

Diamond Care Services Ltd

# Diamond Care Services Ltd

## Inspection report

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Date of inspection visit:  
30 June 2016

Date of publication:  
19 July 2016

## 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 took place on 30 June 2016. We gave the service 48 hours' notice to ensure someone would be in the office to facilitate the inspection. The service was last inspected in May 2013 when they were meeting all the regulations reviewed at that time.

Diamond Care Services provides domiciliary care to people living in their own homes. The service offers care to people living with dementia, people who require support with personal care and daily tasks and those who require companionship. At the time of the inspection there were approximately 15 people using the service.

There was a registered manager at the service. 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 had a robust recruitment process to help ensure people they employed were suitable to work with vulnerable people.

Safeguarding policies and procedures were in place and staff we spoke with were aware of the process to follow.

Appropriate personal and environmental risk assessments were in place at the service.

There was an effective and comprehensive induction programme at the service and staff training was on-going.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People told us staff were caring and friendly and respected their privacy and dignity.

People who used the service were fully involved with decisions about their care.

People were given choices in relation to their care delivery and their personal preferences were taken into account.

There was a complaints policy in place and complaints were followed up appropriately.

The service had received a number of compliments and thank you cards.

The management team covered care shifts where required to help ensure their knowledge of care delivery

was current.

People who used the service and staff felt well supported by the management team.

Staff spot checks and competency checks were undertaken regularly to help ensure consistent quality of care delivery.

## 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.

There was a robust recruitment process.

Safeguarding policies and procedures were in place and staff were aware of the process.

Appropriate risk assessments were in place at the service.

### Is the service effective?

Good ●

The service was effective.

There was an effective and comprehensive induction programme in place and staff training was on-going.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring and friendly and respected their privacy and dignity.

People who used the service were fully involved with decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People were given choices in relation to the care delivery.

There was a complaints policy in place and complaints were followed up appropriately.

The service had received a number of compliments and thank you cards.

## Is the service well-led?

Good 

The service was well-led.

The management covered care shifts when required to ensure their knowledge of care delivery was current.

People who used the service and staff felt well supported by the management.

Spot checks and competency checks were undertaken regularly.

# Diamond Care Services Ltd

## **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 30 June 2016 and was announced. We gave the service a 48 hours' notice as the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service. We also reviewed information we held about the home in the form of notifications received from the service.

As part of the inspection we spoke with the management team, which included the registered manager, one member of care staff and two people who used the service. We looked at four care plans and three staff files. We also reviewed other records held by the service including meeting notes, supervision notes and training records.

# Is the service safe?

## Our findings

Appropriate service user risk assessments, for areas such as falls, moving and handling and the use of equipment were in place within people's care files. These were updated as changes occurred.

Staffing levels were appropriate for the number of people currently using the service. None of the people we spoke with reported any missed or late visits. The management team ensured that they spoke with people who used the service on a regular basis to monitor their satisfaction with all aspects of the service, including staff attendance, punctuality and duration of visits.

The service had an appropriate safeguarding policy in place as well as a copy of the local authority policy and procedures. There was also a whistle blowing procedure so that staff could report any poor practice they may witness. The staff member we spoke with was knowledgeable about safeguarding issues and confident of how and where to report if necessary. There was information for people who used the service, regarding disclosure of abuse or suspected abuse, within the service user guide.

There were also policies in place relating to health and safety, environmental risks and fire safety. The service had an appropriate medicines policy and all staff had undertaken training in medication administration. All policies were available in the office for staff to refer to at any time.

We looked at three staff files and saw that the service had a robust recruitment procedure. Each file included an application form, offer letter, proof of identity and two references. Each new employee was subject to a Disclosure and Barring Services (DBS) check to help ensure they were suitable to work with vulnerable people.

We saw that there was an 'on call' service so that staff and/or people who used the service were able to contact someone at any time. This included nights and weekends.

Records, such as a copy of the care plans, relating to people who used the service and all staff records were held in the office. There was also a copy in people's houses and an electronic copy held. We saw that there was an accident and incident book kept in the office. This was completed appropriately whenever a fall, accident or incident occurred. These documents were kept in a locked cabinet within secure premises.

There was a policy on infection control and we saw there was a plentiful supply of personal protective equipment (PPE) in the office. We saw that staff called in to the office to collect equipment when required.

# Is the service effective?

## Our findings

One person who used the service that we spoke with told us, "They always offer extra [care] if needed. They [staff] never let me down" Another said, "They [staff] always turn up on time – dead on 8 am – the time I asked for. They do extra if asked".

We looked at three staff files and saw that there was a robust induction programme. This consisted of mandatory training, shadowing a more experienced staff member and having competencies checked prior to working alone. An employee handbook was also given to each member of staff for them to refer to when necessary. The member of staff we spoke with felt their induction had been comprehensive. They told us that if they were not confident in any aspect of care delivery they would be facilitated to work with a more experienced employee until they felt able to undertake the work on their own.

We saw from the staff files that staff had undertaken training relevant to their work. We were told by a staff member that further training opportunities were available to them, such as National Vocational Qualifications (NVQ) and equivalent courses.

Informal supervision sessions were undertaken regularly as staff frequently attended the office with queries and information. Formal supervisions were less frequent, but we were able to see the records of these being undertaken in the form of a journal. Staff appraisals were undertaken annually to help ensure continual professional development.

We looked at four care files in the office which included comprehensive care plans, risk assessments and reviews. There were duplicate care files in people's homes and kept electronically. Care plans consisted of a range of health and personal information to ensure people received the correct level of assistance and support. The staff member we spoke with told us they had been given the care plans to read prior to delivering any care to help ensure they were fully conversant with people's needs and requirements.

There was evidence within the care files that people's nutritional and hydrational needs were addressed. Where meals were prepared for people who used the service these were in line with their individual nutritional requirements.

We saw that people who used the service, or their representatives where appropriate, had signed a contract agreeing to the care and support they would receive. They also signed reviews of care to indicate their agreement to any changes made.

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.



We checked whether the service was working within the principles of the MCA. We found that documentation referring to the level of people's capacity was included within the care files. The management team we spoke with demonstrated an understanding of working in people's best interests and could give examples of involvement in best interest decision making.

## Is the service caring?

### Our findings

We spoke with two people who used the service. One person said, "The staff are extremely respectful. I can't praise them highly enough. We have become friends, actually". The other person told us, "I get on with every one of them [staff]. We have a laugh and a joke. They are polite, respectful and friendly and I can talk to them about anything".

We saw there were appropriate policies referring to areas such as confidentiality, privacy and dignity. Records were kept secure to help ensure confidentiality was maintained.

We saw evidence that people who used the service, and their families and friends when appropriate, were fully involved in the care delivery from the start. A full assessment was undertaken prior to the start of the service and care delivery was reviewed on a regular basis, with clear contributions from the person who used the service, to ensure it remained appropriate.

A service user guide was given to people who used the service. This included the service's statement of purpose, explanation of care delivery, financial information and complaints procedure. The principles of quality care delivery, outlined within the service user guide, set out the service's commitment to ensuring people's diversity was respected and equality promoted.

It was clear from looking at people's care files and staff supervision notes that a positive culture was encouraged by management and embraced by staff.

## Is the service responsive?

### Our findings

One person who used the service told us, "The service is excellent. I prefer the same carer and they always provide them if possible". People told us they were asked before the service started what their needs and preferences were. They said that care staff were introduced to them to see if they would get on well. If they did not get on another carer would be found for them.

The staff member we spoke with told us, "The best thing about this service is that they are very person centred in their care. It is all about the service user, what they want and what their needs are".

We saw within the care files we looked at that there was a significant amount of personal information. This included a life map with people's hobbies and interests, childhood memories, family, work history, likes and dislikes, dreams and ambitions. People's preferences, for example preferred mealtimes, were noted as were things that made them happy. There was reference within the care plans to people's spiritual and emotional needs as well as physical requirements.

The service had an appropriate complaints policy in place, which was outlined in the service user guide given out to all those who used the service. We saw that there was a complaints log and one complaint had been received. This had been followed up appropriately by the service. People who used the service that we spoke with told us they would be confident to raise a concern or make a complaint and felt this would be dealt with appropriately.

Comments included, "A great big thank you for all the care and support you have given [relative] and myself"; "You have always made me feel better"; "Just to say thank you for all your kindness and support".

## Is the service well-led?

### Our findings

There was a registered manager at the service. 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.

One person who used the service said, "The manager brings the carers to see if you like them before starting". This showed that people were involved in choosing who delivered their care and support. Another person said, "The managers are at the end of the phone. I have the office number and a mobile number". They said that this made them feel secure and well supported by the management team. The on-call service, which was available out of usual working hours, also helped ensure that staff were supported with any issues or worries they may have.

We spoke with a member of staff who told us, "I like that the manager came out with me and introduced me to the service users". They felt this helped ensure compatibility with staff and people who used the service.

Staff and people who used the service told us that the management team often undertook care visits themselves. This helped ensure their knowledge of care delivery was current.

The staff member we spoke with told us they could pop into the office at any time with any queries or concerns and that this made them feel very supported. They described the management as, "Very approachable". They said that if they had a query and the management did not know the answer they would find it for them.

We saw within staff files we looked at that staff competencies were checked regularly. Spot checks were carried out frequently to help ensure people who used the service and their families remained satisfied with the care delivery. Regular care plan reviews also helped to ensure quality of care and appropriate care delivery was maintained.

We saw evidence of staff meetings, which were held occasionally. Issues discussed included service user needs, concerns, uniform and training needs. Staff supervisions were carried out in the office and recorded via an electronic journal. Informal supervisions and meetings took place regularly when staff visited the office.