

PCT Diamond Care Services Limited

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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

The inspection was carried out on 24 October 2016. Our inspection was announced.

PCT Diamond Care Services Limited is a domiciliary care service. The office is located in central Dartford. PCT Diamond Care Services Limited provides care and support for 16 people who are living in the community. People receiving care and support were predominantly older people, some people were living with dementia, had limited mobility, sensory impairments or received care in bed. PCT Diamond Care Services Limited also provided live in care staff to three people. Live in care enables people to stay in their own home, but receive care from staff who live with them. Staff provided assistance to people such as washing and dressing, preparing food and drinks, administering medicines and helping people maintain their health and wellbeing.

PCT Diamond Care Services Limited had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run.

People's views about the service they received were positive. Relatives felt their family members received safe, effective, compassionate, responsive and well led care.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Risks to people had been identified. Systems had been put in place to enable staff to provide care and support to people safely.

Recruitment practices were safe. Staff received regular support and supervision from the manager. There were suitable numbers of staff on shift to meet people's needs. Staff had been given training in essential areas.

Medicines were appropriately managed and recorded.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. staff understanding of the MCA was mixed. We made a recommendation about this.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People's care plans detailed what staff needed to do for a person. The care plans included information

about their life history and were person centred. People were supported to be as independent as possible.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People and relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People were given information about how to complain. This included information about who to contact if they were unhappy with the response to their complaint.

People's view and experiences were sought through review meetings, telephone calls and through surveys.

People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's health.

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.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

Medicines were appropriately managed.

Risk assessments were clear and up to date to ensure that staff had clear guidance in order to meet people's needs.

Effective recruitment procedures were in place. There were sufficient staff on duty to ensure that people received care and support.

Is the service effective?

Good ●

The service was effective.

Staff had received essential training they needed to enable them to carry out their roles. Staff had received supervision and good support from the registered manager.

Staff supported people to prepare and make food which met their assessed needs.

Staff had a mixed understanding of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their own care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care support plans were person centred and reflected their likes, dislikes and wishes.

A complaints policy and procedure was in place, this detailed all of the information people needed to appeal about a response.

People had been asked their views and opinions about the service they received.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to assess the quality of the service. Records relating to people's care were stored securely.

The registered manager was aware of their responsibilities.

The service had a clear set of values and these were being put into practice by the staff and registered manager.

PCT Diamond Care Services 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 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.

The inspection took place on the 24 October 2016, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of 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 domiciliary care. A second inspector made calls to staff after the inspection date to gain feedback.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the service is required to send us by law.

We telephoned five people to obtain feedback about their experiences of the service. We interviewed five staff including the registered manager. We spoke with eight relatives. We contacted health and social care professionals to obtain feedback about their experience of the service. We received feedback from a local authority care manager.

We looked at five people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, three staff recruitment records, meeting minutes, policies and procedures. We asked the registered manager to send us additional information after the inspection. We asked for staff training records, policies and procedures and rota information. This was received in a timely manner.

The previous inspection was carried out on 11 May 2016 and the service was rated as 'Good' overall.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I know them well. I look forward to seeing them"; "She [staff] makes me special and secure" and "They are always very careful with me when they are using my equipment and reminding me to turn things off".

Relatives told us their family members received safe and effective care from staff. Comments included, "My wife has a constant smile on her face, so she must be happy. And I am happy"; "The new service makes us all feel safe and looked after"; "I have watched [family member] being quite difficult with his carers and they dealt with his behaviour in a very correct way, so I now trust them"; "I am absolutely confident to leave the care in their hands".

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy dated August 2016 as well as the local authority safeguarding policy, protocol and procedure for Kent and Medway and Bexley. These policies provide guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager understood their responsibilities and knew to report safeguarding concerns to the local authority. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. One staff member said, "If I thought there had been any abuse I would tell my manager, I would record it all, but the type of abuse may mean that I would call the police first". Another staff member told us, "We have training every year regarding safeguarding, we have it so we can protect the people we look after".

Risks to people's safety had been properly assessed. Care support plans contained in depth risk assessments to keep people safe. These covered a variety of topics, including health care needs, environmental risks in people's home, medicines, falls and moving and handling risks. Risk assessments detailed safe working practice for staff to follow. Relatives told us they had been involved with assessing risks at the planning stage of their family member's care package. One relative said, "We covered all the bases and were given professional advice on risk assessment". Another relative told us, "A full, consistent risk assessment was part of the planning".

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files held at the providers Human Resources department. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

There were suitable numbers of staff on shift to meet people's needs. The staffing schedule for each person showed that consistent staff were allocated to work with people, this meant people knew who was coming to their home to provide them support. People told us staff arrived on time and there were no issues with lateness. One person said, "She is always on time. She knows I would worry if she was very late". Other

people commented, "We have two regulars"; "It tends to stay the same three girls [staff] that visit me". Relatives confirmed that the service was reliable and consistent. Comments included, "It has always been 100% attendance and punctuality over the five years" and "I can rely on the service standard seven days a week".

Individual incidents had been fully recorded by staff. The registered manager had looked at the records and investigated each incident to see if they could be avoided in the future. Action had been taken when issues arose. No accidents had occurred since our last inspection.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. Staff were clear about their responsibilities regarding medicines.

Staff made accurate records of medicines taken on medicines administration charts (MAR) and medicines records. One staff member said, "Yes I do give the medication, but before I do I check I have the right person, right medication and will only give the medication if it is in a dossett box. I have to sign the MAR chart, only when they have taken their medication". Staff signed MAR charts to say that they had given the medication there were no gaps in the MAR sheet, we also saw that creams were recorded and signed for. Completed medicine records were audited by the registered manager when these were returned to the office at the end of each month. Any issues found were followed up with staff and documented accordingly. This meant that there were good systems in place to ensure people received their medicines safely.

Staff continued to access and use personal protective equipment when delivering care, such as gloves, aprons and antibacterial hand gels. There was a stock of these in the office.

Procedures were in place that dealt with emergencies that could reasonably be expected to arise. These included guidance for staff so that the emergency services could respond to people's needs appropriately if required. One staff member said, "In times of bad weather for example the manager arranges transport, whether she picks us up or she arranges a cab [taxi], she makes sure people are cared for". The registered manager had a care planning system that was securely saved off site and this could be accessed away from the office so that people's care could continue if the office was not accessible.

Is the service effective?

Our findings

People told us they felt that the service effectively met their needs. Comments included, "She is a friend and knows exactly what I need and when" and "As I said they are all very professional and my care is the important thing. They are all very good".

Relatives told us their family members received effective care and support to meet their needs. Comments included, "They always seek [family member's] permission"; "It's their way of doing things"; "Their approach is caring and gentle at all times"; "The quality of the individual carers is very good". One relative said, "They could be a little more friendly. But they are time constrained".

Staff told us they had received lots of training and regular supervision. One staff member said, "We have lots training, we seem to do training every two to three months. Some of the training is refresher training. I have done dementia training, I found this useful it gave me an idea of what to expect and how to look after someone with dementia". Training records evidenced that all staff had received training in a number of areas such as, first aid, food safety, catheter care, diabetes, fire safety, dementia awareness and medicines administration. The registered manager had checked staff competency in relation to medicines, moving and handling, personal care and communication. Staff were supported to develop and gain qualifications at work. A health and social care professional told us, "Staff are competent and they appear to know what they are doing and the support required by [person]". Relatives told us that staff were "Trained to the highest standards" and "Are really good at their jobs". The registered manager had amended the induction process since we last inspected. New staff now attended a two day induction course and then further training. Staff were expected to do the Skills for Care Certificate. The registered manager assessed staff competency through spot checks and observations.

Staff had met with the registered manager for regular supervision. One staff member told us, "I do have supervision, she [registered manager] comes and works with us a couple of times a month, we also occasionally go to the office and talk about training and our work. I think we are well supported". Another staff member said, "I have one to one supervision every two months, and spot checks happen monthly. This is good makes us aware of what we are doing". Staff had all received handbooks which provided them with information about their roles, responsibilities and the organisation.

Staff told us they received good support. One staff member said, "I would say that we are all well supported, if we have any issues about work or in our personal lives I know our manager would make time for us".

Records in relation to people's capacity were clear and followed the general principle of the act, which was to assume capacity. There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had been attended by all of the staff. Staff evidenced that they had a mixed understanding of the MCA. Staff told us that they talked with people about their care to ensure that they knew what they were doing and to seek consent. One staff member said, "I encourage personal choice, for

example most clients [people] can choose what to wear, when they want for their meals, I let them decide as much as possible". Another staff member said, "Whether client [person] can make decision, depends on the client, it is in care plans, if they can discuss what they want, or we make decisions for them". Relatives told us that they are involved in making decisions when appropriate.

We recommend the registered manager reviews staff MCA training to enable greater understanding.

Care and support plans clearly detailed people's nutrition and hydration needs. Appropriate guidance had been gained from health care professionals in relation to textures of food and staff were following this. For example, people who required their food to be pureed to enable them to swallow the food were receiving appropriate support. They had been assessed by the Speech and Language Team (SaLT). Daily records showed that meals and drinks were listed as being given. The daily records also recorded where people had declined meals. People and their relatives told us that support with food and drink was done well. One relative said "The carer [staff] prepares it for [family member] and he hasn't complained yet". One person said that "They sometimes could make the meal time a little more social".

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. Records evidenced that the service had responded to people's changing needs as they had contacted the GP, district nurses, Occupational Therapists (OT's), dietician, Speech and Language therapy and mental health nurses when necessary. Relatives also told us that health needs were monitored well. One relative said "They monitor the situation closely and have acted when [family member] was really ill. I would like to thank them for that". A health and social care professional told us they had received feedback from a relative to detail that there was good communication between them, the staff and the management. They detailed that the service regularly updated them about any incidents, health appointments, GP and district nurse visits, general wellbeing and their family member's shopping requirements. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or had become unwell.

Is the service caring?

Our findings

People gave us positive views about the care they received. Staff treated them with dignity and respect and were patient. Comments included, "Polite and friendly"; "The girls [staff] are always terrific towards me. I don't feel embarrassed at all"; "They are not in so much of a hurry that they can't be polite and have a talk about any concerns"; "I can't speak highly enough of the people that take care of me" and "I am very happy to have this person [staff member] look after me. She always does more than she has to". One person told us, "My carer respects I am a Christian and we have a great deal in common".

Relatives were happy with the care and support provided by staff. Comments included, "They are all lovely and I think he looks forward to the visit"; "Their approach is always friendly and caring"; "She seems really nice and I am very comfortable with her"; "I can't fault the standard of care, it's amazing". One relative said that they wished staff had more time and were friendlier and also said, "I am not complaining about a service that is improving every day but the personal touch could be addressed during staff training".

A health and social care professional told us, "Carers are very kind, caring and compassionate with supporting [person] and her son is very pleased and full of praise for PCT Diamond Care".

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people prompts and praise to ensure people were in control and encouraged people to make decisions. Relatives confirmed they were involved in care planning where appropriate.

Staff maintained people's privacy and dignity. A relative said, "Doors are closed and curtains drawn" and "[Family member] is a very quiet person and the carer has picked that up and her help is quiet and respectful". Staff explained that they would close doors and curtains when providing personal care to people. All of the staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. One staff member said, "I put myself in their place, if I was getting care I would want the door shut, and curtains pulled if overlooked. I would want to wash some parts of my body myself if I could, so I would offer for them to wash their private parts, which they may be able to do if I got the flannel ready and towel ready. That way I can promote independence as well".

Staff knew the people they supported well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support.

The service had a guide which had been put together to provide information for people who used the service. The registered manager told us that this was given to each person when their care package started. The information guide included contact details for the service, details of the types of care and support offered. The complaints procedure and forms for staff to use whilst providing care such as daily record sheets were kept in people's home. The 'service user guide' set out the aims and objectives of the service. People and their relatives knew what to expect from their care package.

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. For example, one person's care plan showed they needed four care visits a day to have support with their personal care, taking medicines, eating and drinking. The daily records evidenced that the person received four care visits each day as detailed in the care plan. The records noted what the person had eaten that staff had time to chat.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the registered manager's office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and IT support to ensure that files could be accessed and recovered in the event of IT failure. One staff member said, "To keep clients privacy and dignity I do not talk about anything in the house. I don't discuss this outside at all unless it is with my manager or professional".

Is the service responsive?

Our findings

People told us that the service they received was responsive to their needs. People all knew how to raise concerns if they needed to. No one had needed to make a formal complaint about their care. Comments included, "We phone, they say OK and fix it"; "She [registered manager] monitors all my needs and is interested in my progress. She keeps a good eye on me" and "There is some monitoring with my daughter involved".

Relatives felt the service was responsive and they knew who to contact if they had any concerns or complaints. Relatives were happy with the way the service responded to their family member's changing needs. Comments included, "They are an open and progressive agency and respond appropriately"; "[Family member's] condition is becoming more complex and the carer is responding to this" and "There is a constant exchange of information between relatives and senior staff and carers and it is acted on if required". Relatives all felt that staff kept them up to date. A health and social care professional said, "The carers communicate very well with the client and family and there is a good understanding of [person's] need and support".

Care plans and assessments were reviewed and updated regularly. Every person's care support plans and risk assessments had been updated. One person's care had only started two days before we inspected their care plan was not yet in place, the registered manager had assessed the person prior to care starting and had provided the person's care in the two days before we inspected. The registered manager was in the process of developing the care plan based on their assessment and the care they had provided. Relatives told us that care plans are kept up to date and the care was based on their family member's needs and regularly reviewed. One relative said, "The focus of care is all on [family member]". People's care support plans that we viewed detailed their life history and important information about them. Such as previous occupations, places they had lived and important people in their lives. The care support plans provided clear detail to staff about what they had to do for a person. This helped staff engage people in discussion that was important to them and enabled staff to develop a good rapport with the person as well as a good understanding of their life.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). Staff had a good understanding of the complaints process. One staff said, "If someone has a complaint I would tell them to speak to my manager. I can arrange an appointment, we can book a visit or I can tell the manager they wish to see her, if they tell me what is the complaint then I can tell my manager. Anyway my manager would be the person to deal with this".

There had been one complaint since our last inspection. This had been appropriately dealt with by the registered. Investigations had taken place and an apology had been given. The registered manager had not received any formal compliments about the service. The registered manager explained that they made

regular contact with people and their relatives to check how people were and through this process they had not received any negative feedback about the service. People confirmed they had received regular calls or a visit from the management team. One relative told us, "I got onto the office as one of their staff were always late. I mean unreasonably so, and I said I did not want her back. She did not return". Another relative said, "The group involved in [family member's] care, myself and care management would discuss the situation and attempt to resolve any issues". Everyone we spoke with said they felt listened to and one person said "They [service] appear to accept that constructive criticism can be helpful".

People felt that they were kept up to date about plans relating to the service and were given opportunities to feedback about the service they received. A relative told us, "Quality of care questionnaires are sent out and I will give feedback". We viewed completed surveys which had been sent out to people and their relatives in August 2016. Five had been returned and completed. All five were positive. Comments included, 'Safety consciousness of care workers. Management support'; 'Carers liaise well with doctors, pharmacy etc. and ensure that when help is required it is provided promptly'; 'The carers are great! They respond to mother with love and care, despite her dementia'; 'Care and dignity are maintained to an exceptionally high standard. [Staff member] goes above and well beyond the call of duty with my mum'; 'The carers are so very excellent at knowing her issues with nutrition and swallowing'; 'Your agency is the best we have ever had. You treat mum as if she is your own mum. I cannot over emphasise just how well she is looked after. Her dignity is preserved' and 'I am very happy with the care I receive'. Another person told us they felt able to give their views to the staff but was disappointed that it did not make a difference to their care. They explained that they would like to go to bed a bit later, however this was not possible as "Staff don't work that late, but they are sympathetic".

Is the service well-led?

Our findings

People gave us positive feedback about the service and they all felt that it was well led. People told us the service provided them with a high standard of care. Comments included, "It is a lifeline for me really. I can't ask for more. All the girls are interested in me. They listen to what I want and have sent me someone who is perfect"; "When the carer doesn't turn up you ring them up. They deal with it quite well and get it sorted as best they can"; "They are always good to me and have never let me down" and "She [staff member] is a carer and a friend. She is the best and does the job properly".

Relatives told us the service was well led and improving. Comments included, "The people in the office seem to know what's going on and you are encouraged to call if you need help"; "The care [family member] receives is above and beyond anything I have witnessed before" and "If the previous care company were five out of 10 these people are 10 out of 10". Relatives told us that issues are picked up and dealt with when necessary and they are kept informed of any changes in the service.

A health and social care professional told us, "This service is well lead, client is well looked after and the home environment is very tidy. I am pleased with the way the service is set up and that [person] is in good capable hands. I do not have any concern about this service".

The registered manager worked closely with the staff to ensure the service ran smoothly. We observed the registered manager making calls to social services when staff had reported changes. Staff told us that the registered manager often helped them in this way and they had good support. One staff member said, "[Registered manager] is good at making sure we have the training we need. She also keeps us informed. I like that she does not just tell us when things aren't all good, but praises us when we do well".

Staff told us they had regular staff meetings in the office, records of the meetings were posted to staff so those that couldn't attend were included. One staff member said, "Our manager she listens, at meetings she tells us to say what we want, if we have any ideas. Last time I suggested that we go visit a client later at 19:00 and this would be more suitable for them, she spoke to the person and we changed the time, it worked out better so that is the time we go now". All staff told us that communication was very good. This meant that all staff were kept up to date about the service.

The registered manager encouraged a culture of openness and transparency. Their values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask], management being supportive of staff and people, respecting each other and open communication. Staff demonstrated these values by being complimentary about the management team. Staff commented, "I feel comfortable to talking to her [registered manager] if I am not sure about anything. Communication is very good between us staff and the manager is easy to talk to" and "The manager is easy to talk to and supports us. Communication is always good I think that is because the manager visits us in our work place, she does the care and knows what we do. I know that advice is just a phone call away".

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to

check that staff were providing care and support as they should be. The registered manager audited all care records when they were returned to the office. The audit reports evidenced that the registered manager consistently picked up issues and highlighted where records had been made. One audit showed that the registered manager had identified where staff had forgotten to sign their records. Appropriate action had been taken by the registered manager. They had investigated and had spoken with staff about this in meetings and memos.

The registered manager told us that they kept themselves up to date with regulations and news. They explained that they searched the internet regularly to check the newly published CQC reports for other services and explored how these reports could help them improve the service.

The registered manager continued to be supported by an external company. The company provided advice and guidance, policies, procedures and records. There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. Policies and procedures had been reviewed and updated to ensure they were fit for purpose. This meant staff had up to date and accurate support and guidance.

Staff whereabouts was monitored. The provider had a care call monitoring system in place which meant that staff had to log in and log out at the start and finish of each person's support using their mobile phones which had been issued by the provider and an onsite device. This generated a unique time-linked code for each login and logout which enabled the provider to accurately track support provided.

The mission statement for the service shows that the main purpose of the company is to provide specialist and generic domiciliary care services to people. The mission statement detailed, 'To ensure that our service users are fully satisfied with the service we provide at all times in order to achieve this aim we rely on the commitment and effectiveness of our employees it is therefore vital that you enjoy your work and that we work together as a team to achieve our goals'. The staff we spoke with told us that the team worked well together. People receiving care were positive about their care and support and complimentary about the staff and registered manager.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.