

Diversity Care Limited

# Diversity Care - 6A Market Street

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Diversity care is a domiciliary care agency providing personal care to 16 people at the time of the inspection.

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.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice. People were given choice and the opportunity to participate in the planning of their care needs. There was a complaints procedure in place with which people were familiar and knew how to make a complaint.

People were made to feel safe by a staff team who were trained to recognise and respond to concerns of abuse and manage people's risks in a safe way. Medicines were administered safely in line with people's needs.

People received consistent support from a staff team who were punctual and who knew people's needs well.

Care plans were detailed and gave staff the information they needed to be able to support people in the most effective way. People's preferences were assessed and recorded. People's end of life wishes and preferences were considered and documented.

The registered manager adopted an open culture where staff felt valued and proud to work for the service. The provider and registered manager worked well with other agencies and organisations to improve the quality of care people received.

The last rating for this service was Good (published 5 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Diversity Care - 6A Market Street

## **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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and we needed to gain consent from people to speak with us.

Inspection activity started on 31 January 2020 when we spoke with some people on the telephone. We visited the office location on 3 January 2020.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, a field supervisor and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. Records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe from the risk of harm because they were supported by a team of care staff who understood how to identify, respond to and report abuse. One person said, "The girls know me so well and know how to keep me safe."
- There was a safeguarding policy in place and care staff told us how they would respond to safeguarding concerns in line with the policy.

Assessing risk, safety monitoring and management

- People had their risks assessed, recorded and managed in a safe way.
- Care Staff told us what actions they took in line with people's care plans to manage risk to protect people from avoidable harm.
- There were protocols and specific guidance in place to manage specific health conditions. For example, we saw specific and clear guidance for care staff to support people who were living with epilepsy.

Staffing and recruitment

- People told us there were sufficient numbers of care staff to meet people's needs. One relative said, "Diversity is a small company and because of that we have the same care workers and the consistency which is nice."
- People told us care staff arrived to support them on time and stayed with them for their allocated amount of time in line with their care plans. People were made aware of any slight changes to their care packages, for example if care staff were running behind. One person said, "The girls will always call me if they are running five minutes or so behind."
- We checked the commissioned hours of care against the service delivery which confirmed what people had told us.
- Care Staff were subject to recruitment checks before commencing their employment to determine their suitability to work with people.

Using medicines safely

- Since the last inspection, the director and registered manager had made improvements to the way medicines were managed. For example, new systems to record medicine administration had been introduced to reduce the risk of recording errors.
- Protocols were in place for people who required medicine on an 'as needed' basis or people who required medicines to manage specific health conditions.
- Care Staff received competency checks to ensure they remained suitably qualified to administer

medication.

#### Preventing and controlling infection

- People told us care staff wore uniforms and were always well presented. One person said, "The staff are always smart and so well presented."
- Care Staff described practices they adopted to help alleviate the risk of the spread of infection. One care staff member said, "We make sure we wash our hands and always wear our uniforms and our personal protective equipment."

#### Learning lessons when things go wrong

- There were mechanisms in place to measure the quality and safety of the service. Where shortfalls were identified, measures were put in place to reduce the risk of reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received pre-assessments to ensure the provider could adequately meet people's care and support needs before using the service.
- Care plans were completed and information up-dated on a regular basis as people's needs changed. Care Staff told us how they used the information in care plans to ensure people received support in line with their wishes and preferences.

Staff support: induction, training, skills and experience

- Staff were suitably trained to meet people's needs. People told us they felt staff were able to support them as required. One person said, "The staff know exactly what they are doing and seem to be perfectly well trained."
- New starters received an induction programme to enable them to become familiar with policies, practices and procedures before being able to work independently with people.

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

- Staff worked alongside other professionals to improve the quality of care people received. One member of staff told us, "I liaise with the neurologist and the district nursing team to make sure [name of person] is kept safe and well."
- The director of the service worked with external agencies and organisations to provide training and learning opportunities for care staff to ensure care staff were able to provide care that was relevant and in line with best practice standards.

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

- Staff supported people to access healthcare as required, for example staff escorted people to healthcare appointments.
- Staff advocated for people to enable them to live healthier lifestyles. One staff member said, "It is important we encourage [name of person] to have a good balanced diet. With their agreement, we changed some foods to healthier options. We sought advice from the GP together and we gave them choice to choose to live a healthier life."

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.

- Where people lacked the mental capacity to consent to care, appropriate assessments were completed in line with the MCA.
- Staff described how they supported people to ensure they were given choice and encouraged to make decisions about their care. A staff member said, "I talk to people and let them know what I am there for and let them make their own choice where they can."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 received care from staff who were kind and who treated people with compassion. We received comments including, "I am very happy and very well looked after" and "Every night, I go to bed happy and that is so important particularly when you are poorly. They [staff] are all really nice and kind. We have a little laugh and a joke and that makes me smile and I always go to sleep happy."
- The registered manager told us, "We consider people's diverse needs which begins at the pre-assessment process. We ask questions such as what is important to people. We ask about things such as religion or cultural needs. The registered manager will complete basic support plans and then we will re visit people to go out and talk in more depth with people about people's specific needs, likes and preferences. Will learn lots about people from just sitting and talking to people."

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

- Regular reviews were held to enable people to contribute to the planning of their future care needs. A staff member said, "If something isn't working, I support people to tell [name of registered manager] and we discuss how we can make things work better for the person."
- Annual surveys were sent to people and their relatives to collate their views and thoughts about the service. This information was used to improve outcomes for people based on the feedback received.

Respecting and promoting people's privacy, dignity and independence

- People said they received care and support that afforded them dignity in care. One person said, "When I have a shower, the staff all ensure I have my privacy; I am sure they would certainly meet the Care Quality Commission's standards." A relative said, "They [staff] always ensure to cover [name of person] when helping them with their personal care needs; they are very good like that."
- Staff spoke positively about the importance of upholding people's dignity and privacy. One staff member told us, "I treat everyone as I would want to be treated. I be myself and show kindness and care. I am always respectful of the fact I am in someone else's home."
- Staff received training to enable them to become dignity champions. Champions promoted awareness between other staff to improve the care people received.
- Independence was promoted, and people were encouraged to help themselves wherever possible. One relative said, "We have some equipment here to support [name of person's] mobility if they need it but we all try to encourage [name of person] to be independent if possible."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care that was person-centred and care records documented people's life histories, likes and dislikes.
- Feedback we received from people included, "The girls know what I need and what I like; I do not even have to ask them, they just do it now and get on with it" and "They [staff] write down all the things I want and need in my plan and if I need anything else, I just discuss it with [name of carer]; she knows me well."
- People were able to pursue their hobbies and interests with the support and assistance of staff.

### 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 registered manager spoke with us about their obligations in meeting the AIS. Information was provided in different formats dependent on people's needs and requirements. For example, one person had their own pictorial cards to communicate and express to staff their wishes.

### Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. At the time of the inspection, there had been no formal complaints made about the service. The director spoke with us about the complaints policy and how they would respond to complaints received in line with this policy.
- When compliments had been received, these were recorded and shared with staff to allow them to see where they had made a difference to people's lives.

### End of life care and support

- Staff worked alongside other professionals and agencies to offer practical support for people when they reached the end of their lives.
- People were asked about their specific wishes and preferences by the registered manager at the time of their pre-assessment and further information was collated as needed over time for end of life care planning.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The director and the registered manager worked together to adopt an open and honest culture within the service and led by example.
- Staff spoke highly of the management team describing them as approachable, flexible with an ethos based on teamwork. One staff member said, "I could not be anymore grateful to Diversity as they have gone above and beyond for flexibility to enable me to work the hours I do. They have helped me obtain a good work life balance and I love my job." Another staff member told us, "Diversity is a great company to work for and that is why I am still working here. They [director and registered manager] are always making sure we are all happy, they are very approachable."
- The director said, "We are passionate about person-centred care. We go into each person with a neutral approach that is tailored dependent on people's needs, wants and their personalities. We have to adopt different personas to suit different people; everyone has different standards, and everyone lives differently, and we respect that."

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

- There had been no requirement to respond under the duty of candour. However, the registered manager was clear in their understanding in meeting the requirement and discussed with us how they would respond if the circumstances arose.

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

- Audits were completed on a regular basis to enable the quality and safety of the service delivery to be assessed and managed.
- The registered manager understood and complied with their registration and regulatory obligations. For example, notifications about key events at the service were submitted to us as require by law and the ratings of the service were on display in the registered office and on their website.
- There was a clear staff structure in place and lines of delegation had been introduced to improve the daily running of the service. For example, staff had been employed into specific roles within the service to undertake specific duties to improve the quality of care people received.

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

#### characteristics

- People were encouraged to make suggestions about the service and to feedback through reviews and by means of questionnaires and surveys.
- Staff we spoke with told us they were kept up to date with changes and developments through a global messaging service and through formal and informal team meetings and supervisions.

#### Continuous learning and improving care

- The director and registered manager used a variety of learning methods to develop their knowledge and practice such as attending forums for registered managers. The director told us, "We are always seeking new ways to improve."
- People and staff told us the registered manager was available to discuss changes and improvements and this was done in a variety of ways from face to face contact with people to learning through reflective practice discussions and audits.

#### Working in partnership with others

- The director and registered manager worked closely with other agencies and organisations to build relationships and make effective changes to practice to improve outcomes for people. For example, the registered manager had formed links with the Alzheimer's society to enable staff to become dementia friends. The dementia friends initiative aims to change people's perceptions about dementia and the director told us they were rolling out training so all staff would become a dementia friend promoting awareness with each other and in the community.