

The Diamond Care Partnership Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 03 January 2018 and was announced. The Diamond Care Partnership Ltd are registered to provide the regulated activity of personal care. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. There were seven people using this service at the time of our inspection.

Not everyone using The Diamond Care Partnership Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last announced comprehensive inspection in July 2017, we judged that improvements were required in delivering a safe, effective and well-led service. During this inspection we found the provider continued to be in breach of the regulation related to governance. This was because the registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service. After our inspection in July 2017 we served a Warning Notice to the registered provider which required them to be compliant with this regulation by 06 October 2017. A Warning Notice is one of our enforcement powers. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'is the service well-led' to at least good.

We undertook an announced focused inspection of The Diamond Care Partnership Ltd on 03 January 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection in July 2017 had been made. The team inspected the service against one of the five questions we ask about services: is the service well led. This was because the service was not meeting legal requirements. This report only covers our findings in relation to this focussed inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Diamond Care Partnership Ltd on our website at www.cqc.org.uk.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At this inspection we found that improvements had been made to promote the safety and quality of the service. We found that the provider had demonstrated to us that they had met the requirements of the warning notice and although they were now compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance further required improvements were planned.

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.

Regular audits and quality assurance checks required further development in order for the service to improve. Staff told us they felt supported and people felt able to contact the office in the knowledge they would be listened to. People who used the service, relatives and care workers all spoke positively of the registered manager and their commitment to the service and people who used it.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' we would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next comprehensive inspection to make sure the improvements made continue to be implemented and embedded into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not consistently well-led.

The provider had improved their quality monitoring processes to promote the safety and quality of the service. Further development of quality assurance systems and audits were required and planned in order to continue to improve the service.

People who used the service and their relatives were asked for their views about the care and support the service offered.

There was an open, positive and supportive culture at the service and the vision and values of promoting independence were understood and put into practice.

Requires Improvement 

The Diamond Care Partnership Ltd

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 03 January 2018 and was announced. Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the quality and safety of service. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on the 03 January 2018. We visited the office location on 03 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures. The inspection site visit consisted of one adult social care inspector and an expert by experience. The expert by experience made telephone calls to people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We had already asked the provider to complete a Provider Information Return (PIR) earlier in 2017, so we did not ask them to complete this again. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made the judgements in this report. We reviewed the information we held about the service and information that was shared with us by the local commissioners of care services 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 all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we were unable to speak to all the people who use the service due to their communication needs. We spoke with one person who used the service and three relatives. In addition we arranged a telephone conversation with two people who used the service and their relatives. We spoke with the registered manager who was also the nominated individual for the service [the nominated individual is a person who is in a position as a director of the organisation and whose name has been notified to the commission as being the person who is responsible for supervising the management of the service], one senior support worker and two members of staff. We sampled some records, including three people's care plans. We sampled two staff files and the way the provider had applied their recruitment process. We reviewed records of the checks the provider and management team made to assure themselves people received a quality service. We reviewed further information the provider sent us after our inspection.

Is the service well-led?

Our findings

At our last comprehensive inspection in July 2017 we rated the registered provider as 'requires improvement' in this key question. We identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Good governance because systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service. Following this inspection we served a Warning Notice to the provider requesting them to be compliant with this regulation by 06 October 2017.

During our inspection on 03 January 2018 we found improvements had been made to the systems in place to monitor the overall quality of the service. The provider was now compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. However, further required improvements were planned to ensure governance systems were consistently effective and sustainable.

The registered provider and senior staff completed regular audits and generally took appropriate action to rectify any shortfalls in a timely way. However, we reviewed one person's care records and identified conflicting guidance and information. For example, the person's moving and handling risk assessment did not identify how many staff were needed in order to move the person safely and there were a number of gaps in the person's fluid charts. Whilst all of the staff we spoke with had a good knowledge of individual people's health needs; records did not consistently reflect people's current needs or how to effectively minimise risks to people. We were assured by the providers prompt action following our inspection that they were taking positive steps to make further improvements.

The registered provider had improved and implemented changes to ensure staff administered medicines to people safely. People's Medicine Administration Records (MAR's) had been audited to ensure that any omissions and recording errors were identified quickly and improvements made. However, one person's medicine care plan we reviewed did not reflect the person's current MAR's. The registered provider advised that the MAR's was current but they had not updated the change in the person's care records. Although this needed to be addressed within people's care records the staff knowledge and skills meant the outcome for people was good. We received evidence that this issue had been addressed following our inspection. We saw that plans were in place to record medicine competency observations for all staff. In addition, we saw MAR's were being updated so it was clear what medicines were being administered by staff.

At our last comprehensive inspection in July 2017 we noted that there were no systems in place to monitor recruitment processes. At this inspection we found there had been improvements. We saw that checks to staff files had been improved to ensure that pre-employment checks had been done so that only suitable staff were employed.

The registered provider had updated their complaints, incidents and accidents procedures and had introduced systems to review and analyse the information to help them to develop and improve the service. This had improved the registered provider's oversight of the service. We saw that systems were now in place

to 'spot check' and monitor staff on a regular basis. These involved observing staff providing care to people in their own homes. A member of staff said, "They [senior staff] don't tell us they just turn up and observe us. I think that's good."

We found all the improved systems contributed to improving the quality of care provided to people using the service. However, we judged that a longer period was required to enable staff to provide consistently safe, effective and good quality care.

People we spoke with told us they felt the service was well-led and well-managed. One person told us, "I know the manager, they are very nice, and I am very happy with the agency." A relative said, "[name of registered manager] is just amazing, she knows mum so well." Another relative said, "I have the work and personal phone number and email of the manager so if I need to contact them out of hours I can." People were complimentary, positive and described how staff provided good quality care. One person we spoke with said, "The staff very much listen to me and couldn't be nicer. Not all professionals listen to me or treat me with respect because I have a learning disability." Another person described who their favourite member of staff was and said, "[name of staff member] takes me to college and we go out for carveries."

The registered provider told us that they promoted a positive culture within the service that was person-centred, open, inclusive and supportive. A relative told us, "The agency listen to me, but more importantly they will listen to [name of person]. The carers are able to grasp what [name of person] is talking about and they ask the right questions so they can respond." We saw that records were accessible and available in different formats to meet people's needs. Discussions with the registered provider demonstrated that that they knew people who used the service well.

Staff understood their roles and responsibilities and expressed their confidence in the registered provider. All the staff we spoke with told us they felt valued and well-supported by the provider and that they were enabled to contribute to the development of the service. One staff member told us, "[name of registered manager] is outstanding. I have complete trust and confidence in her." In addition staff felt confident they could raise concerns if necessary and were assured that any concerns raised would be addressed in a timely and professional way.

The registered provider showed some understanding of their responsibility as a provider of a regulated service. For example, they had added the rating and a link to their latest inspection report to their website and continued to display the latest CQC rating in their office. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout.

The registered provider enabled people, relatives and staff to routinely provide feedback about their experiences of the service. One person told us, "[name of registered manager] is nice and kind. She asks me if I'm happy." One relative said, "They [the staff] ask what they could do better, but they can't...great as they are." Since our last inspection in July 2017 satisfaction surveys had been sent to people and staff. We noted that the most recent survey showed everyone who had responded was happy and positive about the quality of care provided by the staff. The provider also gave people the opportunity to voice their opinions about the quality of the service during home visits to complete care reviews. This showed that the provider was making positive steps and considering others' comments in order to continually improve the service they provided.

The registered provider told us they had developed supportive relationships with other healthcare providers involved in people's care. For example, working with the Local Authorities and health professionals. The registered provider said, "We work well with district nurses and other care agencies to improve people's lives".