

Diamond Hands Care Services Ltd

Diamond Hands Care Services

Inspection report

29B Station Road
Desborough
Kettering
NN14 2RL

Tel: 07508155970

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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

About the service

Diamond Hands Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection 24 people were using the service, 15 of which received personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe care. There were robust systems and processes in place to safeguard people from harm and abuse. Staff understood how to report accidents and incidents, the registered manager monitored and reviewed these and took appropriate action to reduce any risks.

Medicines were managed safely by trained and competent staff.

People received personalised care from kind and caring staff. Staff had completed induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge.

People received continuity of care from regularly allocated staff. People and relatives consistently told us the staff knew them well. One person told us, "All the staff are lovely, they know me well and they brighten my day." Staff treated people with dignity and respect. One relative told us, "They never rush [person], they do everything the way [person] likes."

The registered manager monitored and actioned improvements from the quality assurance processes that were regularly carried out. The service gathered feedback about the service from people, their relatives and staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was first registered with us on 20/12/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on current priorities for inspection. This is the first inspection for this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led..

Details are in our well-led findings below.

Diamond Hands Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16th July 2021 and ended on 23rd July 2021. We visited the office location on 20th July 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data also the infection control policies and processes the service had in place.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- The provider had systems in place to monitor accidents and incidents. This information was analysed by the registered manager, and actions were taken to reduce any further risks.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, one person with diabetes had clear, detailed information in their care plan which identified the risks associated with their diabetes, and the action staff should take in the event of the person becoming unwell.
- Environmental risks had been assessed. This ensured staff were aware of any risks when carrying out visits to people.
- People and their relatives told us the registered manager regularly involved them in reviews of their care plans and risk assessments. One person told us, "[Manager] comes every couple of months to go through everything with us. If there has been any changes, we agree them, and the plan gets updated."

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- People received consistent care from regular staff who knew them well. One person told us, "I have the same carer's, they know me well and are always here on time." A relative told us, "We have regular carers, so they know [person] really well, they do everything as expected and it helps that we get the same ones."

Using medicines safely

- Medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff received regular checks and direct observation of their practice to ensure medicines were administered safely.
- The service worked in partnership with other professionals to ensure people received their prescribed medicines as required. There was clear guidance for staff for safe administration of 'as and when required

medicines' (PRN). This meant people received these medicines when they needed them.

Preventing and controlling infection

- Staff received training in relation to infection prevention and control. Staff told us how they managed risks in relation to COVID-19 such as how they took part in regular testing and wore Personal Protective Equipment (PPE) when visiting people.
- People told us that the service had kept them up to date with any changes to the way they were operating in line with government guidance. A relative told us, "They take it very seriously, they always wear masks."
- The service had an infection control policy in place which staff followed. The service had a large Personal Protective Equipment (PPE) stock, and staff confirmed the provider always ensured they had an adequate supply.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the registered manager, these were reviewed, and actions were taken to reduce any further risks.
- The registered manager shared the outcomes of audits with the staff, so appropriate action was taken to ensure people's safety and mitigate any risk. For example, the registered manager had identified that improvements were required to the detail recorded in people's care notes. We could see this had been actioned and staff had been provided with additional support in how to complete the notes correctly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been individually assessed. Care plans and risk assessments showed the action staff should take to minimise any risk of avoidable harm.
- People had detailed personalised care plans in place which were reviewed regularly and reflected people's changing needs. People and their relatives where appropriate told us they had been involved in this process.
- People's needs and choices had been identified in their care plans and for example, one person liked to have a specific evening routine, we saw this took place and was recorded in the person's care notes.

Staff support: induction, training, skills and experience

- Staff had completed mandatory induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge. One staff member told us, "I completed my training and then shadowed the manager. It was great as I got to meet the people I would be visiting and learn how they liked things."
- The service had effective systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions or spot checks of their competencies which included feedback on performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans clearly detailed their eating and drinking needs, and when people had specific dietary preferences this was highlighted for staff to follow.
- People's food and fluid intake was recorded and monitored where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with external professionals to reduce the risks they had identified. For example, a relative told us, "They arranged for [person's] medicine to be put into blister packs because [person] had been struggling with the packaging. It meant that [person] could continue doing it themselves."
- Staff ensured that people received planned, coordinated and person-centred care when they moved between different services, for example, discharge from hospital.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We saw people had mental capacity assessments and best interest decisions completed in line with best practice, these had involved people with the legal authority to do so on behalf of the person where appropriate.
- Where relatives held Lasting Power of Attorney (LPA) for people which meant they were legally able to make decisions on people's behalf, the registered manager had checked the LPA was in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received continuity of care from kind and caring staff, the registered manager showed us how they monitored this and explained how important it is that people could build meaningful relationships with their carers.
- People and relatives consistently told us the staff knew them well. One person told us, "All the staff are lovely, they know me well and they brighten my day."
- Staff had received training in equality, diversity and working in a person-centred way. Care plans contained information about people's choices and personal relationships, and the support staff were to provide to ensure people's individual needs were met.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives where appropriate were involved in their care planning and how they wished to be supported. People were also given opportunity to regularly review their care plan to see if any changes needed to be made.
- People told us they received quality assurance surveys and visits, where they had an opportunity to suggest any improvements to the service.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence. Staff told us how they promoted independence. One staff member told us, "I allow people time to do things themselves, it's important that we allow people to be as independent as possible."
- Care plans included people's choices and routines. Staff described how they treated people with dignity and respect by being patient, kind and friendly. A relative told us, "They never rush [person], they do everything the way [person] likes."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received planned and personalised care that was individual to their needs and preferences. One person's care plan detailed the importance of their evening routine, we could see from the person's care records that staff always ensured this happened.
- Staff had built positive relationships with the people they were supporting and demonstrated a good understanding of people's preferences and needs. One staff member told us, "I go to regular clients, so I have got to know them really well, we talk, and I find out as much as I can about them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans and any support required to ensure these were met.
- Alternative formats were available on request such as large print, we asked about this and were assured that relevant support would be provided if other alternatives were required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the one complaint the service had received, we found this had been investigated and resolved promptly.
- People and their relatives told us they knew how to complain and were regularly given opportunity to raise any concerns. The service regularly communicated with people and their relatives where appropriate.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- At the time of our inspection, the people using the service were not receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager also provided care to the people using the service and understood their care needs. The staff we spoke too had a positive and person-centred approach.
- Staff, people and their relatives spoke positively about the registered manager. One relative told us "[The registered manager] is fantastic, nothing is too much trouble," and a staff member told us "[The registered manager] is very supportive, she is always there for all the staff".
- There was a positive person centred approach to the delivery of people's care, this was demonstrated by people's progress and outcomes they were achieving. For example, the service supported people on a non-weight bearing pathway, the service worked alongside other professionals to support people's return home from hospital.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had identified areas that required improvement in relation to care note recording, we saw evidence that this had been addressed and actioned.
- The registered manager was knowledgeable about the duty of candour, they had not had to put this into action, however they were able to explain the steps they would take.
- The registered manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the importance of monitoring the quality performance of the service. There was systems and processes in place which regularly provided this information including continuity of staff, medication and care record audits. This information was monitored and actioned appropriately.
- Risks were regularly assessed and reviewed, the registered manager and staff had a good understanding of how to protect people from harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager gathered feedback about the quality of the service through surveys and visits to

people and their relatives. The feedback received was positive and complimentary about staff and the care they provided.

- Staff meetings took place regularly, staff told us they were kept up to date with regular information and updates relating to people's care plans and government guidance in relation to COVID-19.
- The registered manager had a supervision schedule in place to ensure staff had a regular one to one meeting.

Working in partnership with others

- The service worked in partnership with other professionals such as pharmacists and GP's to support people to access healthcare when they needed it which had improved people's outcomes.
- We saw that the service had acted promptly when there had been a concern about a person's health, the service had contacted the relevant health professional to seek advice and support.