

The Diamond Care Partnership Ltd

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Inspection report

Office 13, 14-20 George Street
Balsall Heath
Birmingham
West Midlands
B12 9RG

Tel: 01214488155

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

The Diamond care Partnership Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection four people were receiving personal care support.

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

At the last inspection we found the provider's systems to monitor the quality and safety of the service was not consistently effective. This was a breach of Regulation 17 HSCA RA Regulations 2014, Good Governance. At this inspection we found the required improvements had not been made and the service remained in breach of regulations.

This inspection found appropriate Personal Protective Equipment (PPE) was made available by the provider, however, we found systems and processes had failed to ensure effective infection control measures were in place to keep people safe. Actions taken to implement Government Guidance COVID-19: how to work safely in domiciliary care; were not effective.

This inspection found that some people's care plans and risks assessments had not been reviewed and updated since November 2018. Therefore, we could not be assured that these records reflected people's current support needs.

At the last inspection we found improvement was required where people were supported with 'when required' medication. At this inspection although we requested information on medication records for 'when required' medication this was not submitted, therefore we could not be reassured the required improvements had been made. People told us they received support to take their medicines.

The provider had not completed any quality monitoring records such as medication audits or spot checks for approximately 12 months. Therefore, we could not be assured that systems were in place to identify issues and ensure that action was taken in a timely way.

People were supported by staff who were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns.

People and relatives said staff were caring and they praised the service provided. Staff told us they could talk to the registered manager for advice and support and felt confident any concerns they raised would be acted on.

This is the fifth consecutive inspection that The Diamond Care Partnership Ltd has failed to reach an inspection rating of good; of the five inspections this is the fourth occasion when a breach of Regulation 17 has been found.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 August 2018) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made, and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted due to concerns about poor infection prevention and control (IPC) and lack of effective record keeping. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. We only looked at safe and well led during this inspection. We did not look at the key questions of responsive, effective and caring. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains as Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Diamond care Partnership Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to Regulation 12: Safe care and treatment and Regulation 17: Good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not Well-Led.

Details are in our Well-Led findings below.

Inadequate ●

The Diamond Care Partnership Ltd

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, who visited the office on the 10 February 2021. The inspector then continued to make calls to relatives, staff and healthcare professionals on the 11 February and 12 February 2021.

Service and service type

The Diamond care Partnership Ltd 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, they are also the registered provider. This means that they 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before 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.

During the inspection

We spoke with one person and two relatives of people who used the service about their experience of the care provided. We spoke with three care assistants. We spoke with the registered manager who is also the provider. We also received feedback from one healthcare professional.

We reviewed a range of records. This included three people's care records. We looked at one staff file in relation to recruitment. We also looked at checks and audits that related to the management and quality assurance of the service.

After the inspection

The provider supplied us with some additional information as requested including training information.

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 Requires Improvement. At this inspection this key question remains as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; Infection control; Using medicines safely

- This inspection found the provider had failed to ensure effective infection control measures were in place to keep people and staff safe and actions taken to implement Government Guidance COVID-19: how to work safely in domiciliary care, were not effective. For example, one member of staff acknowledged they did not wear a face mask in some personal care calls. We saw a risk assessment had been put in place, but this did not detail the risks to the service user of staff not wearing a mask or any actions taken to mitigate the risk.
- Staff had not received specific training on COVID-19, including the effective donning and doffing of PPE, to ensure people were protected from the risk of infection.
- The provider had not accessed COVID-19 tests for staff to minimise the risk of staff working when COVID positive and there was no COVID-19 contingency plan in place.
- We found there was no infection control policy, or any infection control checks and audits in place.

- Care plans were not consistently in place to provide staff with guidance about how to meet the service users' individual needs. For example, staff told us that one person was at risk of sore skin. The care plan in place did not detail how staff should support the person to minimise this risk. However, all the staff spoken with knew how to support this person with their care, and the person did not have sore skin.
- At the last inspection on 26 March 2019, we found no evidence that people's risk assessments had been reviewed and updated as people's needs changed. At this inspection we found care plans were not regularly reviewed and updated to ensure they reflected people's current needs. For example, Staff told us one person was at a risk of falls. We saw the risk assessment had last been updated on 27 November 2018, therefore we could not be assured this reflected the person's current risk and support needs. However, staff spoken with all knew people's current needs and the support they required.
- At the last inspection on 26 March 2019, we found improvements were needed for 'as required' (PRN) medication. At this inspection, we found one person received PRN pain relief gel and there was no record of how to apply this. However, people and relatives we spoke with all confirmed people received their medication as they needed it.
- The provider had only completed two medication audits for one person, on 19 January 2021 and 25 January 2021. The provider confirmed that no other medication audits had been completed for approximately 12 months, therefore we could not be assured that people received their medication as prescribed. However, all people and relatives we spoke with said people had their medication when they needed it.

This inspection found the provider had failed to ensure effective infection control measures were in place to keep people and staff safe and care plans were not regularly reviewed and updated to ensure they reflected

people's current needs. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with had a good understanding of people's risks including their mobility and dietary requirements.
- People told us they received support with their medication as required.
- Staff told us they had received medication training and were confident in their ability to support people.

Systems and processes to safeguard people from the risk of abuse

- One person and two relatives we spoke with told us they felt the people were safe with the support of staff. One person said, "I have personal care and you need to trust the person supporting you and I do. Never a problem."
- Staff we spoke with had received training in how to recognise possible abuse and knew how to report concerns. Staff said they had not had reason to raise concerns but were confident that action would be taken by the management team. One member of staff told us the provider had a whistleblowing policy in place for staff to raise concerns.

Staffing and recruitment

- At the last inspection we found improvements were required in staff recruitment to ensure there was photo identification for staff and references were in place. At this inspection we were advised there had been no recruitment of new staff since the last inspection. We saw a record of action taken in retrospect to ensure photo identification and references were in place for one member of staff, although it was noted that this action had only been taken the day before the inspection.
- People and staff said there were enough staff to cover the care calls to people. People, relatives and staff all said staff arrived on time and often stayed over the agreed time. One person said, "[Staff] mostly stay over the time. They always check I'm OK and I've had something to eat before they leave. They are very good."

Learning lessons when things go wrong

- There were no records of any accidents or incidents.

Is the service well-led?

Our findings

At our last inspection we found the provider had failed to have effective governance systems in place to monitor the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found further improvement was required and the service remains in breach of regulations.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found areas requiring improvement at the last inspection on 26 March 2019, had not been addressed. We found the provider remained in Breach of Regulation 17 because they continued to fail to operate an effective system of audits or establish robust processes to ensure full compliance with the requirements of regulations.
- The lack of robust governance systems meant issues had not been identified and this poses a risk to service users' safety. The provider confirmed that a robust process to review and update all care plans, risk assessments, audits, reviews and spot checks had not been completed for approximately 12 months.
- Governance processes had failed to identify care plans were not consistently in place to provide staff with guidance about how to meet the service users' individual needs.
- Governance processes had failed to ensure effective infection control measures were in place to keep people and staff safe and actions taken to implement Government Guidance COVID-19: how to work safely in domiciliary care were not effective.
- This is the fifth consecutive inspection that The Diamond Care Partnership Ltd has failed to reach an inspection rating of good; of the five inspections this is the fourth occasion when a breach of Regulation 17 had been found.

At this inspection we found processes in place to monitor, audit and assess the quality of the service being delivered were ineffective in identifying all areas requiring improvement and ensuring actions were taken in a timely way. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us recorded client reviews had not been completed since 2019. They said, " I spoke to families throughout the pandemic but this is not recorded. [It was] more important they were getting the care with least interruption."
- People and relatives, we spoke to told us they felt able to raise any concerns they may have and were

assured these would be addressed.

- People and relatives, we spoke to confirmed this and said the registered manager often checked in with them to check that things were okay.
- Staff spoken with told us they felt well supported, involved in the service and valued by the registered manager.

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; Working in partnership with others

●The latest CQC inspection report rating was on display at the office and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

●The registered manager told us the service worked in partnership with other professionals and agencies, such as the local district nurse team to support people's health and wellbeing. We received feedback from one healthcare professional, who commented, "I do not have any concerns about the care provider. [Registered managers name] appears to manage the service well and will communicate with us or the customer if there is to be a change in carer or attendance times. I am able to call [Registered manager's name] if I have any concerns and she will action where appropriate."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>This inspection found the provider had failed to ensure effective infection control measures were in place to keep people and staff safe and care plans were not regularly reviewed and updated to ensure they reflected people's current needs.</p>

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found processes in place to monitor, audit and assess the quality of the service being delivered are ineffective in identifying all areas requiring improvement and ensuring actions are taken in a timely way. This is a continued breach.</p>

The enforcement action we took:

We imposed a condition on the provider's registration.