and interests and staff spent time with people to reduce the risk of social isolation.

People, their relatives and representatives felt comfortable to raise concerns and knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

There was clear leadership and management of the service which ensured staff received the support they needed to provide good care.

People, relatives and staff were supported to share their views about the service.

The registered manager had system in place to monitor the quality of the service. On-going development of systems and processes were underway at the time of our inspection.

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.

This inspection took place on 11,16 and 17 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We made telephone calls to people using their service and their relatives on the 11 and 17 July 2018. We visited the office location on 16 July 2018 to see the registered manager and office staff, visit people in their own homes and to review care records and policies and procedures.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included any notifications about serious incidents or events in the service that the provider is legally required to tell us about within specific timescales.

During the inspection we spoke with six people and four relatives of people using the service. We visited two people in their own homes and spoke with their representative to gain their views of the service. We also spoke with the registered manager, the office administrator and four care staff.

We spent time looking at records, including three people's care records, three staff recruitment files, records relating to the day to day management of the service and the provider's policies and quality assurance

systems.

Following our inspection, we asked the registered manager to provide us with information pertaining to polices and procedures. They did this in a timely way.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "I feel very safe with the carers. They look after me well and also make sure doors are locked, things like that." Another person told us, "They [staff] make sure I am safe when getting out of bed and onto the toilet." Relatives told us, "I think [name] is safe. All the assessments for safeguarding have been made to make sure [name] is safe with staff." Another relative told us, "Staff are very safety conscious and well trained."

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff described what they would look for and action they would take to raise an alert to make sure people were safe. This included reporting to the registered manager, or external agencies if they had concerns about malpractice within the service.

The provider had safeguarding policies for adults and children. We found these required further development to ensure they were fit for purpose, and provided staff with the up to date information and guidance they needed to follow safeguarding protocols. Following our inspection, the provider sent us the revised policies which reflected current guidance and best practice for children and adults, including contact details of relevant external agencies which they would share with staff.

People had risk assessments in place that were specific to each person's circumstances. These included areas relating to the environment, for example potential hazards around people's homes, and risks to the individual. For instance, use of equipment and risks associated with people's health conditions. We found some risk assessment records required further development to ensure risks identified were underpinned by up to date written guidelines. For example, risks associated with people's mobility were assessed using 'tick charts'. Records identified potential risks and equipment required, but did not provide guidance on how people should be supported to move or transfer. This is important to ensure staff have the information on the measures they needed to take to reduce potential risks for people. The registered manager told us they would review and develop these records.

Other risk assessments were detailed and provided the guidance staff needed. For example, one person's care plan included detailed instructions with photographs to guide staff on how they should provide care and support to keep the person safe. This included supporting the person to transfer to their wheelchair and to stay safe whilst in bed. The registered manager had liaised with health professionals who had developed the information and included it in the persons care plan to ensure staff followed best practice. Staff were able to describe how they kept people safe, which included a good awareness of the risks people faced and a good understanding of equipment and safe practices.

Some of the people using the service could demonstrate behaviours that may challenge. The registered manager ensured staff had the skills and knowledge to support people if they should become distressed or anxious. For example, staff who were skilled and experienced in supporting children with complex needs and staff who were knowledgeable about mental health. Care plans did not always include the details of people's behaviours and suggested responses and interventions from staff. The registered manager told us

they would include this information in relevant care plans.

People were supported by their relatives to take their medicines or were able to manage these independently. Some staff had completed training in administering medicines and the registered manager told us this was planned for all staff in the event people required support with their medicines.

There were enough staff available to meet people's needs as assessed in their care plan. People and relatives told us staff always arrived on time, never missed a call and stayed for the full duration of the call, sometimes longer. People received care from a consistent team of staff and told us this gave them confidence and helped them to feel safe. The registered manager allocated staff visits to staff electronically. They did not maintain a record of staff rotas other than through timesheets and call logs. This is important to enable the provider to demonstrate they used a systematic approach to ensure people received care from the right number of skilled staff, determined as necessary to meet their needs.

We looked at the recruitment records of three staff. We saw background checks were carried out to make sure applicants were suitable to provide care to people who used the service. This included a check with the Disclosure and Barring Service (DBS). The DBS helps employer to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people using care and support services.

We observed staff following safe infection control procedures when providing care. For example, staff wore protective clothing, such as aprons and gloves, when supporting people and disposed of clinical waste appropriately. The registered manager provided staff with a supply of personal protective equipment (PPE) which was usually stored in the person's home, with their consent. They told us this helped to ensure stocks were always available.

The provider had systems in place to enable staff to record and report incidents and accidents in the service. At the time of our inspection, there had not been any accidents or incidents. The registered manager was clear on their responsibilities to undertake an analysis in the event these occurred and identify any lessons to be learnt.

Good

Is the service effective?

Our findings

People and relatives told us they were confident that staff had the skills and knowledge they needed. Comments included, "I think they [staff] are well trained in care needs but also they are excellent mentors and good at teaching life skills to young people," "I think they are brilliant and have the skills needed to look after [name]," and "They are well trained in care needs and support [name] very well. They know [name] well and we are very happy with them."

People's needs were assessed during an initial assessment prior to them using the service. The assessment covered people's physical, emotional and social care preferences to enable the service to meet their diverse needs. The registered manager liaised with the parents and health and social care professionals involved in children and people's care to gather information which formed the basis of the care plan. This process helped to assure people their care would be delivered in line with up to date legislation, standards and best practice.

People received care from staff who were knowledgeable and had received the training and support they needed. One staff member told us, "My induction was great; it covered everything. I completed mandatory training, such as manual handling and food hygiene, and shadowed (worked alongside) the registered manager to get to know people. There is enough training; it's good to refresh your knowledge regularly." Another staff member spoke positively about their training, which included development training that enabled them to train other staff in key areas.

The registered manager supported staff to undertake an induction based on the Care Certificate; a set of nationally recognised standards that support care workers to develop behaviours required to provide good care. They worked alongside all new staff as part of their induction. This enabled them to assess staff competency and ensure staff had the right values, skills and knowledge to meet people's needs. Training certificates showed staff had completed a range of training specific to their roles which supported them to meet people's needs. The registered manager was in the process of developing records which included induction books and a training matrix. This would enable them to monitor and analyse staff training.

Staff practices were regularly monitored and they received frequent supervision. One staff member told us, "[Registered manager] is great. We have all the support we need to do the job properly. If we have any concerns, we have confidence that [name of registered manager] will sort it out." Another staff member told us, "I have support and supervision from [registered manager]. I see [registered manager] most days and sometimes we work together which helps."

Some people were supported to have sufficient to eat and drink. When we visited people in their own homes, we saw staff supported them by preparing and serving meals of their choice. Staff ensured people had sufficient fluids available to maintain their hydration. Care plans included guidance to support people's nutritional needs. For example, one person's care plan instructed staff to, 'leave me a drink on the side of bed' as part of the evening routine. Another person's care plan referred to their specific dietary requirements so staff were aware of these, even though meals and drinks were provided by the person's relative.

People were supported to maintain good health. People's care plans included guidance about people's health needs, including the impact health conditions had on people's well being. This information helped staff to provide effective care. For example, one person required staff support to maintain their correct postural position as assessed by a health professional. Their care plan included detailed guidance for staff to follow to support the person correctly and maintain their well being. A second person experienced pain as a result of their health condition. Their care plan provided information on the impact of this on their daily well being, signs and symptoms that demonstrated they were experiencing ill health and how staff could support the person during these times.

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 any particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised. People, their guardians or relatives, had signed consent to their care and support. The registered manager told us if it appeared that someone might lack capacity, they would ensure a mental capacity assessment was carried out. Dependant on the person who was receiving the care, a relative or friend could also be involved, but only when the person gave their approval or did not have capacity to provide detailed information.

We observed staff sought consent before providing care and support and consulted with people to support them in making choices and decisions about their care. This included where they wanted to spend their time, what they wanted to wear and what they wanted to eat/drink.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with told us staff were kind, caring and respectful. Comments included, "They treat me very well; they are lovely people," "Staff are very respectful but are still friendly and have a laugh with [name]," and "They treat [name] like the young person they are and are very patient and understanding of [name] complex needs. Staff take the time and effort to build good relationships with [name]." One relative spoke of staff 'going the extra mile' and making sure their family member had everything they needed before leaving. Another relative told us they liked that staff were unobtrusive in the family home, which demonstrated respect for other family members.

Staff understood the best communication methods for people and were knowledgeable about the people they supported. For example, one person used non-verbal communication in the form of gestures. Staff described how they recognised and responded to each sign and gesture. For example if the person was happy or unhappy. This helped the person to express emotions and participate in choices about their care.

People's care plans reflected their needs and wishes and had been developed through consultation with the person, their relatives or representatives. For example, for one person it was important for them to remain within their religious community and avoid the need to move on for as long as possible. Staff worked in partnership with the person, their representative and health professionals to support the person to manage their health condition within their own home. People and relatives confirmed they had been involved in the development of their care plans and felt their opinion had been listened to and taken into account. Staff demonstrated they knew people's needs and wishes and spent time at each visit ensuring they had supported the person with everything they needed before they left. Staff told us they had enough time to care and we saw staff did not rush and visits were planned, with sufficient travel time between visits.

A representative for two people described staff as being respectful when they entered their religious community. They told us, "Staff understand the culture here and are respectful to others [members of the religious community]. They provide care in a dignified manner. They go the extra mile; for example supporting [name] to attend hospital visits at short notice. We have developed trusting relationships with the staff, to the extent they can now access the community independently." They told us staff respected them as an advocate for people and involved them in decisions and any changes in how their care was provided.

People told us staff supported them to do as much as possible for themselves. One person told us, "They [staff] let me do as much as possible for myself; but make sure I am safe too." A relative told us, "A large part of their care is improving [name] life skills." People's care plans included information about tasks people were able to do without support, and when staff should step in to assist.

Staff knew how to provide care in a dignified way to maintain people's right to privacy and dignity. One person told us, "They [staff] make sure the bathroom door is closed and things like that." We saw staff knocked on doors before entering and protected people's right to privacy when supporting them with care.

Staff completed care records and stored these in the person's home in line with their requests. Care records were stored securely at the office, manually and electronically. Staff had signed confidentiality statements, which included agreement to consent to the requirement of the General Data Protection Regulation (GDPR). This helped to ensure people's data was stored and managed in line with legal requirements.

Good

Is the service responsive?

Our findings

When we spoke with people and their relatives, they told us that the provider made sure they received the service that was expected and the staff who visited were always known to them and knew what their needs were. One person told us, "They [staff] are more than just carers; they are friends. They are helping me to do what I want to do." Another person told us, "They are all very good, I always know who is coming."

People had care plans in place that were developed in consultation with people and their relatives. People's decisions and choices, or those of their representatives, were used to form the basis of an agreement between the provider and the person and informed the care plan. Care plans included details of people's histories, people who were important to them and preferences and wishes. Routines that staff should follow were detailed for each visit. For example, how they should greet the person, in what order people liked their support to be provided and things people liked to have around them. We found some plans were more detailed than others. At the time our inspection, the registered manager was in the process of updating and developing care plans to ensure all records provided information that supported personalised care.

People, their relatives and representatives were involved in reviews of their care to ensure the care provided met their current needs. One person told us, "Yes, I have a care plan and a lady came to review it recently." Relatives told us care plans were reviewed regularly and they had opportunities to regularly discuss the care plan directly with the registered manager and make any changes. One person's representative told us staff had worked in partnership with the person, their representative and health and social professionals to ensure the person had the equipment and level of care they needed following a recent hospital discharge. The representative told us how staff had responded to a change in the person's needs by contacting external agencies to request assessments and equipment to support the person within their home. This response meant the person had the level of care and support required to keep them safe. The registered manager did not keep formal records of people's reviews. They told us they would include review dates and outcomes with the care plan.

Some people received support to pursue hobbies and interests. For example, one person was supported to choose a range of activities ranging from the local community, to lunch or walking the dog. Another person was supported to take regular walks, an activity that was very important to them. Staff ensured they spent time talking with people and supporting them to pursue interests, such as providing reading material of their choice. This helped to protect people from the risk of social isolation.

The registered manager ensured people had information in a format of their choice. This supported them to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for provider's to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they would develop a policy demonstrating how they complied with the AIS following our inspection.

People and relatives knew how to report concerns. They were clear on who to contact but told us they had had no reason to complain about the service to date. The provider had policies and procedures in place to

support people to make a complaint, though no complaints had been received at the time of our inspection. We found these required further development to clarify the process of making a complaint. Following our inspection, the registered manager provided us with a revised policy and procedure and we found these were fit for purpose.

The registered manager said people were supported to plan for their final wishes, when appropriate. Currently people who used the service had not begun contemplating this part of their care plan.

Good

Is the service well-led?

Our findings

People, their relatives and representatives were overwhelmingly positive about the care they received and the leadership of the registered manager. Comments included, "I would recommend this service to anyone. Their work ethic is marvellous and information is shared with everyone concerned. The registered manager is amazing; very flexible and willing to listen and work together with us," "The staff are very happy, well supported and motivated. They enjoy their work and it shows," and "The [registered] manger is brilliant. She answers any queries instantly; there is no waiting for her to get back to you."

The service had a registered manager in post. They had extensive experience in working in the health and social care sector. This gave them the skills and knowledge to understand and successfully operate the service. They were clear on their plans to develop the service and recognised they needed support in day-to-day administration duties. As a result, they had recently recruited an office administrator to support them to develop and maintain records and recruit staff. All the people and staff we spoke with had regular contact with the registered manager and had access to their support and guidance out of hours if required.

Staff told us the registered manager had an open approach and was very supportive and easy to talk to. One staff member told us, "I think the service is well managed. [Name of registered manager] is really flexible and supports people and their families. It is a good company to work for." Another staff member told us, "The service is very good; that's why I work with them. If something isn't right, [name of registered manager] reviews it straightaway and resolves it. She makes sure staff are compatible with the person, listens to our feedback and supports us to work as a team."

Staff were supported to share their views directly with the registered manager. The registered manager worked regularly alongside side staff and this enabled them to discuss issues or concerns and when they arose. The registered manager was in the process of implementing formal staff meetings as a result of the increased staff working in the service. This would enable staff to share learning and best practices.

The registered manager and staff told us the staff team worked well together and shared the values of the provider. This was to provide personalised, flexible care and to provide support to relatives involved in their family members' care; particularly parents of the children who used the service. The staff team was diverse and reflected the cultures and needs of the people using the service. One staff member told us, "We come from a wide range of cultures and backgrounds. If we are supporting a person from a specific culture, the registered manager supports us to understand the values and beliefs of that culture so staff comfortable in understanding what is expected. It is important to have an awareness of each other's customs, cultures and backgrounds and respect each other." The registered manager spoke about a culture where all staff were treated equally and this was confirmed by staff who we spoke with.

The quality of care was regularly monitored. The registered manager told us they undertook announced and unannounced spot checks on staff competencies and this was confirmed by people and staff. Checks included presentation and timekeeping of staff, quality of care provided, communication and documentation. The registered manager maintained informal records of checks. They told us they would

develop formal quality assurance records to demonstrate the outcome of their audits and checks following our inspection.

People were able to share their views about their care through satisfaction surveys and face to face with the registered manager. Recent surveys showed people were happy with their care. One person had shared their views as, "My carer is very professional. They have given rhythm to my life." Regular telephone calls were made to family members to get their feedback on the quality of care their family member received. The registered manager had asked for feedback about surveys and as a result was in the process of revising the current format. This was in response to feedback from relatives who requested less paperwork to complete.

The registered manager kept up to date with best practice through maintaining their current registration as a healthcare professional. They were clear on best practice in health and social care, including guidance from NICE (National Institute for Clinical Excellence). This helped them to share best practice with staff, including working in partnership with other agencies involved in people's care. This ranged from ensuring effective daily handovers with teaching staff, to contacting mental health workers if they had concerns about a decline in a person's health. This helped to ensure people received care that was responsive to changes in their needs.

The registered manager demonstrated they were clear and understood their responsibilities, including their legal obligations. They were supported by the registered provider who provided advice and guidance about their statutory responsibilities when required. The registered manager told us the registered provider was in the process of arranging to undertake an audit of the service to assure themselves people were receiving good care.