

Diamond Unique Care Limited

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Inspection report

68 Ridgeways
Harlow
Essex
CM17 9HG

Date of inspection visit:
23 May 2016

Date of publication:
03 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 23 May 2016 and was announced. The service was registered in July 2015 and began delivering care in November 2015 this was their first inspection.

Diamond Unique Care Ltd is a small domiciliary care agency providing care and support to people in their own homes. The organisation offers support to people living in Harlow and the surrounding area. At the time of our inspection there were seven people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and supervised. Care staff understood the need to obtain consent when providing care.

The provider had systems in place to support people to take their prescribed medicines safely.

People were supported when necessary with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. As the service expanded the manager was aware that it would be necessary to have a range of systems in place to monitor the quality of the service being delivered and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risk assessments did not contain enough detail for staff to follow to keep people safe.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation

Staff supported people to take their medication safely.

Is the service effective?

Good 

The service was effective.

Staff received a comprehensive induction and were fully supported.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good 

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

Diamond Unique 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 took place on 23 May 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service, this included notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us.

On the day of the inspection we spoke with the Responsible Individual and the Registered manager at the agency's office.

Following the inspection we spoke with one person who used the agency, three relatives and received information from two staff. We also spoke to health care professionals.

We looked at seven people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

Risk assessments were in place for people and medical histories were documented. However, whilst these provided staff with the information about potential risks to people, assessments did not clearly identify how staff should manage the risk. For example, a person was at risk in the bathroom and therefore needed support with personal care but it did not go into detail what actual support was required. At the present time as this was a small staff team and the managers supported staff consistently with visits this did not impact on current support. However, it may do so in the future if the service delivery and staff numbers increased. We discussed this with the manager and they told us they would review the risk assessments in people's files to include more information.

People we spoke with confirmed that they felt safe when receiving their care and that they 'trusted' the staff. Comments included, "Yes, we feel safe, I have seen the bad publicity but you can trust this service."

People told us that staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number in an emergency to health care professionals.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time if they needed. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice."

Staff told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

There were sufficient staff employed to keep people safe. The manager and the responsible individual were part of the care team, they told us that they would not be taking any more referrals until they had recruited sufficient staff to meet people's needs. People who used the agency and their relatives told us that there were enough staff to provide their care needs. One person told us, "They are always on time and will ring and let me know if they get caught in traffic, never had a missed call." Staff told us there were always two staff when required, for example to assist someone in using a hoist or to use a standing aid. People's daily notes reflected this to be the case. Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule they would inform the manager who would then arrange extra support.

Staff told us they were flexible and worked as a team and were able to cover if necessary, for example if someone was off sick or on annual leave. The managers told us they provided the care themselves as part of the staff team. Staff confirmed that this happened.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment

of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was carried out by the DBS to ensure that the person was not barred from working with people who required care and support.

There were arrangements in place to support people with their medicines if required. However at the time of our inspection people were able to take their own medication or had support from family members.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "[Family member] is not easy; she can become aggressive when she gets up but these staff know exactly what they are doing."

Newly appointed staff completed an initial induction which incorporated the 'Care Certificate'. This is an identified set of criteria that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate give everyone the confidence that these workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. However, there was no additional training at the present time to give staff additional knowledge to carry out their job role. For example, there was no practical manual handling training for staff. Instead the manager accompanied care staff on visits that required any manual handling. For example, if a person needed to use a hoist or stand aid. Although they themselves were trained in manual handling they were not suitably skilled to deliver the training. We discussed this with the manager and they told us they were already aware of this and they were in the process of sourcing some external training for the care staff. Records we looked at confirmed this.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any areas of concern were discussed. The manager explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role. Staff told us, "[manager] is always available for advice and support."

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's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. However, care plans had not been signed to give consent to the care being given. Most people they provided care for lived with a family member who was able to support them in making decisions about their care, therefore the impact of this was minimal at the present time. We discussed this with the manager and they told us they would rectify this immediately.

People told us that their care visits were usually on time and they were contacted if the carer was going to be late. One person told us, "They are always on time never late."

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. Staff had information about people's likes and dislikes. Staff told us that they would know if

there were any concerns from talking to people about their diet and observing any food that had not been eaten.

When a person's health was of concern they would refer to health professionals if needed. One relative told us, "They tell me to contact the GP if they think [relative] is unwell. One staff member told us, "I tell the manager if I am concerned about anyone's health." Records confirmed that staff had taken the appropriate steps when they had noticed a person's health had deteriorated.

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness. One relative told us, "100% treat her with respect, they speak to [relative] in a lovely way, very kind, just like I say it. It is as though my daughters are looking after [relative] she really feels like they care about her."

People confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people's individual needs and preferences and spoke to us about the people they cared for in a compassionate way.

The staff team was very small this meant care was provided by a consistent staff team. People told us they liked this as they always knew who was coming to deliver the care.

People's care records identified people's specific needs and how they were met. The records also provided guidance to staff on people's preferences regarding how their care was delivered. People had their own communication books which enabled staff to pass on relevant information to each other which meant that staff had the information to provide continuity of the care.

People told us that they felt the staff listened to what they said and acted upon their comments. One person said, "The manager came and carried out an assessment before they began to deliver the care, they asked me lots of questions." Because the agency had only been operating for a few months it had not been necessary to review people's care plans with them. However, people told us they felt listened to. One person told us, "I only have to say if I want something done and they do it, they are very caring."

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, treatment and support. One relative told us, "I have had six different agencies for [relative] before this one and have had very poor experiences, I have only been using this agency for a few months it is good so far." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

People were assessed prior to receiving a service from the agency to determine whether the service could provide the necessary required support and people told us they were involved in the compilation of their support plan. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. A support plan was then developed from the conversation which outlined their needs. Whilst we had found that risk assessments did not contain enough detail, we found the rest of peoples support plans provided staff with enough information to meet people's needs. People had support plans in their homes and a copy was held on the computer in the office. The manager was aware that the support plans needed to be reviewed and updated on a regular basis. People told us that they were happy with the care and support they received from staff. One person told us, "At present I am 200% happy with everything they are fantastic."

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit. Staff told us, "We are a very small team and work closely together, so communication between us is very good."

People told us that they had no reason to raise concerns or complain. One relative told us, "I have had no reason to complain but I know how to and I would if [relative] was not receiving the right care." Professionals and family members told us that they had a good working relationship with the agency. They told us that any comments which were made were dealt with promptly and addressed. Complaint procedures were in place. At the time of our inspection the agency had not received any formal complaints.

Is the service well-led?

Our findings

Relatives and professionals told us that the service was well managed. They told us there was good communication and they had a good working relationship with the management team.

Staff told us the service was well organised and they enjoyed working at the service. They said the management had visible presence in the daily running of the service. They also told us that they were treated fairly, listened and that they could approach them at any time if they had a problem. The manager told us she worked alongside the staff team which gave her the opportunity to observe staffs practice and ensure they were competent in their job role and also to give advice and guidance.

The Staff told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at. Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. We saw records which confirmed this.

The manager at present carried out the care visits themselves and therefore checked records on a daily basis, however, we discussed the need to set up a robust quality assurance system which would need to be in place if the company was to expand their care packages and their staff team.

At the present time because the service was relatively new the provider had not set up a system to obtain views formally from people who used the service. However, we saw that some people had when verbally asked by the manager written a letter with positive comments about the service they received. One person had commented, "I cannot praise them enough they are very friendly and talkative," and "I am very satisfied with the care I received from Diamond."

Care files and other confidential information about people kept in the main office were stored securely this ensured people's private information was only accessible to the necessary people.