

Blue Diamond PVT Ltd

# Blue Diamond Care

## Inspection report

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## 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

This inspection took place on 21 June 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit. The service was last inspected in July 2013 and was meeting all the regulations.

Blue Diamond Care are registered to provide personal care. They provide care to people who live in their own homes within the community. There were 11 people using this service at the time of our inspection.

There was a registered manager in post who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated regulations about how the service is run.

People told us that staff kept them safe in their own homes and that they received care from staff who protected them from the risk of potential abuse. Risks relating to people's care needs had been assessed; however risk management plans did not always contain clear guidance for staff to follow. There were sufficient numbers of reliable and consistent staff employed to provide people's care. Recruitment checks ensured that people were protected from the risk of being cared for by unsuitable staff. People who received support with their medicines were satisfied but improvement was needed to ensure this was done safely in line with safe medicine guidance.

Staff advised us that they had the knowledge and skills required to undertake their roles. Staff described how they felt well supported. The registered manager undertook observation checks to monitor and assess how the knowledge and skills gained by staff were being put into practice. Staff had a good understanding of the principles of the Mental Capacity Act and what this meant for people. People were supported to eat and drink well and maintain their health care needs.

Positive and complimentary comments were received from people about the staff that supported them which described how staff treated them with dignity and respect. People were supported to make their own decisions about how they wanted their care provided.

People were happy that their care needs were met by staff they knew well. Staff understood people's individual preferences and responded appropriately when people's needs changed. People knew and felt empowered to express any concerns or complaints they felt about the service.

People and staff told us that the registered manager was approachable and extremely supportive. People were encouraged to express their opinions about the quality of the service they received. There were some systems in place to monitor the quality of the service provided and this was an area that the registered

manager told us they were focusing on developing and improving.

## 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.

The service identified risks to people but risk management plans did not always contain information for staff to follow.

People told us they received their medicines as prescribed, but the service did not consistently follow safe and best practices.

Staff were aware of safeguarding procedures and knew what action to take if they suspected people were at risk of harm.

### Is the service effective?

**Good** ●

The service was effective.

Staff received some training to enable them to undertake their roles effectively.

Staff respected people's decisions and gained people's consent before they provided care and support.

People were offered choices and supported to eat and drink enough to stay healthy. Staff made referrals to other health professionals when needed to ensure people's well-being was maintained.

### Is the service caring?

**Good** ●

The service was caring.

Staff were described by people who used the service as caring and compassionate.

People were supported to express their views in the planning of their care in all aspects of their daily life.

Staff respected people's privacy and maintained their dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People told us that the care and support they received was provided in the way they liked and preferred.

The provider had a complaints procedure in place. People told us that they knew who to talk to if they had any concerns or complaints.

**Is the service well-led?**

**Good** ●

The service was well-led

People were happy with how the service was managed.

People had been supported to express their experiences of using the service.

The provider has some systems in place to assess and monitor the quality of the service. However, some of these systems required improvement.

# Blue Diamond Care

## **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 21 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. We also spoke with service commissioners (who purchase care and support from this service on behalf of some people who use the service) to obtain their views. All this information was used to plan what areas we were going to focus on during the inspection.

We met and spoke with the registered manager. We spoke with four people who used the service and three relatives of people. We spoke at length with three members of care staff and one team leader.

We looked at some records including four people's care plans and medication administration records to see if people were receiving the care as planned. We sampled two staff files including their recruitment process. We sampled records about training plans, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

Some of the people using the service needed help with the management and administration of their medicines. One relative told us, "Staff are really good with [name of relative] medicines. It gives me peace of mind and is obviously good for their well-being." The services own system of recording medicines did not meet recognised guidance from the Royal Pharmaceutical Society of Great Britain about the Handling of Medicines in Social Care as they did not identify what had been administered from the blister packs. Whilst staff we spoke with told us they were aware of how medicines should be administered there were no medicine protocols in place for any medicines that had been prescribed for "use as needed" (PRN). This meant there was a risk that people might not receive the medicines that they needed or that they would be given them at the wrong times. We saw on another person's care plan that the person required prescribed cream to be applied but it did not identify where it was to be applied and how frequently. Staff we spoke with told us they had received basic medication training and that they had been assessed as competent to administer medicines but this had not been undertaken on an annual basis. The registered manager advised us of their intentions to address these issues following this inspection.

Risks relating to people's care needs had mostly been identified and assessed according to people's individual needs and abilities. We reviewed two moving and handling risk management plans that were in place for people who required the use of specialist equipment. All the staff we spoke with were able to describe how they used specialist equipment. However, people's risk management plans did not always contain clear guidance for staff to follow to ensure people were protected. The registered manager advised us of their intentions to update the records to include clear and specific guidance for staff to follow whilst using specialist equipment. One relative we spoke with told us, "My [name of relative] has to be hoisted these days. I know it's not something that she enjoys, but the two carers are very good with her and make sure that they talk her through what they are doing and explain that the sling is well secured before they lift her up."

All the people we spoke with said they felt the service kept them safe and that staff supported them safely with their care and support needs. One of the people using the service told us, "I'm not safe to have a shower on my own anymore. Having a carer with me when I'm showering means that I feel safe and importantly my family don't worry about me either."

One person using the service told us, "I've certainly never been bullied by anybody from the agency. They are the complete opposite and are lovely, just like family members." Staff we spoke with told us they had received safeguarding training to protect people from potential abuse. Staff we spoke with could identify signs of potential abuse and were able to explain their responsibilities to protect people. One member of staff told us, "I would report to my manager any sudden change in a person's behaviour." The registered manager had a good understanding of their responsibilities in maintaining the safety of people from harm.

Plans were in place to manage emergency situations. Staff we spoke with were consistent in their response to what action to take in the event of an emergency situation. For example, if they could not access a property or if they found the person they were visiting on the floor. One member of staff we spoke with told

us, "Any accidents or incidents that occur, we have to inform our manager immediately and then document everything." Records we saw identified that staff had not received any first aid training. We asked staff how they would respond if a person was found with an injury. Staff described with confidence what actions they would take in such events. The registered manager advised us that it was their intention to ensure staff had the appropriate training to respond to a first aid emergency following our visit.

People and their relatives told us that the service had enough staff to carry out the care that they had been assessed as needing. People told us that staff arrived to support them at the expected time and that they had never experienced a missed call. All the people we spoke with told us that they were supported by a consistent and reliable team of staff, which they found reassuring. One person told us, "I have the same carers every day and I really like the fact that they know me and I know them. They never rush me and I have never had a missed call." All the staff we spoke with told us that they were happy with the staffing arrangements. A member of staff told us, "We have plenty of time with people; it's lovely that we don't have to rush in and out." We saw records to demonstrate that staff were providing care at the times that had been identified within people's care plans.

The registered provider had a recruitment process in place. We reviewed two staff recruitment files and found that pre-employment checks were consistently completed in line with the recruitment policy. The service accessed enhanced background checks with the Disclosure and Barring Service (DBS) to check if they had any information about staff before they started working with people. This ensured staff would be recruited safely.



# Is the service effective?

## Our findings

All the people we spoke with told us staff were knowledgeable and knew how to support them. One person using the service told us, "Certainly when they [the staff] are here and hoisting my relative, I think they have all the skills they need and they are so good at reassuring her that she is alright." Staff told us that they received training at regular intervals to enhance and support their knowledge and skills; however records showed that there were some gaps in staff training. Some staff had not received first aid training and not all staff had undertaken nationally recognised qualifications. The registered manager advised us that they were trying to source training providers and funding to support them with qualifications. Staff told us their knowledge and learning was monitored through supervision meetings and unannounced 'observation checks' on their practice. Staff we spoke with told us they felt well supported to do their job and that they had plenty of opportunity to discuss any issues they may have. One member of staff told us, "I have regular supervision with my manager and she is always available to talk to me if I need support."

Staff we spoke with told us they had been inducted into the service when they first started to work. They told us this included working alongside more experienced and established staff and undertaking training in key areas such as moving and handling and safeguarding. The registered manager told us the induction training for new staff included the Care Certificate standards. This is a nationally recognised set of standards used for induction training of new staff.

People and their relatives told us that staff communicated well with them, and listened to them. One person said, "Because my carer has been coming to me for a long time, she knows exactly how I like things to be done and she is very good and patient with me." A relative we spoke with told us, "Communication is excellent. The carers record everything in the communication book."

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. One person using the service told us, "My carer will usually ask if I'm ready to make a start when she arrives in the morning. If I'm not ready, she will go and tidy up a bit in the kitchen for me and get my breakfast ready while she waits for me to be ready to get up." Another person told us, "I'm usually up and waiting for my carer when she gets to me in the morning, but she always still asks if I'm ready to go and have a wash before we do so." All the staff we spoke with told us that people were asked before receiving support to ensure they consented. Staff could describe the principles of the MCA and what this meant for people using the service. One staff member told us, "It's all about choice and supporting people to make their own decisions."

People and their relatives told us that staff helped people to prepare and cook food of their choice. One person said, "My carer makes me breakfast. Sometimes I don't feel like very much, but other times if I fancy some toast and egg she is happy to do it for me. She will then leave me a nice cup of tea and also some water so I've got enough drinks until someone comes back later on in the day." Staff told us that they were

aware of people's needs in relation to food and drink. One member of staff told us, "I normally check what's available in the fridge and cupboards and then present the choices to [name of person] before I start to prepare it."

Staff told us they communicated well with health care professionals to ensure people's health could be maintained. One staff member told us, "If someone is poorly, I let my manager know straight away." A relative we spoke with told us, "My [name of relative] was taken ill when the care staff were there. They [the staff] called the emergency services and called me and then waited with her until I arrived. They were well over their allocated time." Records showed how health professionals had been contacted when people needed this.

## Is the service caring?

### Our findings

People we spoke with described staff as 'lovely', 'dedicated to their jobs' and 'always willing to do extra things if they were needed'. One person told us, "I think all my carers are lovely and I couldn't wish for better help." Another person said, "I would hate it if I didn't see my lovely carers anymore." One of the relatives we spoke with told us, "The staff are just brilliant, absolutely superb. They always seem to go over and above our expectations."

People told us that they received support from staff who respected them as individuals. People were able to tell us who supported them by their names and how staff supported them. This continuity helped staff to understand peoples' life histories and personal preferences. One person told us, "I always have a lovely chat with my carer and I know that I can always ask her to do anything extra if I need it." Another person said, "My carers are very good, they know I'm a bit fussy in my old age and make sure that they do things how I like them to be done." All the staff we spoke with described the people they were supporting with affection and knew people well.

The provider stated in the Provider Information Return (PIR) that people were involved in the planning of their care. People and their relatives told us that the service made every effort to listen to people's choices and what mattered to them. One person told us, "The manager from the agency came to see me when I first came home from hospital and we sat and talked about what care I needed. She then went away and wrote it into a care plan which I have a copy of in my folder here. She came probably a month ago to do a review to make sure everything was going alright and we looked at the care plan again to make sure there wasn't anything that needed altering in it." Another person using the service told us, "Just little things like making my bed nicely and sorting my washing out make all the difference to me." Staff we spoke with had a good understanding of maintaining people's human rights including treating people as individuals and supporting them to have freedom of choice in all aspects of their lives as much as possible. One member of staff told us, "When I go into [name of person] they love it when I go and get different items of clothes out of their wardrobes and show them the choices."

Staff understood they were guests in people's homes and were respectful. One person said, "My carer always knocks the door to let me know she is there before she comes in in the morning." Another person told us, "I have been very impressed with the way the carers talk with my [name of relative] while they are hoisting her in and out of bed. They always explain what they are doing but also have a bit of a laugh with her so that she is at ease." People told us that staff respected their privacy and dignity when personal care was undertaken. A relative we spoke with told us, "My [name of relative] has never had anybody come and help him with personal care before. When he started with the agency he had a female carer but he told us that he felt a bit uncomfortable with her around. We spoke to the agency and since then he has had a lovely male carer who he gets on really well with and who, I know, he is more comfortable with, particularly when he is showering."

We checked staff's understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. One member of staff told us, "We are not allowed to disclose the key safe codes to anyone and we must never discuss other service users business with anyone else." This practice

meant people could be confident that their personal information would not be shared.

## Is the service responsive?

### Our findings

People told us they received care and support from staff who understood their individual needs. One person told us, "My carers never mind doing anything for me. They know I struggle a bit with making the bed so they always make sure they have time to do that for me before they go. I hate having an untidy bed that just sits there all day." Another person told us, "At the start, I was asked what time I like to get up and go to bed and that's when my carer comes." People told us that they were involved in the planning of their care and support needs. One person told us, "I've just met with the manager and we had a good old chat about my care." Another person told us, "My carer always makes sure that the shower is at a nice temperature before I get undressed."

We reviewed four people's care plans and they provided staff with the information they needed to deliver care, but this was not always person centred and detailed the 'tasks' that staff needed to carry out during their visit. Care plans were not always detailed enough for people who had specific health needs. For example we saw in daily notes that a person had received catheter care support, yet this had not been identified within the person's care plan. The well-being of each person was documented in people's daily records. The records showed what activities the person had done that day, what support had been provided and what concerns had been identified. This enabled staff to oversee and be responsive to people's changing needs. The registered manager told us that any changes to people's needs were communicated to staff. Staff confirmed changes were shared with them. One relative we spoke with told us, "It was only recently that the manager met with us and we reviewed his care plan and talked about the possibility of extending his care at some point in the future."

People we spoke with told us that they received care and support from the same staff. One person told us, "The agency have been very good and the same carers always come at the times that are right for me." Staff told us that the registered manager always accompanied them on the first call to each new person receiving the service. One staff member told us, "The manager introduces us to all new people to our service. This is good for the person and for us; we get to know each other first." Staff we spoke with told us it was important to support people to maintain relationships with their families. One staff member told us, "[name of person] relative visits at the same time each day. I try and avoid that time so I don't intrude." One person using the service told us, "I know that my family worry about me being on my own, but at least they don't worry so much now because I have my carers coming in who can keep an eye on me."

All the people we spoke with told us they had not had any cause to make a complaint but that they knew who to speak to should they have any concerns. One person told us, "I've never had anything to complain about, but I'm sure if I did, I would be listened to and the problem would be sorted." Another person told us, "I remember being told that there was a complaint leaflet in my folder."

The service had a complaints procedure and we looked at the record of complaints and saw that action was taken promptly to investigate any complaints that had been brought to the registered manager's attention. People told us they would feel confident to raise any concerns and were confident they would be listened to and acted upon. One person told us, "Over the last year, I've definitely seen the manager at least twice. I

would certainly pick up the phone and ask to see her if I had any problems I wanted to talk about." Whilst the provider kept records of all complaints, minor concerns were not always recorded. This meant that feedback from people about their experiences of the care provided had been received but it had not been analysed or used to inform practice or to drive up improvements to the service. The registered manager advised us of their intentions to rectify this following our visit.

## Is the service well-led?

### Our findings

Everybody we spoke with described how pleased they were with the standard of the service provided and told us they would be happy to recommend the agency to anyone else who needed support. One of the people we spoke with said, "I have no problems with the service the agency provide. I would recommend them to anybody. They have certainly never let me down." People we spoke with consistently praised the management of the agency. One person told us, "The first time we met her [the manager], we were impressed. Everything she has promised, she has delivered. You can't ask better than that in my view."

People had been asked for their views about their care and had completed questionnaires. A person we spoke with told us, "I'm very happy with the service I get. I really can't think of any way they could improve." However there was no evidence to demonstrate that views and feedback received had been analysed or used to make continual improvement to the service. One person had raised a concern through the questionnaire and whilst the registered manager described the action they had taken to address the issue the outcome had not been recorded.

A person using the service said, "The manager here at the service is lovely and she spent quite a lot of time with me when I first started using the service. She has been out to make sure everything is okay. I wouldn't hesitate to have a chat with her if I did have any concerns." Staff we spoke with told us that they were able and encouraged to raise any concerns and were confident that they would be addressed. Staff knew about the whistle-blowing process and all said they would feel confident to use this.

The registered manager was fully involved in the day to day management of the care service. They were able to describe individual people's needs and how they continually aimed to provide people with a service that was responsive to people's needs. Through the inspection and from discussions with the registered manager we identified that they had not kept up to date with all the relevant changes to regulations and what these meant for the service and the people they were supporting. The registered manager advised us of their intentions to allocate some protected time to read current information pertinent to the care sector.

Staff we spoke with told us that the registered manager had undertaken observational audits of how they provided care to people in the community to ensure that they were working in a safe and caring way. We saw staff meetings were conducted on a regular basis. A member of staff told us, "Staff meetings are good for team work." Staff we spoke with told us that they felt valued and empowered to do their work. The service had a clear leadership structure which staff understood. Staff told us that they had confidence in the registered manager and felt very well-supported.

Whilst there were systems in place to monitor the quality and safety of the service we found some of the quality audits had not identified some of the shortfalls we found during our inspection. We found that in practice these shortfalls had not impacted on the quality of the service delivered to people. We received information following this inspection that the issues relating to records had been addressed and there were further plans in place to use feedback from people to continually develop this service.