

Royal Diadem Care Limited

# Royal Diadem Care Limited

## Inspection report

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Date of inspection visit:  
09 November 2022

Date of publication:  
19 December 2022

### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Royal Diadem Care Limited is a domiciliary care agency providing personal care to people with health and social care needs in their own homes. 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

Systems and processes were not always in place to support people's safety. Risks to people had not always been outlined in detail to ensure the risk was prevented or reduced. People were supported by staff who had not always undergone a robust recruitment process. Staff were not all up to date with training so there was a risk of not meeting people's needs.

The provider's systems and processes had not always effectively monitored the quality of the service being provided. Audits undertaken to monitor the quality of care provided had not always identified issues needing improvement. People's views and that of family members and staff were sought through surveys, which were analysed and used to identify if improvements were needed, though this had not been consistently carried out.

People and family members spoke of the reliability of the service though one representative of a person said this had not always been the case.

There were sufficient staff to meet people's needs. People told us they felt safe and staff ensured they were safeguarded from harm. People received the support they required with their medicines. Staff followed the provider's policy and procedure for infection prevention and control.

People's needs were assessed and kept under review and reflected all aspects of people's care. People and family members contributed to the assessment process. People's health care needs were recorded, and staff liaised with health care professionals when required. 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 and family members spoke of the kind and caring approach of staff. People and family members said they were involved in decisions about their care, and their views were respected by staff. People and their relatives were aware of how to raise a concern. All, apart from one representative of a person, said they were confident that any issues raised would be swiftly and effectively followed up and acted on.

Staff were supported through ongoing monitoring and good communication, which ensured information was shared in a timely manner to support in the delivery of personal care.

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 and update

This service was registered with us on 27 November 2020 and this is the first inspection.

#### Why we inspected

This inspection was carried out to provide the first rating of this service following registration.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Royal Diadem Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 2 days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 8 November 2022 and ended 9 November 2022. We visited the office location on 9 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this

inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided and 1 relative and 2 representatives of people. We also spoke with 2 care staff and the registered manager. We reviewed a range of records. This included 3 care plans.

We looked at 3 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 also reviewed.

# 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 of 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.

### Assessing risk, safety monitoring and management

- People were not fully protected from risks associated with their care and support. Risk assessments were in place for a range of issues including assisting people with continence needs. However, assessments were not fully detailed.
- For example, for people with mobility needs, there was little information as to how to assist them. The registered manager rectified this and sent us amended risk assessments which included this information. We did not find evidence people had been harmed as a result of this lack of detail, as people told us staff assisted them when needed and kept them safe.
- Environmental risk assessments were completed. The assessments identified risks in people's homes. This enabled staff to take action to reduce and mitigate the chance of harm to people.

### Staffing and recruitment

- Staff were not always recruited safely. Recruitment systems for current staff showed evidence of good character and criminal records checks had been completed for staff. These checks help prevent unsuitable people from working with people who used the service.
- However, references for one staff member had not been sought from the last employer, which could have revealed issues of concern. The registered manager rectified this issue and provided evidence for the outstanding reference.
- Care plans identified the number of staff required to deliver care safely. People and relatives told us that the required number of staff were sent to provide personal care. A representative of a person using the service said that there was a missed call two months prior to this inspection. The registered manager agreed this had occurred because staff had misread their staffing rota, and they had apologised for this mistake. The person was not harmed as the representative was able to carry out the personal care needed.

### Preventing and controlling infection

- People were protected from the risk of infection. Everyone told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic, which protected people from the risk of infection.
- Staff told us they had received training from the registered manager in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

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

- People were protected from the risk of abuse. People and relatives said staff followed safe working practices and they felt there was good protection from the risk of abuse. One person said, "I feel safe all the

time with the carers."

- Staff understood how to safeguard people. Staff were aware of reporting concerns to the registered manager if abuse was suspected or alleged. They knew how to report to a relevant outside agency if no action had been taken by management. Staff had confidence that management would act if there were any concerns about people's safety.
- The registered manager was aware of their duty to report any safeguarding concerns to the local authority safeguarding team.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- Staff meeting information showed lessons had been learnt. For example, writing detailed records of personal care provided.

Using medicines safely

- People safely received their medicines. Records showed this had happened, which helped people with their health needs.
- Staff told us they had received training in medicine administration from the registered manager. They said their competency was tested to ensure they knew how to supply medicine to people safely.
- The medicine policy supported people to receive their medicines in the way they preferred. A person told us they managed their own medicines, which meant they kept their independence.



# 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 training was relevant but did not contain all issues staff needed to be aware of, such as some people's health conditions. We saw no evidence of harm from this lack of training. However, there was a risk that staff may not understand and act on people's health concerns. The registered manager said this training was planned to be provided in the near future. We saw evidence this was the case.
- People, relatives and representatives told us staff seemed well trained and they had no concerns.
- Staff had received supervision, though this had been sporadic. The registered manager said this was recognised and was being planned to take place more frequently.
- Staff thought the training they received meant they could provide effective care to people.

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

- Assessments of people's needs were in place. This enabled people to have choice and ensured the service was able to meet their needs and preferences.
- People confirmed that staff always respected their choices in how they wanted to live their lives.

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

- People were provided with appropriate assistance to ensure they had enough food and fluids.
- People and relatives told us staff provided support to eat and drink when needed. One person told us, "Staff follow what I choose to have." A relative said, "My [family member] is given all the support they need."
- Care plans detailed the support people required from staff to eat and drink.

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

- The service worked with medical professionals when needed. One person said staff had helped them when they had medical appointments.
- People were confident their healthcare needs were 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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had mental capacity assessments in place when required.
- People, relatives and representatives and staff told us there were no restrictions on people's decisions and choices.
- The registered manager was aware of the process to put best interest decisions in place when relevant and who to consult about this. This ensured people's liberty was not unlawfully deprived.
- One person said, "I do what I want to do. Staff don't interfere with this. They know what I need and they help me get this." This indicated people were involved in how their care was provided to them and whether they chose to receive it.

# 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 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 told us they were well treated and supported. They said all staff were very friendly and caring. Staff respected the way they wanted to live their lives.
- Staff members had a good knowledge of people being supported. They were positive about providing quality care to meet people's needs.
- The registered manager and staff members understood the need to respect people and their diversity. Staff said they respected people and their individual choices. There was evidence in people's care plans respecting their cultural and religious needs.

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

- People were supported to be involved in making decisions about their care. People and their relatives told us they were involved in planning care. They said the registered manager had listened to what they needed and acted on this.
- Staff members were aware of how people liked to receive their care. For example, people's choices such as whether to handle their own medicine and choose the clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People were respected, and their privacy, dignity and independence was encouraged.
- People said staff fully respected their independence and encouraged this, such as they wanted to comb their own hair and washing if they were able to do this. A person said they had written out their care plan and staff always followed this.
- People and their relatives said staff promoted privacy and dignity when providing care. Staff members gave examples of how they did this. This included covering the person when providing personal care, closing curtains and doors and asking visitors to leave the room when personal care was to be provided.
- Staff members said they always encouraged people to be independent and would only provide support when needed.
- Staff were aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality which stressed the importance of doing this.

# 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's care was personalised. People said staff communicated and chatted to them, so they felt they were recognised and respected.
- People said they had choice and control over the way their care was provided. For example, what clothes they wanted to wear and whether they wanted to wash themselves.
- Care plans did not fully detail the person's personal history such as family, previous employment and their interests and hobbies. The registered manager said this information would be extended. This would provide staff with more personalised information to understand and engage with what was important to the person.

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.

- The registered manager was aware of the need to put systems in place when needed. This included providing information in large print, audio and pictures. There was information in care plans regarding people's communication needs.
- The registered manager was aware of the need to respect the person's preferred communication style. This allowed people to feel valued as they could always express themselves.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally.
- Care had improved as a result of a complaint from a representative about a missed call. The person and representative said that there had been no repeat of this situation since they had raised it with management.
- People and relatives told us if they had any concerns, they would discuss this with the registered manager. This is because they found the registered manager responsive to their views.

End of life care and support

- This was not yet needed at the time of the inspection.
- People and their relatives said that the person's wishes and any relevant information would be supplied when they were ready to share it. One relative said that they had chosen this agency because a friend told them the agency supplied quality end-of-life care to a family member.
- The registered manager was aware of the need to respect people's end-of-life preferences to include

respecting people's religious and cultural wishes. They said that this information would include personal preferences, such as which visitors they wanted to see, the temperature of the bedroom and whether they wanted music playing.

# 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

- Audits and checks had been carried out to check the service met people's needs. These included checks on care, care records, call times and medicines. However, they were not always effective as they had not identified issues we found. This included a lack of detail in safety risk assessments, lack of information in peoples' life histories, and the lack of a relevant reference for a staff member. This meant opportunity to learn lessons may have been missed.
- Surveys of people's views showed generally high levels of satisfaction with the service. There had been some critical comments from a representative of a person. The registered manager had responded to some but not all of the issues. This meant some issues may not have received timely attention to improve care. When this was highlighted, the registered manager then acted on the outstanding issues.
- The registered manager understood their role and the needs of their staff team. Staff understood their responsibilities, and who to report to if they had concerns and needed help
- Staff were monitored by the registered manager continuously as they worked together. This showed staff were providing appropriate care and a positive approach to people. This allowed the registered manager to maintain oversight of how care was being delivered.

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

- The registered manager took steps to engage people, their families and care staff in the service. One relative told us, "They are always available. I can talk to them at any time." One care staff told us, "[Registered manager] is very open and will always listen." This approach helped to promote a positive person-centred inclusive service.
- The registered manager looked to continuously learn and improve care for people. Minutes of staff meetings showed the opportunity was given to staff to reflect on changes or learning in their work.
- The registered manager had provided people with feedback survey forms; none had been received at the time of our inspection. The registered manager told us they would continue to ask if these could be completed to help to continuously improve the service.
- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people. This had been successful for people and the relatives we spoke with. One person said, "They are a well-run and well-managed agency."

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 duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew that when concerns had been identified, notifications should be sent to the CQC as required by law.

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

- Formal feedback had been sought from people and their relatives. This showed that they were satisfied that care needs had been met.
- As there were only a small number of staff and they worked together, the registered manager spoke to staff continuously about issues concerning care and received feedback from staff.
- People told us that they were treated fairly. They said they did not have any specific cultural or religious requirements.

Working in partnership with others

- The service worked in partnership with others.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was also information in place for management to liaise with specialist medical professionals when needed.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.