

Diamond Quality Care Services Limited

Diamond Quality 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 19 January 2016 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We last inspected the service in January 2014. At that inspection we found the service was compliant with the essential standards we inspected.

Diamond quality Care Services is a domiciliary care agency providing personal care and support to 12 people living in their own homes. The service supports people with needs associated with acquired brain injury or strokes and associated physical disabilities. The domiciliary care service is part of an enablement service which also includes day care and other support which are not part of the registered regulated activity.

A registered manager was 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.

The service kept people safe and was very much focused on enablement and reablement. Staff sought to involve people in their own care and maintain and improve their self-care skills.

People felt safe and well cared for and said they were involved in planning their care. People's consent was sought before support was provided and staff treated them with respect and dignity.

People had confidence in the service to listen to and act on their views which were sought in a variety of ways.

Staff received an effective induction and ongoing training. They were supported through supervision meetings and annual appraisals and also had regular informal access to members of the management team.

The service had clear goals and these were made clear to staff. The registered manager sought to adapt and develop the service appropriately.

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 felt safe when being supported by the staff. Where necessary, action had been taken to safeguard people.

Staff understood how to keep people safe and how to report any concerns and were aware of the whistle blowing procedure.

The service had a robust recruitment system to ensure staff were suitable to care for vulnerable people although some records were not immediately available on the day of inspection.

Is the service effective?

Good ●

The service was effective.

Effective induction, training and ongoing support were provided to staff.

Staff always sought people's consent before providing support and respected their rights.

The service sought advice from external healthcare specialists where necessary.

Is the service caring?

Good ●

The service was caring.

People felt the service and its staff were very caring, treated them respectfully and looked after their dignity.

People felt well supported, consulted and involved in their care and were encouraged to as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive.

People told us the service responded to their changing needs and listened to their preferences.

People were involved and consulted about their care needs. Care plans were reviewed and updated when necessary.

People felt that any concerns they raised were addressed. However, the recording of complaints and minor concerns did not always demonstrate how issues had been addressed.

Is the service well-led?

The service was well led.

People and staff felt the service was well led and members of the management team were approachable.

The service sought the views of people and relatives about its practice and sought to develop and improve the service.

The registered manager monitored the operation of the service and provided clear expectations to staff about the service's values.

Good ●

Diamond Quality 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.

We last inspected the service on 13 January 2014. At that inspection we found the service was compliant with the essential standards we inspected.

The inspection took place on 19 January 2016. We gave the registered manager 48 hours' notice because the location provides a domiciliary care/supported living service and we needed to make sure someone would be in the office. The inspection was completed by one inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

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. We looked at the information provided in the PIR and used this to help us plan the inspection.

We contacted representatives of the local authority commissioners and external health professionals and none contacted us with any issues about the service. During the inspection we spoke with the registered manager and other members of the management team about the service and two of the people using the service, who also attended day services at the provider's location. Following the inspection we spoke with a further five people using the service, one relative and four staff.

We reviewed the care plans and associated records for five people, including related risk assessments and reviews. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the three most recently appointed staff.

Is the service safe?

Our findings

People felt safe when being supported by staff from the agency. Everyone we spoke with told us this. People said: "Yes I always feel safe": "I trust the service and feel safe", and another told us: "I trust them".

Staff had been made aware of the agency's whistle-blowing policy and had received training in this and safeguarding vulnerable adults as part of their core training. Staff confirmed they knew how to report any concerns and understood the need to record anything they might be told as well as documenting such things as bruising. Staff were all confident the management would act on any concerns raised. No concerns regarding people being at risk of harm had required reporting to the local authority safeguarding team.

Health and safety risks to staff and the people supported were assessed through an appropriate risk assessment when planning the care package. Copies of these were on people's files. Where concerns had been identified through the process, specific risk assessments had also been completed to address these, which included identifying potential solutions. For example an adaptation to the physical environment within one person's home and the need for a more effective emergency alarm system, which were both implemented. Where issues had arisen, regarding staff safety, they had also been discussed with the local authority and appropriate steps taken to safeguard the staff. In one situation appropriate discussions had taken place with the local authority care manager, where a person's behaviour was putting them at potential risk.

Staff were not using any moving and handling equipment in the course of providing support and so had not had competency assessments on equipment use. However, they had received training on assisting and moving people safely. The registered manager was clear that competency would be assessed should the need for supportive equipment arise.

In order to ensure that people were supported by staff with the necessary skills and approach, the agency had a robust recruitment process. However, when we examined the files for the three most recently recruited staff we found there were some gaps in recorded employment history and one person's criminal records (DBS) check was not on file. The DBS check had been requested and received and we were shown a copy immediately following the inspection. Where gaps were seen in employment history these were also addressed and the evidence provided. The registered manager agreed to amend the application form to make the requirement for accurate dates and explanation of any gaps, more explicit.

Where people required support with their medicines this was provided by staff who had received appropriate training. The support provided was limited to prompting for two people, with no one requiring medicines administration at the time of this inspection. Where prompting took place this recorded on a MAR sheet to evidence the actions of staff. One person's medicines support instructions were potentially ambiguous in terms of the level of support and the registered manager agreed to amend the wording for clarity. There had been no medicines errors or omissions recorded in the previous twelve months.

Is the service effective?

Our findings

People told us they were happy the service was effective and met their needs. One person described staff as: "Very well trained and very nice people". Another said: "Experienced staff, I'm very happy with them". A relative told us: "They are 100%, I've never known [name] more happy, they have brought [name] out of himself".

There had been no missed calls in the last 12 months although one person told us the transport had not arrived on time on a couple of occasions. The reasons for these had been identified and addressed by the service. One person said staff were always: "Bang on time". Another told us: "I can't fault it, they are always on time, they never miss a call".

Staff had received an induction which included shadowing experienced staff and introductory core training. New staff received an induction which complied with the national Care Certificate. A rolling programme of training was provided through a mix of classroom courses, distance and computer-based learning. The provider had employed an external training company to provide a lot of their core training through completion of a series of workbooks which were assessed. Some workbooks had been used as the basis for in-house training sessions.

Two of the management team had completed 'train the trainer' courses to enable them to deliver effective in-house training on manual handling and first aid. The training matrix showed that training had been provided across the Care Certificate standards as well as some more specialist aspects relevant to people's needs. One of the management team had also completed training on the new care standards and inspection process to help ensure their training complied with requirements. Personal development plans were in the process of being developed for staff. Staff were paid for time to complete workbooks and attending workshops to encourage good take-up of the training opportunities.

Staff attended supervision meetings approximately six-weekly, but had informal opportunities for contact with management when working at the service's day service. Annual appraisals were provided to review performance and identify future goals or training needs. Staff told us they could also seek support through contact with management via the out of hour's phone covered between the registered manager and the outreach coordinator.

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. All of the people supported retained the capacity to make day to day care decisions for themselves. The people supported were able to give consent at the time of care support being given. A few had given power of attorney to relatives for financial decision making. One person said staff: "Always seek consent, always ask" and added: "They don't take over we do it as a team". Another person told us: "They check consent first".

Where staff had concerns about people's health or wellbeing they were clear they would either contact the office for them to seek medical advice or refer to the GP directly. The service worked to maintain and

improve people's self-esteem and focussed on enablement and encouraging self-care as much as people were able. All of the people receiving care support at home also attended the service's day care provision, which provided additional support and opportunities for social inclusion and participation in a range of activities.

The service tried to match staff to people's areas of interest and personality to help them to develop positive relationships. Staff also received training on communication skills to help with this. Where people had not felt comfortable with specific staff this had been addressed following discussion. The service also provided a secure Facebook page for the people it supported to encourage interaction and provided an information source.

Where people had specific health needs the service had sought advice from relevant specialists, including the Multiple Sclerosis Society, the Huntingdon's Society and Headway (The Brain Injury Association) as well as physiotherapy and occupational therapy services.

Is the service caring?

Our findings

Feedback about the care provided by the agency was positive. People and a relative told us staff were respectful of dignity. One person said staff did this: "very well" and others said: "always".

People felt involved in their care and encouraged to do things themselves. One person said: "They always involve me and offer me choices". Another person said: "Very much so".

People were encouraged to do as much for themselves as possible, to ensure that their retained skills were not undermined. Care plans also made references to maintaining people's dignity.

Staff told us they always involved people in their care and encouraged them to do as much as possible for themselves. They also said they sought people's consent prior to providing personal care support. Staff described how they helped maintain people's dignity by ensuring they remained covered as much as possible during personal care and by working behind closed doors and curtains. Staff also said they had been introduced to people before supporting their care.

Where people had expressed a gender preference the service respected this, including responding appropriately where a person's stated preference had changed. In one situation a person had temporarily been supported by staff not of their preferred gender due to circumstances outside the service's control. The issue had been explained to the person and discussed with the local authority and steps were being taken to reinstate appropriate staff.

People or their representatives were involved in the assessment and care planning process to identify their needs. Where people were funded by the local authority the care plan provided to the agency was discussed and individualised with them to ensure the support they wanted was provided.

The registered manager explained that involving people in planning and leading their own care was central to the service's working model of enablement and supporting people to retain their independence. He gave examples of how the support of the service had enabled people to gain/regain greater independence and in one example become entirely self-caring again.

One person told us: "I was fully involved in my care plan, how and when things were to be done". They added that staff treated them well, much better than staff from a previous care agency. Some people had specifically requested support from Diamond Quality Care.

The interactions between staff and people we heard and observed during the inspection were positive and respectful of individual's dignity. People were actively involved, listened to and engaged in conversation.

Is the service responsive?

Our findings

People praised the responsiveness and flexibility of the service to their changing needs. One person told us: "They changed my care time when I told them it wasn't suitable". Another person described the service as; "Flexible" and said that things were always done how they wanted them. People were happy that staff were introduced to them before providing care and the service listened if they did not want a particular staff member and provided an alternative. One person described the service as: "Approachable", another said: "They do a very good job".

People's files contained copies of assessments and care plans. Care plans and associated risk assessments had been reviewed as changes in people's needs had been identified. For example, one person's care plan identified that they no longer needed the previous level of assistance with mobility. In one instance a change identified in an updated risk assessment had not been included in the updated care plan. This was addressed.

Care plans contained details about people's wishes, likes and preferences about how they were supported. One person said: "They agreed my care plan with me" and added that the service had also advocated with external care professionals on their behalf to obtain equipment. One person's file in the office did not have the latest copy of their care plan, although the current copy was present in the person's home. This could have presented some risk of inappropriate care if staff had referred to the office copy for information. The management team agreed a system to avoid this happening again, during the inspection.

Care plans referred to supporting people to make decisions and do things for themselves and used words like encourage, assist and support. People were happy they had opportunities to speak to members of the management team, both on the phone and whilst attending the service's day provision. One person said: "You can talk to the managers, they listen well".

People confirmed they had received a copy of the complaints procedure in the information pack given to them at the start of their support package. People were aware they could make a complaint to the agency if they were unhappy about something."

People who had raised issues were satisfied they had been heard and action was taken to address their concerns, for example around visit times and care plan changes. One person's concerns were still being addressed. Two people spoke with us about an issue regarding confidentiality. The care coordinator told us the action that had been taken to address this. People who had not had cause to raise any concerns were happy the service would respond appropriately should they do so. One person told us: "Any issue would be dealt with, I am 110% happy [with the service], I'd recommend them".

The service had no recorded complaints in the previous 12 months. The registered manager explained that where minor issues had been raised, they had been addressed immediately to avoid them escalating to a complaint. For example one person had made some complaints about a staff member in anger and later retracted them when they were discussed with one of the management team. However, the issues and

resolution had not been recorded should the details be required in future. The registered manager agreed to log informal issues and concerns in future, to evidence the action taken in each case. Two written compliments were on file. One person described the service as: "Head and shoulders above the care from other services".

Is the service well-led?

Our findings

People told us the service was well run and felt the registered manager was always contactable if anything needed to be discussed. People felt that the registered manager listened to what they had to say and took action about it.

The registered manager had clear expectations in terms of their care practice and communicated this well to staff. The service's ethos and values were made clear to staff through their induction, job description and the employee handbook they were given. Staff understood and respected the service's values and confirmed they had been explained to them. One staff member said the expectations on them had been: "Made clear in induction". Other staff members told us they had decided to work for the service because they: "Approved of their ethics" and one said: "The service is spot on regarding values".

Staff received regular support and could contact the registered manager at any time if they wished. This was confirmed by staff, one of whom said: "The door is always open, you can raise anything". Feedback from staff was positive about the registered manager and other members of the management team. One staff member said that contact was: "Regular" and added: "The manager is accessible", which was also confirmed by other staff. Another said the service was: "Well led and organised".

The service sought to support the welfare of its staff and paid for gym membership for all staff members. Where risks to staff had been identified, appropriate steps had been taken to safeguard their well-being.

The agency sought and acted on advice from care managers, health professionals and others and accessed external training to develop its staff. The service was analysing its own performance in order to provide clear evidence of outcomes to the local authority to support ongoing funding. A business contingency plan had been completed to deal with foreseeable emergencies. Informal management meetings had taken place but had not been minuted. The registered manager agreed to create a record of these in future so decision-making could be evidenced.

One statutory notification had been received from the service. Notifications are reports of events that the provider is required by law to inform us about.

The registered manager and care coordinator had carried out four spot check visits to monitor care practice and people's informal feedback about their care. Further spot check visits were planned.

Team meetings of the whole team had not taken place although some team discussion took place as part of office-based training sessions, when staff were already present as a group. Some staff had commented that communication could sometimes be better. In response a secure Facebook page was set up, where relevant guidance documents and other information were shared; for example safeguarding information, the code of conduct and information about diabetes care. The same information was provided in alternative formats to those staff who chose not to use the page.

A weekly Wednesday 'diary slot' had also been set up where staff could specifically book time to meet with a

member of the management team if they wished.

Not everyone could recall the service having sought their opinions about the care and support provided by means of a survey. However, all of the people supported also attended the day activities provided by the service so had regular informal opportunities to express their views. People said they had been asked their opinion of the service when at the day centre. People were happy members of the management team were readily available to speak to them. One person said: "The manager is always on hand" and another said management were: "Always" available.

Customer satisfaction surveys had been completed and actions had been taken to address any points that had arisen. For example, people had responded that they had not been fully aware of the range of services provided. In response a new information leaflet was being designed for people and a new website had recently been provided. The most recent survey across a sample of recipients of all of the provider's services was completed in February 2015 and achieved a 94% response rate and a high level of satisfaction about the support provided. No action points arose.