

The Diamond Care Partnership Ltd

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Inspection report

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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

About the service:

The Diamond Care Partnership Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, seven people were receiving care and support services.

People's experience of using this service:

- ☐ Governance systems to monitor and check the quality of the service provided to people was not consistently effective and required improvement. This meant the provider was not meeting the minimum standards required by the law. You can see what action we asked the provider to take at the end of the report.
- ☐ People's relatives told us their family member's were safe and staffing numbers were sufficient to meet their needs. While people received their medicines as prescribed; medicine records did not always support this. Staff had access to protective equipment that protected people from the risk of infection.
- ☐ Although people were supported to have choice and control of their lives and staff supported them in the least restrictive way; documentation in the service did not support this. Staff had the knowledge to support people with their needs. Staff consulted a range of healthcare professionals to ensure their health needs were met.
- ☐ Staff treated people with kindness and respect and their dignity was respected. People and relatives felt able to approach the registered manager to discuss any concerns. Care plans although developed with people and their relatives were not always up to date and reflective of people's needs.
- ☐ Staff felt supported by the provider and we saw that relationships had been developed with a range of health and social care professionals. Risk assessments were not always up to date and reflective of people's needs.

Rating at last inspection:

Requires improvement (report published 20 February 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection the service was requires improvement overall. We found the required improvements had not been made and the service continued to meet the characteristic rating of 'Requires improvement.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

The Diamond Care Partnership Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

The 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 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

What we did:

We reviewed the information we had received about the service since they were last inspected. This included the Provider Information Return (PIR), notifications received from the provider about safeguarding and serious injuries, which they are required to send us by law. Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections.

During the inspection we spoke with the relatives of four people to ask their experience of the care provided. We spoke with the registered manager, consultant and three members of care staff.

Inspection site activity started on 26 March 2019 and ended on 1 April 2019. It included telephone calls to people's relatives to gain feedback about the service and telephone calls to staff who provided support to people. We visited the office location on 26 March 2019 to see the registered manager and to review care records, policies and procedures. We looked at four people's care records to see how their care was planned and delivered. Other records we looked at included two staff files to check suitable members of staff were recruited and received appropriate training. We also looked at records relating to the management of the service to ensure people received a good quality service.

Details are in the key questions below.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

• At our last inspection we rated the service under this key question as, 'Requires improvement' due to the concerns we found around medicine management and up to date risk assessments not being in place. At this inspection we found sufficient improvement had not been made and as a result the rating for this key question remains as 'Requires improvement'.

Assessing risk, safety monitoring and management

- Staff we spoke with had a good knowledge of people's individual care and health needs however, this was not reinforced by reflective risk assessments and guidance for staff to refer to about how to support people safely. For example, one person's nutritional intake was being monitored however, food and fluid intake was not quantified nor intake calculated to ensure the person's intake was adequate to maintain their health.
- There was no evidence people's individual risk assessments had been reviewed and updated as people's needs changed. We discussed this with the registered manager who said they would update the risks assessments and implement a system of review.
- People had access to equipment they needed such as hoists and relatives told us staff used safe moving and handling techniques to support people to mobilise safely.

Staffing and recruitment

- At the last inspection, safe recruitment practices had not always been followed. At this inspection although staff completed application forms, attended an interview and had reference and Disclosure and Barring Service (DBS) checks in place; other pre-employment checks were not always thoroughly completed. For example, photo identification and proof of identity were not always done.
- There were sufficient staffing numbers to meet people's needs. One relative commented, "[Person] likes [staff] to be on time, that is important to [person] and they are."

Using medicines safely

- At the last inspection we found there was no consistent approach to providing staff with guidance in respect of the administration of 'as required' (PRN) medicines. At this inspection improvements continued to be required.
- People could not be assured their prescribed medicines would be managed safely. People who were prescribed medicines to be administered 'as required' did not always have guidance in place to support staff in managing these medicines safely.
- Some people's care records indicated they took their medicines 'as and when required.' However; medicine administration records (MAR) indicated some medicines were to be given more regularly. Staff we spoke with explained when and how they gave people their medicines to ensure they received them as prescribed.

- Whilst staff referred to information supplied on people's medicine blister packs without PRN protocols and guidance in place for staff to refer to, there was a risk people would not always receive their medicines consistently.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to protect people from the risk of harm or abuse. They understood the different types of abuse and how to report any concerns. One member of staff said, "I would tell [registered manager]."
- One relative said, "I would not be with the service if I didn't feel safe with them."
- The registered manager understood their responsibilities to act on any concerns and report incidents of suspected abuse to the local safeguarding authority.

Preventing and controlling infection

- People were protected from the risk of infection by staff's practice. Staff told us they used gloves and aprons when providing personal care.

Learning lessons when things go wrong

- Whilst immediate action was taken following any incident or accident and information of events recorded, no analysis of these had taken place to ensure lessons were learnt. This meant opportunities to reduce the risk of re-occurrence were missed.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ At the last inspection some care documentation had been signed for by a relative of the person receiving care and support. We found no evidence to confirm the relative had the authority to sign for the person and no evidence to demonstrate people lacked the capacity to give their own consent.
- ☐ At this inspection we found the provider had sought evidence to confirm a relative's legal authority to make decisions on behalf of their relative. We found some care records indicated relatives had Power of Attorney (PoA) in place.
- ☐ People's consent was sought before they received care and relatives told us staff acted in accordance with people's wishes. One member of staff said, "Never presume someone hasn't got capacity. They might not have capacity to deal with money and bigger decisions, but could decide about clothing and what they want for breakfast. Whatever you do must be in their best interest and least restrictive."
- ☐ Staff we spoke with demonstrated people were supported to have choice and control of their lives and staff supported people in the least restrictive way. However, we found people had generic capacity assessments completed rather than decision specific as required by the MCA. We discussed this with the registered manager; who told us they would address this concern.
- ☐ At the time of our inspection the registered manager informed us no one who used the service was subject to restrictions of their liberty under the Court of Protection.

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

- ☐ An initial assessment was completed with people to ensure care was planned and reflective of their needs. However, information was not always updated or reviewed on a regular basis, for example, when a person's needs changed.
- ☐ Care records contained details of people's diverse needs and preferences. This included information such as age, disability and religion.

Staff support: induction, training, skills and experience

- At the last inspection the provider had not kept an oversight of when staff were due for updates in their training. At this inspection staff told us and records we looked at indicated, staff had received training to enable them to support people safely.
- Although new staff had shadowed more experienced staff when they started to work for the service they had not always fully completed their induction. However, competency checks of staff practice were completed to ensure people received safe care.
- People told us they thought staff were well trained. One relative commented, "I feel staff have got the skills."
- Staff felt supported in their roles and attended meetings to share ideas and to discuss areas of development.

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

- Some people required assistance to prepare food and drinks along with support to maintain a balanced diet. One relative commented, "[Staff] help person cook their evening meal." Another relative said, "[Staff] encourage [person] to make choices around meal planning and encourage [person] to take the healthy option."
- Staff we spoke with understood people's needs in relation to their nutritional requirements and supported people in line with their preferences.

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

- The staff group was small and people were supported by staff they knew well. This helped people to build relationships with staff and ensure people receive consistent care.
- Staff monitored people's health needs and would inform people's relatives and healthcare professionals if there was any change in a person's need. One relative commented, "[Registered manager] discussed [person's skin condition] and talked about the options and district nurses are now involved."
- People were supported to access a range of healthcare professionals when required. For example, we saw that appointments were made on behalf of people and staff supported people to attend these.

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

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 told us staff were caring in their approach. One relative commented, "Yes, [person] loves [staff]. We laugh and joke." Another relative said, "[Staff] care for [person] like their own family. It's nice to know that they are being looked after."
- ☐ Staff spoke with kindness about the people they supported and said they had enough time to provide the support they required along with opportunity to chat with people about likes and preferences.

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

- ☐ People and their relatives told us they were involved in decisions about their care. One relative said, "[Staff] involve [person] in making their own decisions."
- ☐ Conversations with staff demonstrated an understanding of people's needs and their individual preferences and choices.
- ☐ Staff knew people's communication needs and explained how they communicated effectively with people. For example, facial expressions.
- ☐ People and relatives told us they met with the registered manager regularly to review their needs and identify any changes to the care that may be required.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us staff treated them with respect whilst providing care. One relative commented, "Staff treat person with dignity and respect all the time they are really patient."
- ☐ Staff told us they encouraged people to maintain their independence. One member of staff said, "For one person I support them to the sink and leave them to brush their teeth. I prompt them to do things for themselves." Another member of staff explained how they supported a person to access the community. A relative commented, "[Staff] let [person] do more and more for themselves."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People and their relatives told us they were involved in the planning of their care. One relative commented, "The family were involved in [care reviews] we all want what's best for [person]."
- ☐ People received care in line with their preferences. For example, people received care at the times they preferred and care was planned in accordance with their wishes.
- ☐ Staff knew people well and could explain how they supported them which corresponded with conversations we had with people's relatives.
- ☐ The registered manager was responsive to people's changing needs and staff were made aware when needs changed.
- ☐ People's interests were taken into consideration when planning activities. For example, the provider had arranged a weekly club for people to meet up and enjoy a meal together.

Improving care quality in response to complaints or concerns

- ☐ People and their relatives knew how to complain. One relative said, "You can get hold of [provider] you leave a message and they will ring you back."
- ☐

Systems were in place to investigate and respond to complaints or concerns.

End of life care and support

- ☐ No one using the service was receiving end of life care. Care records required information in relation to people's individual wishes regarding their 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- ☐ At our previous inspections in July 2017 and January 2018 we rated the service under this key question as, 'Requires improvement' due to the concerns in relation to governance processes. We issued a Warning Notice requiring the provider to become compliant with this regulation by a set date.
- ☐ We completed a focused inspection in January 2018 at this inspection we found that improvements had been made to promote the safety and quality of the service. We found that the provider had demonstrated to us that they had met the requirements of the warning notice.
- ☐ At this inspection we found improvements had not been sufficiently maintained and as a result the rating for this key question remains as 'Requires improvement'. The registered provider had failed to maintain effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service.
- ☐ The provider had completed some audits; however, these were not always used to drive forward improvements. For example, although care records had been audited changes in people's needs had not been updated in people's risk assessments.
- ☐ Care records and risk assessments failed to consistently ensure risks were identified and managed and reflected people's current needs.
- ☐ Medicine records were reviewed but no action was taken to investigate conflicting information around PRN medicines.
- ☐ We found no actions were identified from the audits that had taken place which meant improvements could not be made to the quality of service delivery.
- ☐ The action the provider had taken since our last inspection had not been effective at driving forward improvements and the audits undertaken had not identified the issues we found at this inspection.
- ☐ A failure to have effective governance systems in place to monitor the quality of the service demonstrates a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.
- ☐ The provider had engaged the services of a consultant to support them develop training and quality assurance processes.

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

- ☐ The registered manager engaged with people and their relatives through telephone conversations, visits to their homes and care reviews.
- ☐ People and their relatives told us the registered manager was contactable if they needed to talk with

them. One relative said, "I spoke with [registered manager] today they called me back within minutes. Communication is good."

- ☐ Staff told us they felt supported in their role and said the registered manager was approachable and readily available.

Working in partnership with others

- ☐ Staff and the registered manager worked in partnership with other social and healthcare agencies such as district nurses to ensure people's needs were appropriately met.
- ☐ Information about people's changing needs was shared through conversations with staff and meetings.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The provider notified CQC of events such as safeguarding's and serious injuries as required by law.
- ☐ The registered manager at times completed care calls with staff and led by example to ensure people received safe care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems to monitor the quality and safety of the service was not consistently effective.</p>