

Diverse Care Services Limited

# Diverse Care Services

## 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

This inspection took place on 3 February 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Diverse Care Services currently provides personal care for 69 people within their own home.

There was a registered manager in post 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 2008 and associated Regulations about how the service is run.

Following our last inspection on 16 and 17 February 2015, we found the provider was not fully compliant with the regulations we inspected. We had concerns that the provider's risk assessments were not detailed enough. There were incidents of late calls to people, resulting in their care not being received on time. Staff skills required updating especially relating to the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguarding (DoLS). Systems to monitor and improve the quality of service were also ineffective. Following the inspection in 2015 the provider submitted an action plan to CQC to address the issues highlighted in the report. During this latest inspection we could see that all of the previous concerns had been addressed and rectified.

We saw that people were kept safe by the staff and that they knew how to protect people and minimise the risk of abuse.

People were protected from the risk of abuse because the provider ensured that staff had received the training they needed to recognise and respond to the risk of abuse.

People were protected from the risk of harm because risks to people were assessed and the provider had put steps in place to minimise them.

People received flexible and responsive care because they were supported by sufficient numbers of staff.

People received their medicines at appropriate times and accurate records were maintained.

People felt they had good access to health care support when required and that staff responded to health care issues in a timely manner.

People and relatives we spoke with felt listened to by staff and that their requests were acted upon in a timely manner.

People felt that staff treated them with dignity and respect.

People and relatives were involved in the development of care plans and were able to express how they preferred to receive care.

Staff were supportive in helping people to maintain their independence as far as was practicable.

There was a positive relationship between the people, relatives and the provider.

People and relatives were confident that the manager would respond positively to their requests and staff were happy working for the provider

Staff had regular supervision and appraisals and felt valued by the manager.

The provider had robust quality assurance and data management systems in place to ensure quality of service provision.

## 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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in cases of an emergency.

### Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles of what constituted a restriction on someone's.

People were involved in deciding how they received care and support.

### Is the service caring?

Good ●

The service is caring.

People were treated with dignity and respect.

People's privacy was upheld at all times.

People's view and opinions were listened to.

People were supported to maintain their independence.

### Is the service responsive?

Good ●

The service is responsive.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Staff were responsive when supporting people's changing needs.

**Is the service well-led?**

**Good** ●

The service is well-led.

Audits were carried out effectively.

People knew the manager and had a positive relationship.

Staff were happy working for the provider.

# Diverse Care Services

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 3 February 2016 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection, we spoke with five people, six care staff, five relatives and the registered manager. We reviewed the care records of four people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe with the service provided by Diverse Care Services and that staff supported them with their care needs. One relative we spoke with said, "The care's brilliant, we're happy that mom's well looked after and feels safe". A person we spoke with said, "I feel safe the carers are lovely". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. One staff member told us, "We know the people very well, we see them on a regular basis and would notice any signs of abuse". Staff knew how to escalate concerns about people's safety to the provider and other external agencies.

At our last inspection it was identified that there were late calls to people and care was not being received at appropriate times to meet the person's care needs. From talking to people and their relatives we saw that this had improved. One person we spoke with told us, "They [staff] arrive on time, they don't miss my calls". Another person we spoke with said, "I get two visits a day, they're generally on time but if they [staff] are running late they'll call and let me know". The provider told us that they ensured that people were informed if staff were going to be late, for example, because of excessive traffic. One staff member told us, "We get five minutes travel time between calls, this is not always enough for morning visits". We saw that the provider ensured that staff lived within a reasonable distance of the people they supported to ensure that visits were attended on time.

It was also identified at our previous inspection that some risk assessments were not detailed enough for staff to know how to safely assist people. During this inspection we saw that this had improved. People and relatives we spoke with told us that risks to their family members had been assessed. A relative said "We discuss risk assessments and we can contact the manager at any time." Staff were aware of the risks associated with the people they cared for, one member of staff told us, "When working with a new person we always read their risk assessment and talk to them about it". Another staff member told us, "We check that people can move around their home safely and that there are no risks of trips". We saw that risk associated with the care and support needed by people had been identified, including environmental risks and any risks due to the health and support needs of the person. For example, we saw that risk assessments were in place for people who required support moving from one place to another, or for people with diabetes, and how staff would respond to these needs.

We asked staff what action they would take in the event of an emergency. One staff member explained what they would do if they found a person who was unconscious, they told us, "I would check to see if they were breathing, make sure they were safe from further risk, contact the emergency services and my manager". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency.

Everyone we spoke with felt there was sufficient staff to meet people's needs and keep people free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the

appropriate skills and knowledge to ensure that people were cared for safely. One person told us, "There are enough [staff] to look after me ". A member of staff told us, "There's always staff support if we need it". A relative to us, "The care's brilliant". There were processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care. A relative we spoke with said, "There's consistency of carers, we always have the same ones". From talking to people and relatives we could see that the lack of missed calls showed that the provider had enough staff to respond to people's care and support needs.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home.

Staff told us that they had received training on handling and administering medicines. One staff member said, "I talk to people about their medicines and sit with them while they take them". Another staff member explained how they support a person with their medicines, "I help with their blister packs and sit with them [people] while they are taking their medicine". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff were able to explain how they recorded information about people's medicines by completing Medicine Administration Record (MAR) sheets. Most people we spoke with managed their own medicines or were supported by a relative. One person who did receive support from Diverse Care told us, "They [staff] keep an eye on my medicines for me and they always have them ready for me in the morning".



## Is the service effective?

### Our findings

Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. One member of staff told us, "My induction was very good". We saw that new starters were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. A staff member explained to us how, as part of their induction training, they shadowed more experienced staff to gain a greater understanding of how to support people's needs. Another staff member told us how they developed their learning from experiences they encountered during their working day. Another staff member told us how they identify and learn about specific health care topics, "We have themed training sessions during team meetings". People and relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. One relative told us, "They [staff] seem skilled, they know what they're doing". Staff were able to explain to us about people's needs and how they supported them. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they attended staff meetings and had regular supervision conducted by their manager. We saw evidence that Diverse Care had supervision and appraisal processes in place and staff said that they felt supported by the provider.

People and relatives we spoke with told us that they felt that their care needs were supported and that they were involved in decisions made about their care. A relative told us, "We're involved in mom's care planning and we can discuss any changes that are needed with staff and the manager". One person told us, "If I want anything doing I just tell them [staff]". We saw that Diverse Care had processes in place that involved people, relatives in how people received personalised care support. Staff explained how they gained consent from people when supporting their care needs. One staff member told us, "We're always talking to people and asking permission before we do anything for them". A relative told us, "Mom has fluctuating health needs which can change on a daily basis. Staff are very flexible and always ask how much support she needs at every visit".

Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions. 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.

Staff were knowledgeable about supporting people whose behaviour might become challenging. One member of staff explained to us how they knew people well and could recognise when they might become unsettled or anxious. They explained how they would use techniques to reassure people and help them to

relax, "I talk to them [person] calmly until they are more settled".

Most of the people we spoke with did not need support with their meals, or if they did they were supported by a relative. One person we spoke to who was supported at meal times told us, "They [staff] get my breakfast for me. I like bacon and egg or cereal". We saw care records that showed when there was involvement of health care professionals to support and monitor people's dietary needs.

We saw that people were supported to maintain good health and have access to health care services and support. We saw care records that provided information about regular appointments to doctors, opticians and dentists. One person we spoke with told us, "Staff are very good, they often alter visit times to fit around my medical appointments". We saw that staff were aware of how to support people's health needs, one staff member told us, "If we have any concerns we discuss them with the family and GP".

## Is the service caring?

### Our findings

People and relatives we spoke with were pleased with the care and support they received from Diverse Care, they felt that staff listened to them and acted upon what they said. One person we spoke with told us, "They're [staff] very kind and considerate". Another person told us that staff were, "Kind, caring, friendly and chatty". A person also told us how staff listened to what she needed them to do for her, "I let them know if I need anything doing and they do it". We saw that people and relatives were involved in care planning that ensured people's individual support needs were met. A relative told us, "We were involved in [relative's] care planning from the start. We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support. The manager had regular contact with people both in person and by telephone where they discussed their care.

People and relatives told us that staff treated people with dignity, respect and upheld their rights to privacy. One person spoke with told us how staff always talk to them and are empathetic when supporting with personal care. Staff were able to explain to us how they ensured that people were treated respectfully. One staff member told us how they supported people to the bathroom when providing personal care to ensure that they are in a private environment, they told us, "I ask if they're happy to be washed". Another staff member told us how they maintained people's dignity by keeping them covered whilst providing personal care. Staff received guidance during their induction in relation to dignity and respect.

Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. One staff member told us how they encouraged a person to carry out small tasks around their home, for example, washing dishes. One person explained to us how they liked to do as much for themselves as possible, for example, they told us, "I like to make my own bed". Another person told us how they liked to get themselves dressed in the morning.

## Is the service responsive?

### Our findings

People using the service and relatives told us they felt that Diverse Care were responsive to people's needs. One relative gave an example of how staff were flexible in their approach and worked with their family member to provide person centred care. They told us "They [staff] work around her [relative's] medical appointments". Another relative explained about their involvement in the care and support for their relative, "Staff ask if she [person] has any problems". They continued, "They're [staff] flexible to daily needs, for example bath and bed times".

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented. A relative we spoke with told us how Diverse Care would inform them if there were any changes in their relative's health, "[Managers name] contacts me regularly for review discussions and asks for feedback on changes to care support". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that Diverse Care had a complaints and compliments policy. We saw records of minor issues and the actions that had been taken to rectify them appropriately. People and relatives were aware of how to raise any complaints if they needed to. One relative we spoke with told us, "I know I can raise any issues or complaints with the manager, they're always responsive". One person gave an example of when they had contacted the manager to complain that a member of staff was not removing their coat during visits, and that the manager had acted promptly to ensure that it did not happen again. One staff member told us how they would support a person to raise a complaint or concern by showing them that there were contact details for the main office on their care plan.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A relative told us how the manager would contact them to see if they were happy with the care their relative was receiving. A person we spoke with said, "I haven't been asked for feedback, but I can contact the manager if I need to". Another person told us, "If I want to give feedback [manager's name] comes out to see me".

During our inspection visit relatives of a person who, up until recently had been cared for by Diverse Care, came to talk with us about a concern they had relating to the support their relative had received from the provider. We observed that the manager responded and acted appropriately to the situation by making a formal notification of the complaint to CQC.

## Is the service well-led?

### Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. One staff member told us "I'm happy working here, the manager's very supportive". We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. One staff member told us that the manager or senior staff members do spot checks to ensure consistency and quality of care is being provided. Staff told us that they had regular team meetings where they were able to raise any issues or concerns with the manager. The staff felt supported and valued by the management team. One staff member said, "The manager's brilliant and very responsive". Another staff member said, "The manager's always promoting good practice."

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location.

At the time of our inspection there was a registered manager in place, this meant that the conditions of registration for the service were being met and staff benefitted from effective leadership.

We saw that there were systems in place to record any accidents and incidents that occurred and that the information was shared with staff to improve quality of care. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff we spoke to told us that the manager was very approachable and operated an 'open door policy'. Staff told us they would have no concerns about raising anything they were worried about with the manager. A person we spoke with said, "I like the manager". A relative told us, "I feel comfortable talking to the manager". Another relative we spoke to told us, "The manager's very accessible, they explain everything".

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments and medicine records which ensured that people received a consistent quality of care.