

Diadem Care Limited

# Diadem Care Limited

## Inspection report

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Date of inspection visit:  
17 July 2018

Date of publication:  
12 September 2018

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 17 July 2018 and was announced.

Diadem Care Limited is registered to provide personal care to people. This service is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, people a physical disability and younger adults.

At the time of our inspection the agency supported seven people with personal care and employed four care staff. The service is located in Coventry in the West Midlands.

This was the first inspection to Diadem Care Limited since they had registered with us in February 2017.

The service had a registered manager who was also the provider of 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.

There were sufficient numbers of staff to complete all planned care calls at the times people expected and for the length of time needed. People told us they felt safe with the staff that supported them and knew they could contact the agency when needed. People were provided with an emergency contact number and told us their calls were always responded to.

People received their medicines as prescribed and staff had completed training to enable them to manage medicines safely and in accordance with best practice.

People had care plans which were personalised, and informed staff how people wanted their care and support to be provided. However, some of the records in care plans were either not sufficiently detailed or needed updating. Most risks associated with people's care were confirmed in individualised risk management plans for staff to follow to minimise known risks.

Staff were aware of risks associated with people's care and knew the signs to look for of potential abuse. Staff knew to report any concerns to the registered manager to ensure these were acted upon to keep people safe.

The registered manager and staff worked with other professionals to support people to maintain their health and well-being.

Staff had a good understanding of the needs and preferences of the people and where appropriate supported them with meals and drinks to maintain they hydration and health.

The management team consisted of the registered manager and a deputy manager. They worked together to monitor the quality and safety of service provided. There were some quality monitoring systems in place to help drive improvement of the service. This included regular discussions with people, relatives and staff to determine their views of the service. However, we found records generally were not sufficiently detailed. This applied to care plan records to show risks were managed and instructions were followed. Also records related to medicines, accidents and incidents and the complaints procedure. Quality monitoring systems had not been effective in identifying these areas of improvement to ensure the service ran safely and effectively consistently.

The provider's staff recruitment systems reduced the risk of unsuitable staff being employed. New staff completed an induction in line with the Care Certificate. Staff also completed ongoing refresher training to ensure they had the skills and knowledge needed to support people safely. Staff attended supervision meetings on a regular basis so the registered manager could assess any training and development needs. Staff told us they enjoyed working for the agency and felt valued due to the support they received.

People felt staff had the knowledge and skills needed to meet their needs and spoke positively of the support they received. People, and where appropriate relatives, were involved in developing and reviewing planned care so that they continued to be satisfied with the service they received.

People's privacy and dignity was respected and their independence promoted. The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before care was provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People and relatives were satisfied and complimentary of the way the service was managed. People and relatives were provided with information about how to make a complaint. No complaints had been received by 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?

Good ●

The service was safe.

People received their medicines when they needed them. Risks associated with people's planned care were managed and monitored. People felt safe with the staff that supported them and there were enough staff to complete the care calls required. Staff understood their responsibilities to safeguard people from the risk of harm. The provider's recruitment systems reduced the risk of recruiting unsuitable staff.

### Is the service effective?

Good ●

The service was effective.

Staff had completed essential training so they could support people safely. New staff received induction and all staff had regular supervision meetings and competency checks to ensure they met the needs of people effectively. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff knew to gain people's consent before delivering care. People were supported with food and drinks where needed to maintain their hydration and health needs.

### Is the service caring?

Good ●

The service was caring.

People spoke positively of the staff that supported them and told us staff were flexible in providing their care when needed. People told us staff respected their privacy and dignity and said staff supported them to be as independent as they could be. People were involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was consistently responsive.

People received their care calls at the times agreed and said staff stayed the length of time needed to support their needs. Care

plans were personalised so that staff could support people in ways they preferred. People felt their needs were met in accordance with their wishes. They knew how to make a complaint if needed. There had been no complaints received by the service.

### **Is the service well-led?**

The service was not consistently well led.

People and relatives were satisfied with the service provided and the way the service was managed. Staff felt valued and supported by the management team. Quality monitoring processes were in place and people were asked their views of the service. Service improvements were made in response people's feedback about the service. However, records required improvement to ensure these were up-to-date and to demonstrate risks were managed consistently.

**Requires Improvement** ●

# Diadem Care 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.

This inspection site visit took place on 17 July 2018. The inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure staff and the registered manager would be available to speak with us about the service.

This was a comprehensive inspection and was undertaken by one inspector.

Before our visit we reviewed the information we held about the service. This included information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our visit we found the PIR was an accurate assessment of how the service operated.

We conducted telephone interviews with three people and a relative and a social care worker to obtain their views of the service provided.

During our office visit we spoke with the registered manager who was also the provider and the deputy manager. We spoke on the telephone with two care staff about their experience of working for the agency.

We looked at two people's care records and other records related to people's care including risk assessments, medicines records and daily records completed by staff at people's home's. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records.

We reviewed two staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at training records, duty rotas, staff allocation sheets, policies and

procedures and accident and incident records. We also viewed quality monitoring checks the registered manager completed to assure themselves people received a good quality service.

## Is the service safe?

### Our findings

People and relatives told us they felt safe with the staff that supported them. One told us, "Yes, yes (felt safe) they are brilliant." Another told us, "Yes I feel safe, they are fine."

Staff understood their responsibilities to protect people from the risk of abuse. They had completed training in safeguarding adults and knew how to identify potential signs of abuse and the actions they should take if they had any concerns. One staff member told us, "I could tell with [person] straight away as they are always happy they would be down, I would tell [registered manager] straight away." Staff felt confident that any concerns they reported to the registered manager would be dealt with effectively.

We saw there was an 'Abuse policy and reporting procedure' for staff to refer to if needed but part of the information staff would need relating to contact names and numbers had not been completed. We discussed this with the registered manager and this was updated and a copy forwarded to us following our visit to confirm the additional information had been added.

Discussions with staff confirmed they knew about risks associated with people's care and the actions required to manage them. For example, we saw an accident record that showed a person had fallen on more than one occasion in a short space of time. A staff member told us how they had worked with the person's family and had identified these falls sometimes happened when the person tried to reach for items on a table. To manage this risk, they moved the table and always made sure the person's walking aide was close to them. They told us how this seemed to be working had helped to reduce the risk of them falling again.

Another person who was at risk of falling had a risk management plan with very precise and clear instructions to staff on how they should move the person to assist them with personal care. The person needed to wear a protective piece of equipment (following a previous injury) when they were moved, so that if they should fall, they were protected from further injury. Staff told us how they used this equipment when moving the person demonstrating they had read the care plan. They were able to tell us in great detail how they moved the person to ensure they were kept safe. Staff also told us when they left the person alone in the bathroom they were stood close by in case the person felt they needed their help.

Records of accidents and incidents had been maintained and the registered manager told us they regularly checked the records to make sure any ongoing risks to people were managed. Sometimes it was not clear if people admitted to hospital had any injuries and the registered manager said they would ensure this type of information was recorded in future. This was to help ensure any necessary serious injuries were notified to us as soon as possible as required.

The registered manager told us that any new or ongoing risks were shared with staff through an electronic group messaging system which sent instant messages to staff mobile phones. Staff explained this helped them to communicate effectively with one another and ensure they could follow up on any concerns or risks they identified during their calls.

People told us they were prompted to take their medicines or were supported as necessary to take them at the times required. For example, one person told us staff put their medicines in a pot for them so they could easily pick them up and take with water. We looked at the medicine administration records (MAR's) and saw records had been signed each day to confirm people had received their medicines as required.

The registered manager told us they observed staff during care calls to make sure they followed the correct safe procedures in supporting people with their medicines. Staff told us if they noticed anyone had sore skin when supporting them with personal care, they used the prescribed creams to help treat this. People spoken with told us this happened which helped to prevent further skin damage. We saw one person had a pain relief patch and it was not clear from records where this was to be applied to ensure staff administered it as prescribed. The registered manager assured us this was not applied to the same part of the body each time. They knew this could cause the person to have side effects, they stated they would update the records with immediate effect to reflect this.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us they were not able to start working at the service until all pre-employment checks had been received by the registered manager.

There were enough staff available to support people at the times agreed and people received the support they needed from staff they knew. At the time of our visit there was a small team of five staff (including the registered manager) who completed personal care calls and staff told us how they worked as a team to ensure all calls were completed as required. People knew the staff well and comments from people and relatives included, "If something happened at the visit before they will always phone and tell me. They are always smack on. Timekeeping is really good" and "As soon as I need something they are there." This demonstrated the service was flexible when needed to meet people's needs.

The registered manager told us there were enough staff to allocate all planned care calls including double ups where required. Duty rotas confirmed all care calls were scheduled at the times people expected. The registered manager told us there was some flexibility within the rota to accommodate changes required at short notice to cover any emergencies. They told us the personally covered some of the calls if needed.

People confirmed staff followed good infection control practice by using disposable gloves and aprons (PPE), when needed. Discussion with staff demonstrated a good understanding of infection control procedures. For example, one staff member told us, "I wear gloves and wash my hands beforehand (before personal care) and wear an apron then put them in bag and straight into the bin."

## Is the service effective?

### Our findings

People and relatives were confident staff had the skills and knowledge needed to meet people's needs. Two people told us they knew this from the way staff supported them. For example, one person had a health problem and told us sometimes they needed staff to help them lift their legs so the district nurse could attend to them. They told us, "They (staff) seem to pick up things pretty quick actually". They explained this made them feel staff knew what they were doing.

Staff told us when they started to work for the agency they had an induction to the service and shadowed (worked alongside) a more experienced member of staff so they could get to know people and how they liked to be supported. One staff member told us, "I met with [registered manager and deputy manager] and they gave me an overall view of what was expected and discussed my role. I was shown care plans, they made me feel comfortable. I shadowed for two weeks. They gave me chance to meet the clients so they felt comfortable me going into their house and what was needed."

The registered manager told us staff induction training was linked to the Care Certificate. The Care Certificate assesses care workers against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge, values and behaviours to ensure they provide high quality care and support. Staff told us they had found this training effective and sufficient for their needs.

Staff spoke positively about the training they received and told us of further training that was planned to help support them in their role. One staff member told us, "When I joined they put me straight away on to safeguarding, moving and handling etc. It was very good it was fantastic." Another staff member told us their training was up-to-date and stated they were not issued with their training certificates until "everything that has been taught has been followed."

The registered manager told us they had arrangements with a training organisation to provide some of the training for staff. Staff also completed some of their training 'on line' at their convenience.

Staff told us they had regular supervision meetings with the registered manager to discuss their work and any development needs. The registered manager said they used these meetings to discuss any areas where staff needed to improve and gave an example of an issue they had discussed with a staff member in relation to records which they were now monitoring. The registered manager also completed observation checks, to ensure staff remained competent to provide the care and support people required.

People's needs were assessed before they started using the service to make sure their needs could be met. A relative told us, "They took the time to have a conversation with me to discuss it all. They wanted to know how best to meet [person's] needs." We saw information collected at the assessment was incorporated into care plans so that staff were clear on what was required of them to meet people's needs effectively. People told us that information they had shared relating to their needs and choices had been taken into account when agreeing their plan of care.

We saw that all staff had completed training in equality and diversity so that they knew how to respect people's differences and ensure nobody was treated any less favourably due to differences such as their gender, disability or religion. A health professional spoken with told us staff knew how to support a person whose first language was not English. They spoke of positive changes in the person since they had received support from the agency because the person's physical and mental health had both improved. This demonstrated staff ensured people's individual needs were met.

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 make 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 requirements of the MCA. Discussion with the registered manager and staff demonstrated they understood the relevant requirements of the Act. Staff had received training to help them understand the MCA and were clear they should assume people had the capacity to make their own decisions. One told us they knew it was important to monitor people's capacity and ensure they always worked in people's best interests particularly if they refused care on a regular basis that was detrimental to their health.

People told us they were not subject to any restrictions as a result of the way staff provided their care. We discussed with staff what they would do if a family member gave instructions to do something such as restrict cigarettes when a person had capacity. They told us they would discuss this with the person and family to reach a decision in the person's best interests but advised they could not refuse a person's request if they had capacity. This demonstrated staff understood the importance of not restricting people's care and working in their best interest. At the time of our visit nobody had any restrictions on their liberty.

People told us staff sought their permission before providing care and support. A relative and health professional stated this was something the staff did very well. They told us staff were very good at encouraging and coaxing people when they declined care if this was in their best interests. For example, we were told about one person who on one occasion did not want a wash. The staff member advised the person they needed a wash and suggested they asked their family member what they thought. This approach resulted in the person to agreeing to have one. The family member told us, "They will guide [person] what is best for them but give them a choice." They also described how it was the "little nudges" (words of support) staff used to encourage people that resulted in people making decisions to accept support they may otherwise have refused.

People's nutritional needs were met by staff if this was part of their planned care. One person told us, "Yes they help with my food and meals, I can have what I want" confirming their choices were also respected. Staff knew how people liked their meals prepared. One staff member told us, "[Person] told me off because I say, 'What do you want for breakfast?' and they will say 'You know what I want for breakfast. One Weetabix and milk on top in a bowl with sugar on top'." Staff also knew that one person liked their toast to be cold before applying butter. The registered manager told us they monitored the amount of food and drinks people consumed to make sure their intake was sufficient to maintain their health.

Most people told us they were able to make their own health appointments or had family member who could do this for them. Staff told us they had organised these for those people who needed assistance. The registered manager and staff worked in partnership with other health and social care professionals to support people. For example, one person had a social care worker that liaised with the agency to ensure the

person's ongoing care was meeting their needs. Staff told us if they became concerned about people's skin, they spoke with district nurses to make sure any support people needed could be arranged as appropriate.

## Is the service caring?

### Our findings

People, and a relative told us staff who visited their homes were friendly and professional and said they had built up friendships with them. One comment was, "There is no superiority, they are friendly, have a giggle with you and tease" they went on to say it that the staff provided "real care" and that it was "not just a job" to them and stated staff always asked if there was anything else staff could do for them before they left. Another comment was, "I have a good friendship and rapport with them."

Staff told us they enjoyed supporting people and getting to know them. One staff member told us, "You do get attached to people. I always try to be positive when I go to see people and do it in a way where I am observing at the same time. If they do need to speak to you about something ... you build up a rapport with people."

Staff were knowledgeable of people's needs and understood how they preferred their care and support to be provided. They knew how important it was for people to maintain their independence where this was possible. Care plans informed staff what tasks people could complete independently and what they needed support with. For example, in one person's care plan it stated, "I then need help for opening the cream cap so I can have cream on my face. I also need help with opening my toothpaste and putting it on my toothbrush, however, I can brush my teeth independently." One person told us, "I am trying to be more independent, if I can't do it, I shout them." Discussions with staff confirmed they knew about information in care plans and supported people in ways they preferred.

The registered manager told us they were flexible when needed to meet people's needs and one person we spoke with confirmed this happened. They told us how they had been out late at night to a special event and as a result has asked to be supported at a later time the next day. This was agreed and arranged for them which they were grateful for.

People told us they had been involved in planning and reviewing their care through regular discussions with staff and the registered manager. Information held within people's care plans showed they had been involved in planning their care and we saw a they had signed to confirm they had read them. The registered manager told us if people were not happy with their planned care, they were able to contact them and discuss this so any concerns could be resolved.

People's privacy and dignity was respected by staff. The registered manager told us their expectations of staff when providing personal care such as "To cover them and ensure curtains are drawn. I always ensure those things are highlighted to staff before a client is undressed. Cover with a towel." They explained they made sure staff followed this guidance during "spot checks" they carried out. When we spoke with staff they knew what was expected of them and they provided examples of how they maintained people's privacy and dignity confirming this guidance was followed.

People's records held in the office were kept secure so that they remained confidential. Discussions with staff demonstrated they understood the importance of maintaining people's confidentiality.

## Is the service responsive?

### Our findings

People told us their care calls took place at the times they expected and staff stayed for the agreed amount of time to meet their needs. Comments included, "I am not kept waiting" and "Yes they are on time." People told us if staff were going to be late they rang them to let them know but said staff were rarely late. People said staff stayed the amount of time they expected and always asked if there was anything more they needed from them before they left.

Staff told us they supported people without feeling rushed and worked together as a team to ensure people's needs were met. Staff said there was flexibility within their working arrangements to ensure they could respond to any emergency situations or specific requests people made for support.

People told us they had been involved in planning their care and said they could rely on staff to respond to their needs. One person commented, "From day one you could tell they are nice people, they are consistent all the time, they are trustworthy and dependable, genuinely nice people." A relative told us how pleased they were that staff encouraged their family member to remain independent which helped them to maintain their wellbeing. They commented, "They take the time to coax [person] as sometimes they don't want to walk."

People were supported by a consistent group of staff and this was confirmed on call schedules we viewed which showed staff completed regular calls to the same people each week. As there was a small team of staff, most people knew staff well. The registered manager told us they aimed for people to have consistent staff members supporting them and this happened most of the time.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was aware of this framework and told us none of the people they supported needed information in different formats such as large print or different languages. They advised they had considered whether one person needed an interpreter but had found this was not required.

Care plans we reviewed were personalised and were mostly up to date. They contained information about people's physical, mental and emotional needs. They provided staff with step by step guidance to ensure care and support was delivered in accordance with people's preferences and wishes. This included for example, exactly what staff should do when a person wished to have a shower and detailed what equipment should be used. Care plans also included information about communication preferences such as any requests for staff to communicate with family members in addition to the person.

Where people had health conditions, there were details on care plans about any support staff needed to provide. For example, supporting people with medicines to help relieve any symptoms or pain. Records contained information on people's medical history to assist staff in looking for any signs or symptoms that may suggest the person needed medical support.

Staff said they read people's care plans and were alerted to any changes to people's needs via the messaging facility on their mobile phones or during team meetings which were held regularly. The registered manager told us they also spoke with staff on a regular basis as they were a small team and this also helped them to keep up-to-date with people's needs and any changes.

We looked at how complaints were managed. People told us they knew how to make a complaint because this information had been shared with them when they started to use the service. All people we spoke with told us they had no cause to complain and would feel at ease to approach the registered manager if they had a concern.

Staff knew how to respond to any complaints. They told us, if a person raised a concern with them or wanted to make a complaint they would pass on this information to the registered manager so they could look into the concern and respond accordingly. Records confirmed there had been no complaints received.

## Is the service well-led?

### Our findings

Diadem Care Limited had a registered manager that was also the provider. Before our office inspection, we spoke with people who used the service about their experiences of the care and support they received from the care agency. Feedback people gave us was consistently positive. One person told us, "They are trustworthy and dependable and genuinely nice people." People also spoke highly of the registered manager. One person said they were, "Very good, always feel safe around her." A health professional told us they felt the service was "well led" and commented, "They are very person centred" which meant they had recognised people received individualised care that met their needs.

The registered manager and deputy manager supported staff to carry out their roles effectively. The registered manager operated an 'open door' policy, where staff could contact them at any time if they needed to. An 'on-call' telephone number was available for staff to call if they needed support outside of office hours. Staff were positive in their comments of working for the Diadem Care Limited. They told us they felt valued and said they could access support when they needed it. One staff member told us, "We have got really good managers they are there for us if we need anything. We work together, we are a tight, small team. I haven't got any worries about contacting them. I know I can pick the phone up." Another staff member spoke positively of the registered manager, they told us, "I feel she is very proactive, she is very good at getting things sorted. If you are well led you are know are listened to as well."

Staff described how they supported each other, one staff member told us, "It's quite nice being a small company we are very supportive of each other, we generally contact each other. We try and support each other as best we can and that's great."

The registered manager told us they completed audit checks to make sure the service ran effectively. However, we found audit checks and processes were not always consistent in driving improvement. They had not identified that records were not always sufficiently detailed to demonstrate risks were managed and in some cases, records were not up-to-date. For example, there was a lack of consistent and central recording of events, including incidents that involved people. Staff supervisions, and staff recruitment checks also were not sufficiently detailed to show these were managed effectively. This made it difficult for the provider to demonstrate how they maintained a consistent oversight of their responsibilities and ensured events were effectively managed to protect people. We saw where one person's medicines had been changed, the information about medicines in their care plan did not match what was written on the medicine administration records. This was important to ensure staff managed medicines safely and consistently.

The registered manager used an external company to support them in developing their policies and procedures which helped to ensure they were based on current best practice. However, when we checked the safeguarding adult's policy, this had not been completed with personalised information in relation to the agency so that there were clear guidelines for staff to follow.

The registered manager was aware of their responsibilities associated with their registration. They had

completed a provider information return (PIR), as required, prior to our visit which we found accurately reflected what we found. They knew what statutory notifications they were required to send us and we provided further clarification of these during our visit.

The registered manager told us about ongoing actions they planned to develop their own systems of record keeping and quality assurance procedures as the service developed. They recognised records needed improvement and told us of plans to do this with immediate effect so they could demonstrate the systems and processes they had in place were effective and demonstrated good practice was followed.

The registered manager told us they continually monitored how staff worked to ensure they provided a safe and effective service. Both the registered manager and deputy manager had regularly worked alongside staff to observe their practice. Staff meetings were also held frequently where issues related to the effective running of the agency were discussed. This included areas they had identified for improvement. For example, notes of a meeting held in February 2018, talked about concerns related to people's care and how to address them. Staff were asked to check medicine records "properly" to make sure they were completed correctly and to show how they had managed them.

The registered manager told us they had a handover system where following every call staff carried out, information was shared with them. Staff confirmed this happened which helped to ensure any concerns were identified and addressed.

The registered manager asked for people's feedback about the care they received in quality assurance questionnaires, and during frequent contact they had with them and their relatives. People and relatives were satisfied with the service they received and the way the service was managed. They told us they felt confident that any issues they raised would be acted upon but could not tell us of any areas the service could improve at the time of our visit.

We found the registered manager was motivated and committed to continually improve the service. They told us how they worked in partnership with other agencies such as commissioners of services and health care organisations to support people, making sure their needs were fully assessed to get the right care in place.