

Triple Diamond Healthcare Limited

# Triple Diamond Healthcare Limited

## Inspection report







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## Ratings

|                                 |   |
|---------------------------------|---|
| Overall rating for this service | Requires Improvement         |
| Is the service safe?            | <b>Requires Improvement</b>  |
| Is the service effective?       | <b>Requires Improvement</b>  |
| Is the service caring?          | <b>Good</b>                  |
| Is the service responsive?      | <b>Good</b>                  |
| Is the service well-led?        | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

### About the service

Triple Diamond healthcare Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 10 people were receiving support with personal care.

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

There was a lack of effective quality assurance systems and processes in place to enable the provider to assess, monitor and improve the quality and safety of the service. The registered manager and nominated individual had not consistently followed safe recruitment procedures; they had not ensured that all necessary recruitment checks had been completed as part of the staff selection process.

Improvements were required to staff training and supervision. Staff had not received all the training they required, and suitable records were not kept of staff induction, training or supervision.

We have made a recommendation about staff training and supervision.

The process in place to ensure staff who administered medicines had sufficient knowledge and understanding required strengthening. Medicines procedures were not followed to ensure instructions for medicines were properly recorded.

Risk assessments did not address all of people's individual risks and did not consider the risks posed by the environment to people and staff.

People and their relatives knew how to complain and felt confident any concerns would be addressed to their satisfaction. The service had received no complaints.

People were supported by staff that knew how to recognise abuse and report concerns. Staff understood the principles of infection control and had access to gloves and aprons.

Pre-assessments were completed with people and care records reflected people's cultural or religious needs and any protected characteristics.

People were supported to eat and drink enough and to access healthcare as needed. 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.

People received support from a small and consistent team of care staff who knew them well and their care was personalised. People and staff had developed caring relationships. People's privacy and dignity was respected, and their independence promoted.

People's feedback on their care was sought and they told us they would recommend the service. Staff felt valued by the management team and supported in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 14 September 2018, and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Enforcement

We have identified breaches in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

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** ●

# Triple Diamond Healthcare Limited

## **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 houses and flats.

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. 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 site activity started on 18 September 2019 and ended on 19 September 2019. We visited the office location to speak with the registered manager and nominated individual and review records on 18 and 19 September 2019.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority,

professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medicines records. We looked at eight staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including training records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and further records relating to staff recruitment.

# 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 Requires Improvement. This meant 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.

### Staffing and recruitment

- People were not protected from the risk of being supported by unsuitable staff. Staff files did not contain all the relevant information to demonstrate staff had the appropriate checks in place and had been safely recruited.
- We checked eight staff files and five did not contain the required information to evidence that people were legally able to work in the United Kingdom (UK). For two staff there was no evidence of their right to work available in their recruitment folder. For three staff the evidence was not sufficient for the provider to assure themselves of their right to work legally in the UK.

We found no evidence that people had been harmed however, staff recruitment was not effectively managed. This placed people at risk of harm. This was a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

We discussed our concerns with the management team and they undertook right to work checks for staff where this information was missing. Following the inspection the management team provided evidence that staff currently employed were legally able to work in the UK.

- Most people told us, they received care when they needed it and staff were always on time. One person said, "They [staff] stick to the same time, it's usually the same two carers and the same time every day." However, this was only possible as the registered manager and nominated individual were covering care hours as there were not sufficient care staff. People told us staff usually contacted them if their call was delayed.

### Using medicines safely

- Systems to ensure the safe administration of medicines were not consistently followed.
- Staff responsible for the administration of medicines had been provided with training. Staff told us the registered manager observed them before they administered medicines independently. One member of staff said, "[Registered manager] watched me doing meds when I was doing the shadowing and was confident I was ok." However, there was no record that their competency in medicines administration had been assessed.
- Medicines administration records (MAR) charts did not contain all of the information needed to support the safe administration of medicines. We saw MAR charts for prescribed creams did not contain the directions of where the creams were to be applied. Instructions on MAR charts did not always contain information about the strength of the medicine or the route by which the medicine was to be given. This

increased the risk of medicines errors by staff. MAR charts were consistently signed to show that medicines had been administered.

- A recent audit of people's medicines had identified the concerns with record keeping on MAR charts, but action had not yet been taken to address this.

#### Assessing risk, safety monitoring and management

- Risk assessments were not in place for all areas of risk identified. One person's care plan identified they needed support to mobilise, were at risk of falls and pressure ulcers. A manual handling assessment, falls risk assessment or skin assessment had not been completed.
- Improvements were required to the measures in place to assess the safety of people's home environment. The registered manager had not carried out risk assessments of environmental hazards in people's homes. There was a risk that hazards would not be recognised or addressed.
- Where people's risk assessments had identified action needed to minimise the risks we saw that staff complied with these. For example, where people needed regular support to change position. One person told us, "They [staff] worked well with the district nurses, we were concerned about pressure sores. Staff had to apply creams, the district nurses came back and checked and were very pleased."

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who provided their care. One person told us, "Yes I definitely feel safe with them [staff]."
- Systems and processes were in place to safeguard people from abuse and staff knew the potential signs to look for that could indicate abuse. Staff told us they would immediately report any safeguarding concerns and were confident they would be acted on by the registered manager to keep people safe.
- The provider's safeguarding policy required review to ensure it contained the contact details of the correct safeguarding authority for people's home location.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- There was an infection control policy and procedure in place which staff could access. Most staff had received training in infection control and were required to read the infection control policy during their induction. We discussed the need for some staff to receive infection control training with the management team and they agreed to make arrangements for this.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. The registered manager told us they would review these to identify themes, trends, learning and actions required to reduce risk to people. There had been no accidents at the time of inspection.



# 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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they commenced employment. One new staff member told us, "I did an induction, I shadowed [registered manager] and [nominated individual] for three days which was fine as I'd worked in care before." However, induction training was not recorded, which made it difficult for the management team to monitor staff progress with their induction.
- Some staff had not completed all necessary mandatory training whilst in the employment of the provider. For example, one member of staff had only completed training in safeguarding, manual handling and mental capacity. They were still in their induction period but there was no induction plan to show how and when they would complete the remaining training required. They told us they were working unsupervised.
- Training was not recorded to identify what training staff had received. This meant the management team were unable to assure themselves staff had the correct qualifications, competence and skills required for their duties.
- Staff did not receive training on the needs of people who used the service, such as catheter care and dementia care. The registered manager told us staff had shadowed them to learn about catheter care, but this was not recorded. Most people told us they thought that staff were competent to meet all areas of their needs.

We recommend the provider consider current guidance on staff induction and training and develop a training plan for all staff.

- Staff told us they felt supported by the management team and could approach them at any time should they need support. One staff member told us, "They [management team] always ask staff how their day has been. The first time you go to a new client they call you afterwards to make sure it went ok."
- However, there were no records of staff supervision and the management team confirmed no supervision had taken place. The management team and staff were unable to reflect on their past communication to ensure on going improvements in the service.

We recommend the provider consider current guidance on the provision of staff supervision and implement appropriate supervision for staff.

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

- Most people using the service received support required with eating and drinking from family members.
- People's care plans reflected the support they needed with eating and drinking and any risks involved for

example where people had difficulty swallowing.

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

- People's needs were fully assessed before any care was agreed and delivered. This ensured there were staff available to provide the care and support required.
- The management team visited the person and their family if appropriate to discuss their needs and expectations of the service. They also used information from health and social care professionals already involved in people's care to plan their support.
- Support plans were implemented based on the findings of the assessment and regularly reviewed and updated to ensure support was provided in the most appropriate way.

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

- People received support to meet their health needs. Staff knew people well and were vigilant to changes in their health.
- Staff worked closely with people and other care professionals involved in their support. Regular reviews were held to ensure people's health care was provided in the most appropriate way and any changes to health needs were met. The management team had held a recent review with one person to discuss the advice provided by their physiotherapist.
- Records showed that staff supported people to access health and social care professionals such as district nurses and supported people to follow their advice.

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.

- The registered manager had a good understanding of the MCA and care plans consistently referenced people's ability to make their own decisions.
- Most care staff had received training in MCA and understood the importance of seeking consent from people and supporting people in the least restrictive way possible. One staff member described their approach to supporting people saying, "When I help [person's name] I always give choices about their personal care and what food they want."
- The registered manager had completed detailed mental capacity assessments for decisions that people were unable to make for themselves. However, they had not recorded when decisions were required to be made in people's best interest.

# 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 were supported by a small team of staff that were kind and caring. People and staff enjoyed each other's company. One person told us, "I'm very happy, I look forward to the staff coming, their visits make life worthwhile." Another person's relative said, "[Person's name] has the same staff, they are very caring and have respect for [Person's name]."
- People told us care was not rushed and staff had time to provide all the support people wanted and needed. One person said, "Staff will put some washing on, Hoover and put the dryer on without me asking, this is good."
- Care plans included information about people's cultural preferences, values and beliefs, and any religious and spiritual needs. This information was used to help meet all of people's care needs.

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

- People and relatives said they were involved in the planning of their care. One person said, "I direct what happens, they listen to me." Another person's relative said, "When we started with the care they [management team] came and sat down and talked about the care and what we wanted."
- The registered manager and staff understood the importance of involving people in decision making. We saw that the registered manager met with people regularly to discuss any changes to their needs.
- No one currently required the support of an advocate. However, the management team were able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "They do respect my privacy and dignity. I have to be hoisted from bed [person laughed], we have a joke about any awkward moments which helps."
- Staff recognised the importance of confidentiality and records were stored securely.
- People's independence was promoted. Staff were supporting one person to spend more time out of bed on the advice of their physiotherapist.

## 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they received personalised care from staff that knew them well and responded to their needs. One person said, "They [staff] are really good, generous people with plenty of empathy. If I want to talk, we talk and have a laugh. If I want to be quiet that's ok too."
- People told us the service worked flexibly to meet their choices and needs. One person told us, "They're very flexible, I can let them know at [time of call] if I need them at [time of call] and that's fine." Staff gave examples of when they had gone to support people outside of their call times because they had contacted the service and needed help.
- People had care plans which described the care and support people wanted and needed. Some care plans would benefit from more specific guidance for staff. For example, care plans for people's behaviour.
- At the time of inspection, the service was not supporting people with social needs.

#### 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 care plans contained information about people's communication needs. The management team confirmed that no one currently using the service required information in an accessible format. However, this would be identified as part of the assessment process and provided if needed.

#### Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint they would be listened to and the issue addressed.
- There was a complaints procedure in place. The provider had received no complaints since registering the service.

#### End of life care and support

- The registered manager was a registered general nurse and had worked with staff to develop their knowledge and skills in end of life care. However, most staff had not received specific training in end of life care.
- There was an end of life policy in place and this reflected best practice guidance in 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 Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and nominated individual regularly delivered care to people and had a good overview of people's needs. However, we found this impacted on their ability to maintain oversight of the service. There were limited quality assurance systems in place to review staff files and recruitment, training and supervision and medicines records.
- The system in place to ensure appropriate checks were carried out to assure the provider of staff legal right to work in the UK was ineffective. Some staff folders contained no evidence that checks had been carried out. One staff folder contained information that expired on the first day of inspection; this had not been identified.
- There was no system in place to provide a record and overview of staff induction, training and supervision. There was no induction or training plan in place and records did not show staff progress through their induction or when training was due to be refreshed. This meant the management team were unable to monitor what training staff needed to update their skills. The lack of recorded supervision meant that staff and the management team were unable to reflect on their conversations or monitor progress against agreed actions.
- The provider had been delivering care to people since June 2019, however audits of key areas such as medicines and care records had not been carried out until recently. The audits had identified areas where improvements were required and the findings had been discussed with the management team the day before the inspection took place. The management team planned to discuss the actions required with staff.

We found no evidence that people had been harmed however, the provider failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were operated effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the management team. They received support and regularly worked with the registered manager and nominated individual, which ensured they provided the care and support at the standards required.

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

- The management team were committed to providing a responsive, personalised service to people living in

their own homes. The feedback we received during the inspection was mostly positive and people told us they would recommend the service to others. One person said, "There's no improvements they could make, if there is anything, I can talk to them [management team], it works well."

- People told us the management team were accessible to them. One person's relative said, "I've got the manager's number, I can contact them any time, they are accessible."

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 was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager was aware of their responsibility to notify CQC and other agencies of any incidents which took place that affected people who used the service.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People using the service at the time of inspection had not been receiving care for long enough to enable a survey to be completed. The management team told us they regularly asked for feedback from people, when providing their care.
- Staff feedback was collected in informal conversations with staff. Staff told us, the management team were responsive to staff feedback.
- Staff felt valued and cared for by the management team. One member of staff said, "They are transparent and reliable and do care about the staff and their clients."

Continuous learning and improving care

- The management team responded positively to the areas for improvement identified during the inspection and acted promptly in response to the concerns raised.
- The registered manager and staff listened to the people they supported and responded to suggestions for improvement to ensure people's support was matched to their needs and preferences.
- The provider was planning to implement electronic systems to improve the management and oversight of the service.

Working in partnership with others

- The registered manager worked with commissioners, the safeguarding team and other services involved in people's support to ensure people received appropriate care.
- Staff worked with other health professionals such as district nurses and community therapists. They contacted health professionals if they had any concerns about people's health or wellbeing.

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 did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided to people.</p> <p>Improvements were required to the systems in place for staff recruitment, training, supervision and medicines record keeping.</p> |
| Regulated activity | Regulation   |
| Personal care      | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not consistently followed safe recruitment procedures; they had not ensured that all necessary recruitment checks had been completed as part of the staff selection process.</p>   |