

Diligent Care Services Ltd

Diligent Care Services

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 24 November 2015 and was announced. At our last inspection in December 2013 the service was meeting the regulations inspected.

Diligent care services provides, escorting, companionship and personal care services to adults with physical disabilities, learning disabilities and people who experience mental and emotional distress. At the time of our inspection 16 people were receiving a personal care service.

The service had a registered manager who had been in post since the service opened in 2010. 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's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

Summary of findings

People were safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

Staff were highly motivated and proud to work for the service, as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

The registered manager demonstrated excellent leadership and a good understanding of the importance of effective quality assurance systems. There were

processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits and phone calls had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Staff were very highly motivated and proud of the service.

Support staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Support workers placed a high value on their supervision and support.

People were supported to eat and drink. Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Summary of findings

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 safe. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People who were unable to manage their own medicines were supported to take them by staff that had been trained to administer medicines safely.

Good



Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

People experienced very positive outcomes as a result of the service they received and gave us excellent feedback about their care and support.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Staff were aware of the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Good



Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

Good



Is the service well-led?

The leadership and management of the service was very good

Good



Summary of findings

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people using the service and staff.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Diligent Care Services

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.

The inspection of Diligent care services took place on 24 November 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of two inspectors 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 care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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. We also reviewed information we received. This included notifications of incidents that the provider had sent us and how they had been managed.

During our inspection we went to the service's office and spoke with the registered manager, the care coordinator and six support staff. We also spoke with a health care professional and an officer from the local authority. We looked at eight care records and six staff records, we also looked at various records relating to the management of the service. After the inspection visit we visited two people using the service at their homes and undertook phone calls to a further five people.

Is the service safe?

Our findings

The people we spoke with told us they felt safe and could speak with support workers if they had any concerns. Comments included “I do trust them – they provide very good care. They respect my space and treat me well.” And “I’d say the staff can be trusted upon – they do the best, they care.” Support plans included sections on safety which highlighted potential risks and directed staff to the relevant risk assessment. Risk assessments included environmental risks and any risks due to people’s health and support needs and were reviewed at least every two months or sooner when required. We were able to read risk assessments people’s care support files and noted they were robust and subsequent appropriate action plans had been completed. For example, one person was at risk of isolation. This person had a care support plan that included activities which accessed the community. These were to negate the risk of depression due to isolation.

We spoke to two people specifically about safeguarding. Each person told us that they had always felt safe using services from the provider. One person told us, “I have never felt frightened.” Another was able to show us the telephone number required if she ever required assistance from outside her home.

We looked at the provider’s training records which confirmed all staff had undertaken safeguarding training. This meant staff had the knowledge and awareness of how to protect people from abuse. We spoke with five staff members specifically about safeguarding. They were all able to identify the different forms of abuse that might occur in a home care setting. They were also able to tell us how they would identify if abuse was occurring and how they would escalate any concern.

We spoke with the registered manager who was able to explain how the provider had managed a situation where a person was thought to be being financially abused by a neighbour. We were able to follow the safeguarding concern by reading documentation provided by the local authority that is responsible for the management of all safeguarding concerns. We noted the provider had acted appropriately and worked effectively with the person and associated agencies to ensure the person was kept safe.

The service provided a safe and consistent approach to managing behaviour that challenged. We saw that there

was clear information in support plans about managing behaviour in a positive way. This information supported staff to understand how to manage a person expressing behaviour that challenged. Information included any triggers which could have a negative impact on the person and guidance which included the actions staff should take to prevent a situation escalating.

We reviewed staff files and we saw they contained evidence that appropriate recruitment checks had been carried out. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

There were robust procedures for the safe management of medicines. People’s support plans included details of any medicines to be administered as well as the reason for taking them and any possible side effects. Medication administration records (MAR) were used to record each medicine, time and dose. During the inspection we visited two people in their homes who received care from the provider. We noted in their respective care support plans that medicines were prompted, recorded and observed by care support staff. There was also a record of the medicines that had been collected or returned to the pharmacist.

The provider had sufficient numbers of staff to meet people’s needs and keep them safe. The staff we spoke with felt that the staffing levels allowed them to meet people’s needs. We were told by staff members who we spoke with specifically about staffing that there was an on-call system operating 24 hours per day. We were also told that people received consistency of staff and that the provider took measures which ensured staff and people using the service would be compatible. This included issues of religion, culture and gender where appropriate. In cases of staff sickness temporary support staff were introduced and familiarised to the person by one of the management team.

We spoke with people with regard to staff. They all stated they had had the same care support staff for a lengthy period of time. They stated staff were never late and were very complimentary about their respective care support staff. One told us, “They are excellent; I don’t know how I would cope without them.”

Is the service safe?

Staff we spoke with were confident in dealing with any emergency situations, in accordance with the policies and procedures of the agency. There were contingency plans in place, which provided staff with clear guidance about what

they needed to do in the event of a crisis at a client's home. For example, flood, fire, power failure, interruption to the water supply or gas leak. Care support files also included contact details of appropriate people and agencies.

Is the service effective?

Our findings

People's preferences and social care needs had been recorded and those who used the service were given the opportunity to be fully involved in the care planning process. The plans of care had been reviewed regularly and a detailed record of daily events was retained by the support workers, so that staff were aware of any up to date issues or concerns. The agency sought advice from a range of external professionals and supported people to make and attend relevant appointments. This helped to ensure people's health care needs were being consistently met. We saw in care support files that people had been asked how they wished their care to be delivered and in each case had signed to this effect.

The manager explained the provider did not currently work with any person who lacked capacity and subsequently placed themselves at risk. However staff we spoke with understood the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction and that additional training had been provided. There was an up to date policy in place regarding the MCA and Deprivation of Liberty Safeguards (DoLS). The provider had summarised this and placed a copy in staff files. This was signed as read by each staff member.

Staff members received a suitable induction when they started working at the service. This included essential mandatory training, shadowing other staff and time to get to know people who used the service. There was a training plan in place to make sure that staff had the skills they needed to carry out their roles effectively. The provider had their own training department which undertook the training of all staff. The manager told us how good training was "very important; the more you train your staff, the better the quality of service." Training was reviewed and updated regularly. Training records in staff files we read showed us that mandatory areas such as moving and handling, medicine management, working with autism and behaviour that challenged, and health and safety were repeated annually. There were also opportunities to attend specialist training to further staff development and knowledge. One member of staff explained, "I have spoken with my manager already as I am interested in specialising; I have now attended a training course on mental health."

Supervision sessions with individual staff were conducted regularly and annual appraisals had been completed. Together these covered areas such as work performance, training needs, organisation and management support. The one-to-one meetings gave workers an open opportunity to discuss any other issues and agree action plans, as required. Systems were in place to test the capability and knowledge base of individual staff members. This helped to determine where additional support was needed. Certificates of training were held on staff personnel files. The training matrix showed learning modules had been completed in areas such as medicines, moving and handling, health and safety, communicating effectively, record keeping, infection control and safeguarding adults. All support staff we spoke with had achieved a recognised qualification in care. Staff spoken with confirmed they had completed a range of learning modules since they started working and gave some good examples of training they had undertaken. Staff told us, "The training is excellent and they also test us to see we have understood" and "We get lots of training and I am now doing specialist training to understand people with autism."

Where required there was information in people's support plans about people's needs in relation to eating and drinking. For example, where people needed a special diet or had particular preferences. One person's support plan described how they were unable to eat certain foods for health reasons. Another had indicated a requirement based on religious needs. There was also information about the assistance they needed to prepare and cook meals. One person we spoke with was on a soft diet due to their diagnosis and subsequent issue with regard to swallowing. The person told us, "My carers are aware of my needs in relation to diet and always prepare the right food in the right way."

The service directly supported people to meet their health needs, and staff told us that if they noticed people's health had deteriorated, they would refer this to their line manager who would assist them to contact their GP or other healthcare professionals as necessary. Staff told us they would also contact the person's representatives when required. There was evidence in care support files we read which confirmed the provider was pro-active in referring to associated health and social care professionals and that staff always accompanied them to all their healthcare

Is the service effective?

appointments. One person told us, “They come to support me with hospital appointments. In the four years I’ve been using them, never any complaints about the way they do their job.”

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, “They really care you know, one or two especially.” and “All the staff are kind and caring, I can really talk to them, and they listen. They give me choice when we go out.”

A relative told us, “I find the carers are well trained and respectful and the personal routine they carry out for my son is kind, they have a gentle way of dealing with him.”

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. The registered manager told us, “We support service users to live at home independently and with respect and dignity.”

In discussion the registered manager said they expected staff to treat people who used the service “like they would their family.” Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. One member of staff said that treating people with respect and maintaining their dignity was “a number one priority”. Another said “It’s about how you would want to be treated. I ask them what food they would like or where do they want to go.” Staff understood the importance of maintaining confidentiality and also confirmed this was an explicit expectation of the service. Files in the office containing personal information were seen to be securely locked in filing cabinets.

The registered manager told us how she endeavoured to keep the same support staff with service users for prolonged periods, by using a permanent rota and use the same group of staff for people. People who used the service confirmed that they usually had their support needs met by a small group of staff and that they always

knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people. One member of staff said one of the best things about the service was that “we are given plenty of time to spend with people.” Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. One staff member said, “You can make such a difference to someone’s life just by finding out what’s important to them, we are always introduced to new people and given time to read their care documents.” Another support worker told us how people communicated their needs in different ways, both verbally and non-verbally, “I know by one person’s facial expressions what they really want; it’s so important to ask people how they are feeling.”

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. A relative told us, “He’ll shut the door and cover up, to maintain his privacy and dignity, very private, very respecting.”

People using the service and relatives told us they had been involved in the care planning process and had a copy of their care plan in their home.

We saw that regular visits and phone calls had been made by the registered manager to all of the people using the service and/or their relatives in order to obtain feedback about the staff and the quality of care provided.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw numerous examples of this during this inspection. We tracked the care of one person who was refusing medicines, we saw that the service had immediately made contact with relevant professionals and continued to liaise with the person who used the service and their family to review their care plan and ensure it met changes in their needs. We also saw numerous examples where care had resulted in very positive outcomes for people, for example we were told that one person using the service had held a poetry night with the support of staff and another person was now attending college independently.

The Registered manager also told us that monthly outings were arranged for a group of people who use the service she told us. "This is to develop and foster relationships and friendships with their peers. They attend outings to various places with the support of staff. The next outing is discussed and chosen by them in advance at the end of each session." She told us that these also provided for volunteer opportunities for people using the service. "Each volunteer is supported by staff to execute their responsibilities. They also receive an allowance which makes them know they are appreciated and also gives them a feeling of self-worth."

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

Records and feedback indicated that people usually received the same staff member, the registered manager told us "We try to minimise the number of support staff to provide continuity, so we use a permanent rota." She told us the rota only changed during periods of sickness or annual leave.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved and outlining how long each task would take. Additional forms such as medicine charts and body maps were also available. People confirmed that they had copies of their care plans in their homes. A relative told us "they involve us when they need to always get involved if there are any changes," and another told us, "The managers are in regular contact."

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the office staff at any time.

The service also responded positively to requests for culturally appropriate care, at the time of our inspection we saw that the agency employed support workers who spoke a variety of languages in order to facilitate effective communication. We were told that one Greek speaking service user refused to engage with care services until he was provided with a Greek speaking support worker by the agency.

We saw evidence on care records of multi-disciplinary work with other professionals and in particular a consultation with the speech and language therapists around concerns about a person's swallowing reflex. Hospital appointments were recorded and there was evidence of engagement with a dentist and chiropodist.

Is the service well-led?

Our findings

There was a registered manager at the agency. She told us, “My aim is to give service users as much support as we can so they can fulfil their potential,” and “we have to have an open door policy as I want staff to feel supported.”

It was clear from the feedback we received from people who used the service, health care professionals and staff, that the manager of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which the managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

Our discussions with staff found they were highly motivated and proud of the service. A senior staff member told us, “We are a very close team and the manager is completely dedicated.”

Staff were very complimentary about the registered manager and comments included, “she knows everything that is going on and responds quickly and things are done a proper way” and “She [the manager] is really helpful and supportive and strict when needed.”

We noted that many of the support staff had worked in the agency for many years. One staff member told us, “We get job satisfaction; we can see people making big steps in life.” Another told us, “I really like my job, the training and support is excellent and you are encouraged to pursue your interests.”

Support staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt the registered manager was available if they had any concerns. They told us, “They are very good people, they really care and work hard” and “she listens to us and encourages us to develop.”

The registered manager told us about a number of initiatives she used to retain her staff. These included paying staff for attending training and supervision sessions by incorporating time on their rota and providing training and support for promotion to more senior roles. The registered manager told us there was a staff reward scheme

where support staff would be recognised for “providing a good service.” Staff told us that the management team always acknowledged support workers’ birthdays with cards and a financial bonus

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks and ‘field observations’ to review the quality of the service provided. We saw that there were spot checks undertaken to observe support workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed and to see if care was being provided according to the person’s wishes. One person who used the service told us, “They come to see us quite often; just to check we are alright.” And another told us, “They ask me all the while what I think.” Support staff told us that senior staff frequently came to observe them at a person’s home, to ensure they provided care in line with people’s needs and to an appropriate standard. A staff member told us, “They check up on us often, so we have to maintain standards.”

The agency also obtained the views of people in the form of questionnaires. The latest questionnaires were sent to people in December 2014. The findings from these found that everyone who received a service was happy with the quality of service provided. This was also reinforced by people that we spoke with. We heard nothing but positive comments about the manager and the agency. Comments included “Yes, I’d say it is well-led – they deal with things straight away, they listen to me and I feel they react to things efficiently.” and “It’s well led – they arranged the support I needed really quickly, when I had to go to hospital.” We saw that the service was preparing to send out new surveys in December 2015.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service.. The registered manager was committed to continuous learning for herself and for her staff. She had ensured her own knowledge was kept up to date and was passionate about providing a quality

Is the service well-led?

service to people. In addition to her management and social work qualifications the registered manager was attending a number of leadership forums and she kept herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and received regular supervision and support from an external mentor. The service was also a member of the United Kingdom Homecare Association Ltd (**UKHCA**) the professional association of home care providers and was currently working to get an accreditation in autism with the Autistic Society. The registered manager also told us that "staff are encouraged to bring any good practice examples to the fore so that these can be circulated amongst all staff."

The provider worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. For example, they had made arrangements at local colleges to facilitate the learning for people who wanted to go to college. The agency had made and sustained good relationships with a local GP practice, and a local employment agency that provided employment support and assisted with job applications. The registered manager told us that she involved service users in the recruitment panel for support staff and that some service users were now successfully working as volunteers.