

Diyana Ltd

Care-D/UK

## Inspection report

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Tel: 07578346242

Date of inspection visit:

30 November 2020

01 December 2020

02 December 2020

09 December 2020

14 December 2020

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15 January 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Care-D/UK is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of inspection 20 people were receiving support with personal care.

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

Information relating to people's individual risks was not always recorded to provide guidance to staff on how to keep people safe. The monitoring of missed and late calls was not robust. Lessons were not always learned to ensure that the quality and safety of the care improved. We have made a recommendation about recruitment processes.

The local authority had alerted CQC to a number of safeguarding incidents which had not been raised with the relevant authorities by the registered manager. Shortly after our inspection, the registered manager confirmed these had now been reported to CQC.

The service's internal systems had not been applied robustly to identify shortfalls in the service and the provider's audits had failed to identify the concerns we found. This meant that improvements required, were not recognised or acted on in a timely way. Improvements were needed to complaints processes.

Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection. Staff were trained and competent in their role. Staff received supervision and appraisals to monitor their performance and identify any learning needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People spoke positively about the staff that supported them. People's needs had been assessed and their wishes and preferences were known and respected.

This service was registered with us on 19/03/2018 and this is the first inspection.

Why we inspected ☐

The inspection was prompted in part due to concerns received about missed and late visits. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified the following breaches at this inspection.

Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were either not in place or robust enough to ensure that appropriate actions had been taken following safeguarding concerns. This placed people at risk of harm.

Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems to assess and manage concerns and risks were not robust to keep people safe. This placed people at risk of unsafe care.

Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes were not robust enough to demonstrate quality and safety were effectively managed.

You can see what action we have asked the provider to take at the end of this full report.

## Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Care-D/UK

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 November 2020 and ended on 14 December 2020. We visited the office location on 02 and 09 December 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and three 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 reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We communicated with two professionals who were connected to the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Safeguarding concerns and complaints had not been addressed by the registered manager in a timely way.
- The local authority had received several complaints in relation to missed calls and these were raised as safeguarding's. None of these safeguarding's had been reported to CQC by the provider.
- The provider had not been able to provide the local authority with appropriate information in relation to these concerns. They had concerns about one person's diabetes management and found staff had not signed care notes on 17 different occasions.
- Staff had been trained to recognise and report any concerns or abuse but three staff we spoke with could not tell us who to report to externally. A staff member told us, "I would report any concerns straight to the manager."
- No related themes or trends had been explored in relation to these concerns at the time they were raised.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure that appropriate actions had been taken following safeguarding concerns. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service responded immediately during and after the inspection. The registered manager was now investigating all concerns and notifications were submitted retrospectively.

Assessing risk, safety monitoring and management:

- People had not always received their care at the agreed time and for the agreed length of time. There was not a robust system in place to monitor missed and late visits effectively. Whilst an electronic process was in place the registered manager told us staff were not using the system correctly.
- Whilst most people told us missed visits had recently improved one relative told us missed calls were still occurring. This person's daily notes confirmed that they had not always received their visits as planned. The registered manager did not have an effective system for investigating missed visits which potentially could put people of risk of harm. The service had been asked to contact the person's diabetes nurse for information, but this had not happened, this meant they were at risk of hospital admissions. The person no longer received care from this provider. People that used the service had relatively low needs so no-one had come to harm as result of these missed visits.
- We found there were five missed visits in December 2020. The registered manager had not investigated why these had occurred.
- Risks had not been reviewed to ensure staff were providing the correct care for people and in the right way. Information about people's needs such as risk of having a seizure was not available to inform staff how to respond to their needs safely if a seizure were to occur. This was provided following this inspection.

We found no evidence that people had been harmed, however, systems to assess and manage concerns and risks were not robust to keep people safe. This placed people at risk of unsafe care. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person told us, "Generally speaking it is okay, in the past it has been a bit bumpy but better lately." A relative said, "We have had missed calls in the past. Sometimes this has been when I have made a change and they forget. I keep in touch with my relative while at work, so they can tell me, and I have phoned the office and they have sent someone. There was only one occasion when they could not. The manager does respond and tries to resolve it."
- The registered manager had now introduced a process where staff were being contacted by telephone if any concerns on the system related to missed or late visits were flagged.

#### Staffing and recruitment

- Staffing recruitment processes were in place but were not always followed robustly. One file did not have suitable references and the registered manager had not explored information that was provided by the staff member in relation to work history. Following the inspection, the provider sent a risk assessment that they had completed.

We recommend the provider reviews all recruitment files to ensure they meet schedule 3 of the health and safety social care act.

- We found there were enough numbers of care staff to ensure care visits were completed as required. However, the registered manager had not fully investigated why missed visits were still happening.
- Staff told us they felt there were enough staff to meet people's needs. One staff member said, "When I am off other staff cover me, I do not check but think there is always cover."

#### Using medicines safely

- Staff were trained to administer medication, however at the time of our inspection they were not supporting people with their medicines as people were able to take their own medication or had support from family members.

#### Preventing and controlling infection

- The provider had systems and guidance in place, which helped the staff team to maintain good infection control practices. They had received relevant training and personal protective equipment was consistently available.
- The provider's infection prevention and control policy was up to date.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care

- The service was not always pro-active at working or contacting other agencies. As recorded in the safe domain.

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

- People's needs were assessed prior to starting the service to confirm their needs could be met by the provider. However, we saw that two people's assessments did not always contain all the information staff required to meet people's needs. For example, guidance on supporting two people with epilepsy which put them at risk of not getting the care they required. The registered manager updated these immediately following this inspection.
- The provider's call monitoring systems were not always effective. This meant that people might not have received the care they needed in a timely manner.

Staff support: induction, training, skills and experience

- Training records showed staff received on line training and the registered manager had put measures in place to ensure all staff had up to date mandatory training prior to them providing care. One staff member told us, "We did an induction, first aid, fire, H&S, using equipment safely, safeguarding. All the training was really good, I felt very confident once I had finished my training."
- Staff had also received additional training to meet people's needs. For example, epilepsy training had been delivered to staff to meet the needs of two people.
- There was evidence to demonstrate staff had received supervision and 'spot check visits. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

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

- People's food and drink preferences were assessed, and staff knew people's likes and dislikes. A staff member said, "People I visit know what they want and how they like things. I make sure they have it how they like it. Some people like their porridge runny so we do it how they like it." Another staff member said us, "I communicate with people. I speak to them and I ask them every day what I can do for them and I respect them."
- If required, staff supported people to have access to food and drink that met their needs and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation.
- The registered manager told us currently people had capacity to consent to their care and treatment. However, they understood the process required if they identified that people required further support with decision making in their best interest.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity:

- Due to concerns with the planning and deployment of staff people were not always well treated and supported. This often impacted negatively on the care people received. Previous missed calls and late visits demonstrated that people's preferences had not always been considered. One relative told us, "Yes there have been some missed visits, fortunately we go into [name] so it has not affected them. It was a while ago when they could not get anyone but a lot better recently." Another relative said, "Times are variable and can be problematic, there is not a consistent time. Some staff stay the full amount of time, but some do what they need to then leave."
- People and their relatives told us they were supported well by their regular staff. One person told us, "I have the same four staff who are very good and stay until they have done everything." Another person said, "They come twice a day, and they are absolutely lovely and very kind. They help me with personal care and do it in a kind way." A relative said, "[Name] is very fond of the carer."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's dignity and described how they helped people to feel more comfortable when supporting them with personal care. One staff member told us, "We ask people for consent, I draw the curtains and shut the door."
- People's diverse needs were recorded, and staff had received training in equality and diversity.

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

- The registered manager undertook quality assurance checks with people to review how their care was going and if any changes to their care was required.

# 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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager had in place an electronic call monitoring system, which meant staff arrival and departure time from a person's home was monitored by the system. The system alerted office-based staff if a member of staff had not arrived at a person's home. The provider had told us this monitoring was not effective but had not investigated why the system was not effective or the information in relation to late and missed calls recorded by the system.
- People had care plans, which set out how their individual needs should be met. The plans were specific to people and contained information for staff. Whilst we saw care plans had been reviewed, people's care notes were not always being completed on all visits. This meant the care team did not always have access to the latest information to reflect people's changing needs.

Improving care quality in response to complaints or concerns

- Complaints had not always been appropriately investigated to make improvements and prevent a reoccurrence. For example, one person had complained about a staff member not fulfilling their duties appropriately and asked for them not to return. The complaint clearly indicated this had still happened. Whilst we viewed part of the investigation by the registered manager, there was no outcome or action recorded. However the registered manager told us they had met with the complainant.
- We received mixed feedback from people and relatives about how complaints were dealt with. One relative told us, "The manager does respond and tries to resolve any concerns." Another relative said, "I do not always ring as can be difficult to get through, and they do not always deal with things straight away."

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.

- Care plans identified people's communication needs. The registered manager confirmed that care plans and information could be made available in different formats if needed to ensure they were accessible by all people that used the service.

End of life care and support

- The service was not supporting people with end of life care at the time of the inspection. Staff received training in end of life care and support.

# 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; 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.

- Systems to monitor the safety of the service, did not identify where a safeguarding concern had not been raised with the local safeguarding team and notified to CQC, in line with the provider's legal responsibilities. In addition, the provider has failed to follow their own policy in relation to safeguarding concerns. Internal investigations had not been completed robustly.
- The checks of the safety and quality of the service had not highlighted all the issues we found during this inspection.
- The service had an electronic call monitoring system in place for monitoring the arrival and departure times of staff when visiting people. However, records showed this system was not operated effectively with some staff regularly either unable or failing to log their arrival and departure times. This meant the registered manager did not have a robust oversight of missed or late visits.
- People's records were not always complete. For example, there were gaps in care notes, and these were not followed up by the registered manager.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate quality and safety were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care: Working in partnership with others

- Following the inspection the registered manager had booked a safeguarding lead course for themselves and another senior staff member.
- The registered manager had responded immediately to the concerns identified during our inspection and was now working with other agencies to improve outcomes for people that used the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service carried out telephone surveys to seek feedback from people who use the service or their relatives. Recent surveys were positive. One person told us, "I do know the manager now, but I have no concerns as I am very happy with the service." Another person said. "I have never had a complaint, the

manager comes around and checks. I am happy with the service."

- Meetings were held to ensure all staff team members were aware of any issues or actions to take and staff were positive about the support they received. One staff member told us, "The manager is excellent, and I am really enjoying the work, it is new to me but very good." Another staff member said, "I used to work in a care home so quite experienced, but I am loving the flexibility. I love the work very much and the clients."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems to assess and manage concerns and risks were not robust to keep people safe. This placed people at risk of unsafe care.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems were either not in place or robust enough to ensure that appropriate actions had been taken following safeguarding concerns. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not robust enough to demonstrate quality and safety were effectively managed.