The Diamond Care Partnership Ltd

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Inspection report

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Date of inspection visit:
03 May 2016

Date of publication:
14 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 3 May 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit. The service was last inspected in August 2013 and was meeting all the regulations.

The Diamond Care Partnership Ltd are registered to provide personal care. They provide care to people who live in their own homes within the community. There were seven people using this service at the time of our inspection.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Some people who use this service were unable to tell us their views of the support they were receiving. However we spoke with a number of relatives to seek their views about the service received by their loved one. All the relatives we spoke with were happy with the care and support that was being provided by the service.

The provider had limited systems in place to monitor and improve the quality of the service provided; these were not always effective in ensuring the service was consistently well led and compliant with regulations. Audits and monitoring systems needed to be improved.

You can see what action we told the provider to take at the back of the full version of the report.

People told us that the service provided was safe. Staff had the knowledge to keep people protected from the risk of potential abuse. People and their relatives told us that there were enough staff employed to work flexibly to meet their needs. The recruitment process did not ensure that the staff appointed had been appropriately checked or confirmed as suitable to provide care. People were satisfied with the management of their medicines but improvement was needed to ensure medicines were managed safely.

Staff we spoke with told us training was provided, however training to develop staff's knowledge in relation to specific health conditions had not been provided. Care plans in place did not reflect people's level of capacity. Staff lacked the understanding of the Mental Capacity Act (2005) and what it meant for people using this service. People told us that they enjoyed the meals that were prepared for them and they were of their preferred choice. People's relatives told us that staff had contacted other health professionals when required to meet people's health needs.

People and their relatives told us that staff treated people with compassion, dignity and respect. People

were supported to make decisions about what they wanted to do in their daily lives.

People and their relatives told us that the service met people's personal preferences. Care plans were in place but they were not up to date and required staff to consult other records to find out about people's care and support needs. Reviews to assess people's changing needs had been completed and contained detailed information.

There was a complaints procedure in place and people told us they were confident that any concerns they raised would be dealt with in a timely manner. The complaints procedure was not accessible and inclusive for all people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safe recruitment practice was not consistently followed to ensure people were supported by suitable staff.

People received care and support from staff that understood how to protect them from the risk of potential abuse.

People and their relatives felt safe with staff who knew how to keep them safe in their own home and out in the community.

People received their medicines as prescribed but the service did not consistently follow safe practice around administration.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The training provided to staff did not equip staff with knowledge about the specific needs of the people they supported.

Staff were unclear of the requirements of the Mental Capacity Act 2005 and what this meant for people receiving support.

People were supported to prepare and eat food and drinks that they preferred. People were supported to maintain their healthcare needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were caring and respectful.

People and their relatives were involved in planning their care and were able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

Care and support was tailored to each person and was delivered in line with people's wishes.

A complaints procedure was in place but was not available in different formats to meet the communication needs of all the people using the service.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Improvements were needed to ensure that effective quality monitoring systems were in place.

People and their relatives told us they received a service that met their needs.

People and their relatives all spoke highly about the approachability of the registered manager.

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Detailed findings

Background to this inspection

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

This inspection took place on 3 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. 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 this type of service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had 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. This information was received when we requested it. We also spoke with service commissioners (who purchase care and support from this service on behalf of some people who use the service) to obtain their views. All this information was used to plan what areas we were going to focus on during the inspection.

During our visit we were unable to speak to all the people who use the service due to their communication needs. We spoke with two people who used the service and we spoke with six relatives. We spoke with the registered manager and four members of staff. We looked at records including three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled three staff files including a review of the provider's recruitment processes. We sampled records about training

plans and staff meetings. We looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Staff we spoke with told us they had not started working in people's homes until their pre-employment checks had been obtained. We looked at the registered providers' recruitment process and recruitment records for three members of staff. We found that there were sufficient recruitment processes in place. However on one staff file there were no references available and there were no evidence to demonstrate that risk assessments had been undertaken when the checks undertaken had identified any issues or risks with applicants who had then become employed as care staff. We were advised by the registered manager that verbal references and thorough risk assessments had been undertaken but had not been recorded.

Some staff described that they were administering medicines to some people and were just required to remind other people about medication they needed to take. One relative we spoke with told us, "The staff give prompts to ensure [name of relative] takes their medicines and now they have their medicines on time their health has much improved." We reviewed the Medicine Administration Records (MAR) for three people. Whilst staff told us they were aware of how medicines should be administered and we saw medicines had been administered to people, there were no medicine protocols in place for any medicines that had been prescribed for "use as needed" (PRN). This meant there was a risk that people might not receive the medicines that they needed or that they would be given them at the wrong times. We saw that staff were signing in people's daily notes to indicate that prescribed creams and lotions had been applied, but there were no instructions for staff about the frequency of application of such prescribed items or details of where they were to be applied on the person. The registered manager advised us that improvements to reduce some of the risks of errors and improve the recording of prescribed medicines would be addressed following this inspection.

Staff we spoke with told us they had received basic training in the safe administration of medication. The registered manager advised us that they did not have any systems in place to check that staff were competent to administer medicines safely and there were no effective audit and monitoring systems in place to determine safe medicine management. The registered manager advised us of their intentions to implement staff competency observations and regular audits to ensure safe administration of medicines.

People we spoke with told us that they felt safe with the care they received from the staff who worked in their home. One person told us, "I feel safe with staff because they help me to do the things I'm not safe doing myself." Another person using the service told us, "If I was to ever feel worried or unsafe I would contact [name of manager] straight away."

Staff we spoke with had a good understanding of the types of abuse people receiving care and support in their homes could be at risk from. Staff knew how to escalate concerns about people's safety to the registered manager and other external agencies. One member of staff told us, "People have the right to not feel scared or threatened." Training records showed that staff had received basic awareness training about adult abuse and the particular signs and symptoms of potential abuse that people may present with.

Staff we spoke with had a good understanding of the risks related to people's care and ensured these were

managed to support people's safety. We saw risks people faced had been identified by the registered manager and measures had been put into place to keep people safe. Discussions with the registered manager identified that they provided the care for the first week to ensure that no other areas require further assessment.

We looked at the systems in place for reporting, recording and responding to accidents and incidents. We noted that no accident or incidents had been recorded during the 12 months prior to the inspection. Although there had been no incidents staff we spoke with were able to describe how they would act and what action they would do in the event of an accident or incident occurring. Records we saw identified that staff had not received any first aid training. We asked staff how they would respond in an emergency. For example, if a person was found with an injury. Staff described with confidence what actions they would take in such events. The service operated an out of hours on call system so that people, their relatives and staff had access to advice and assistance when the office was closed. People we spoke with told us that they had not had any difficulties in getting assistance when required. One relative we spoke with told us, "If the office is shut the call goes straight to the manager's mobile."

People and their relatives we spoke with told us that staff were reliable. People confirmed that there were enough staff available to support them and that the staff stayed for the full duration of each call. One person told us, "I get the same staff each day. They don't seem in a rush to get out and I've never had a missed call." A relative we spoke with told us, "Staff visit three times a day, seven days a week. They are always on time and never miss a call." We saw records to demonstrate that staff were providing care at the times that had been identified within people's care plans. Staff spoke positively about having sufficient time allocated to them to support people the way they wanted and people required and told us they were happy with the staffing arrangements.

We asked the registered manager how staffing levels were determined. They told us staffing levels were based on the number of people using the service and their needs. The registered manager told us that they did not use a specific staffing assessment tool to demonstrate how the needs of people had been assessed. The system in place was effective in ensuring people received the support they needed.

Requires Improvement

Is the service effective?

Our findings

People and their families told us they thought staff were well trained. One person told us, "I'm very certain staff have the right skills to meet my needs. I'm very confident with them." One relative told us, "Staff are trained and professional." We reviewed the training records and found training was provided in key areas such as moving and handling and food hygiene., However the registered provider had not provided specialist training to provide staff with knowledge and skills related to people's specific conditions, including autism and diabetes. The registered manager advised us that they were in the process of sourcing specialist training. The provider had no systems in place to determine or assess the on-going competency of staff.

Staff told us that they felt supported by the manager. One staff member told us, "I do have supervision sessions with my manager." Another member of staff told us, "The manager turns up unannounced at people's homes. They check we are doing our job right and that our paperwork is correct." Staff told us there was good communication between the providers' staff team which enhanced the care provided to people.

Staff we spoke with confirmed they had received an induction before they started working at the service. One member of staff told us, "During my induction, I went out with the manager and then I shadowed other members of the team to get to know how to support people. I was given the opportunity to shadow as long as I needed." We found that the registered provider had a planned induction in place but had not yet introduced the Care Certificate that should be undertaken by all staff who are new to the care sector. The registered manager advised us of their intentions to use the Care Certificate for any new staff recruited to the organisation.

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. The knowledge of the registered manager and staff about the act and supporting people to make decisions was very limited. However, staff we spoke with were aware of the need to seek people's consent before providing care. One member of staff told us, "I always ask the people that I'm supporting their permission before I assist them with anything." People's ability to agree to the care and support being provided was not always reflected in their care plans and it was not clear if people had the capacity to give consent. For example, in one care plan we saw that a person living alone had their medicines locked away. We were unable to establish if the person had given their consent and there was no evidence that an Mental Capacity Assessment had been completed to determine if the person lacked capacity to consent to this. Care documents we viewed often had 'consent forms' that had been signed for by a relative of the person receiving the service. There was no evidence to support that the relative had the appropriate authority to sign for the person.

The people and relatives that we spoke with confirmed that staff knew of people's dietary needs. One person we spoke with told us, "Staff support me with my meals. They [the meals eaten] are my choices and

staff know exactly what I like." A relative we spoke with told us, "Staff prompt healthy eating for my relative. Due to their health condition the food is always cooked from scratch and is always fresh." Care plans detailed what support people required with their meals and contained clear information. This ensured people were receiving a sufficient diet that met their nutritional needs.

All the staff we spoke with told us that when there was a need they would support people to both make and attend medical appointments. A person using the service told us, "Staff will contact the doctor for me if I ask them to." One relative we spoke with told us, "The care staff support [name of relative] with all their medical appointments." Where people had specific health issues the information was detailed in care plans. Whilst staff could describe how to support people's specific conditions, records did not include guidance for staff to follow. For example we saw in one care plan that a person was living with diabetes but there was no guidance for staff to follow in the event of a health emergency. The lack of recording could have impacted on the monitoring of people's healthcare needs and may have delayed appropriate action to be taken in a medical emergency. We brought our findings to the attention of the registered manager who advised us that care plans would be updated and the updates shared with staff to ensure staff knew how to support people's specific health conditions.

Good

Is the service caring?

Our findings

People and their relatives described the staff as being "Caring", and "Thoughtful." One person said, "They [the staff] are just so nice. Staff care for me." Comments from relatives included, "I wouldn't change the carers for the world, they are brilliant with my son." and "Staff are caring and they have empathy."

People and their relatives we spoke with told us they were supported by a consistent team of staff.. A relative we spoke with told us, "The staff are consistent and my relative knows them by their names. I wouldn't like strangers to support my relative. Their health condition requires them to have the same routine and all the staff understand this."

We saw people were supported with their initial care planning. One person told us, "I plan what I want to do every day and then staff help me." One relative we spoke with told us, "Staff spend time talking to [name of relative about the grandchildren. If there is a new family photograph they look at it and spend time chatting about it." The registered manager told us of the importance of involving family members in planning care to enable understanding of the person's needs when a person had communication difficulties. Staff we spoke with told us that they tried to treat people as they would a family member and always ensured that people's choices were respected. Staff told us they enjoyed their job and had built relationships with people. Staff were able to describe people's individual preferences and told us about things that mattered to people.

We saw that some people had been supported to become more independent. A member of staff we spoke with told us, "It's important to encourage people to be as independent as possible. I assist people rather that just doing things to them. I encourage people to get involved in household tasks." Another member of staff told us, "When I take [name of person] shopping, I'll park the car and [name of person] goes to get the parking ticket. This involves the person and promotes their independence."

People told us that care staff respected their privacy and dignity when assisting them with care and support. One person we spoke with told us, "I like the people who support me. I decide what care I need." Staff we spoke with described ways they worked to ensure people's dignity was promoted. One member of staff we spoke with told us, "I explain to people what I'm doing. I knock on the door before I enter their room." Another staff member told us, "I never go inside the bathroom unless the person wants me to. It's important people get privacy at such times." This meant staff understood the need to ensure that people have their dignity and privacy maintained.

Good

Is the service responsive?

Our findings

The provider stated in the provider information return (PIR) that they regularly communicate with people who use the service and their families. People told us that they were listened to and were involved with their care plans. One person told us, "I'm very much involved in all meetings about my care." Relatives were able to give us examples of when the service had been responsive to their relatives changing needs. One relative told us that the service had provided a new activity to help support their relative's health condition. Another relative told us, "I had to provide support to my relative until I found the right care agency to support [name of relative] This agency is always very flexible and I would be lost without them."

People all had an individual plan of care and although they lacked specific detail we found that review meeting notes contained more detailed and specific information about support that people needed and preferred. The review notes also identified what more could be done to provide a better service to each person. We saw and staff told us that this information had been disseminated to staff. We saw that when the provider completed review meetings these had included contributions from people, their relatives and other people who were important to the person. The registered manager recognised that improvements were needed in the records. They advised us that all pertinent information relating to people would be recorded on people's primary care plan following this inspection.

Staff we spoke with described to us what person-centred care was and how they put this into practice. Staff had a good understanding of people's personal preferences and life histories. One member of staff we spoke with told us, "We go and meet all new people first with our manager. This helps us to get to know what people want." We saw that there were systems in place for staff to handover important information to ensure continuity of care for the person.

When it was part of people's care plan, or assessed needs people had the chance to choose activities to be supported by the care staff. People received support to engage in their chosen hobbies and interests or to access the community to prevent social isolation. One person and their relative told us that staff provided support whilst they attend college. The person told us, "I like going to college with [name of staff]." Staff we spoke with told us that they support people to go to the theatre and cinema and they had accompanied a person on a holiday.

People and their relatives that we spoke with confirmed if they wanted to complain they would contact the registered manager and expressed their confidence that the concern would be dealt with in a timely manner. One person using the service told us, "I would go to [name of manager] if I had a complaint. I've got a system to follow in my care folder if I ever needed to." One relative told us, "If I have a problem, it is sorted. [name of relative] would tell me if they had a problem and then I would speak to [name of manager]." During discussions with the registered manager we identified that the complaints procedure was not accessible to help all people that use the service to understand how to make a complaint. For example, there was no 'easy read format' available that would meet the communication needs for some people who used the service.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was receptive to feedback provided about the lack of effective systems in place to monitor the quality and safety of the service provided. There were no effective systems or quality audits in place to monitor the quality and safety of the service provided, or identify and address any areas of concern. There were no systems in place to analyse trends when accident and incidents had been reported to prevent the likelihood of further occurrences for people. There were no systems in place to check medicines had been administered safely. There were no systems in place to check that staff competency had been assessed to provide some assurance that people were safely supported. The service was not compliant with the Mental Capacity Act 2005 in how they assessed and supported people who lacked mental capacity. We found some systems were in place to ensure safe recruitment of staff, however, on some occasions action taken had not been recorded. In addition any complaints, concerns and feedback from people that had been received were not audited or analysed to identify trends or used to drive continual improvements to the service.

Through the inspection and from discussions with the registered manager we identified that they had not kept up to date with changes to regulations and what these meant for the service and the people they were supporting. The failure to keep their knowledge current meant that there was a risk that people would not be provided with support and care that complied with the regulations or met their needs.

These issues regarding good governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

Everyone we spoke with gave positive feedback about the management of this service. People and their relatives told us that they were happy with the quality of the care they received. One relative we spoke with told us, "We left one care company to come here. We had a long meeting with the manager before we agreed the care package. We are very happy now." People and their relatives told us the registered manager was most approachable and supportive.

People and their relatives told us they were asked for their opinion of the service. We saw that the registered manager used survey questionnaires to find out people's views as well as visiting people to talk to them about the quality of the service. One relative told us, "There is a team in place here that [name of relative] can trust." We looked at completed questionnaires and these were all positive about the care and support each person had received. However there was no evidence to demonstrate that views and feedback received had been analysed or used to make continual improvement to the service.

We found there was a culture of openness and support for all individuals involved throughout the service. The registered manager was in day to day control of the service and demonstrated personal knowledge about the people using the service. One member of staff we spoke with told us, "If I have any concerns, I can tell [name of manager] and she would deal with them."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain

events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff we spoke with told us that they felt valued and empowered to do their work. The service had a clear leadership structure which staff understood. Staff told us that they felt well-supported by the registered manager and that the service offered was well organised. Staff told us and we saw that staff meetings were regular and staff told us that the meetings gave them the opportunity to discuss good practice and address any issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b) The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)