

Diamond Care Company Ryedale Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: Diamond Care Company Ryedale provides care and support in people's own home. They support younger adults and older people as well as people who may be living with mental health needs, a physical disability or sensory impairment.

People's experience of using this service: People were at increased risk of harm, because of how the service had been managed. Medicines had not been managed safely. The provider had not made sure staff had the training needed to provide people with safe care and support.

There had been a high turnover of staff. Problems with organisation of the rota and staffing levels had led to missed visits and people's care being cancelled.

Management had not always responded appropriately to safeguarding concerns and other incidents including missed visits. This meant opportunities to learn lessons and improve the service were missed.

Staff were not adequately supported to provide person-centred care. Care plans and risk assessments did not always reflect people's needs or have enough information to guide staff on how those needs should be met.

People were not supported to have maximum choice and control of their lives; the policies and systems in the service did not support this practice. Consent to care was not explored or documented when people lacked mental capacity.

People were supported by kind and caring staff, but the organisation and leadership of the service effected the overall quality of the care people received.

New directors had taken over management of the service since our last inspection. A manager was in post, and they had applied to become the registered manager. The new providers and manager had not adequately monitored the quality and safety of the service. People and staff raised concerns about poor communication, organisation and leadership. There were widespread issues and concerns about the quality and safety of the service provided.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection: At the last inspection service was rated Good (report published 29 November 2017).

Why we inspected: This inspection was planned in response to concerns about the service provided.

Enforcement: We have identified breaches of regulation in relation to the safety of the care provided, how the provider safeguarded people from abuse and avoidable harm, the quality of person-centred care, recruitment practices, staff training and the governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

Special Measures: The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Diamond Care Company Ryedale

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by concerns shared with the CQC about staff training, the rotas and how risks were managed. This inspection examined those risks.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone who used the service received regulated activity. The 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.

Since our last inspection the provider had appointed new directors to manage the service. The service did not have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like the provider they are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and they had applied to become the registered manager.

Notice of inspection: The first day of our inspection was unannounced. We told the provider we would be visiting on the second day. Inspection site visit activity started on 10 May 2019 and ended on 16 May 2019; it included telephone calls and visits to people who used the service as well as visits to the office location.

What we did before the inspection: We reviewed information we had received about the service from the

provider since the last inspection, such as serious injuries. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection: We spoke with five people who used the service, three people's relatives, and received feedback from four health and social care professionals about their experience of the care provided. We spoke with two directors, the manager and five care workers.

We looked at three people's care records in full and two people's care records in part. This included medication administration records and people's daily notes. We looked at four staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were not safe and were at risk of avoidable harm.

Using medicines safely.

- People were at risk of harm because medicines were not managed safely; not all staff had been properly trained or checked to make sure they were safe to support people with their medicines.
- People had missed doses of medicines because of poor organisation.
- Staff did not safely record what medicines people had taken; the provider and manager had not adequately checked to make sure medicines had been administered safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- People were at risk of harm; staff had not been properly trained or supervised to make sure they were providing safe care.
- People were at risk of receiving inconsistent or unsafe care; care plans and risk assessments did not have enough information about people's needs or to guide staff on how to safely support them.
- Incidents had not been adequately monitored, investigated or actions taken to improve the service.

The failure to make sure medicines were managed safely and to identify and manage risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse.

- People were at risk of harm because management had not always recognised and responded appropriately to safeguarding concerns.
- Staff had not always completed safeguarding training and lacked knowledge and understanding on how to protect people from abuse and avoidable harm.

The failure to protect people from abuse 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.

Staffing and recruitment.

- People were put at risk of harm, because the provider had not made sure new staff were safe to support people.
- Safe recruitment practices had not always been followed; appropriate references and records of other checks were not always available to show how new staff had been employed.

Not following safe recruitment practices put people of risk of harm, and was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

- People had not received the care and support they needed; visits had been missed, and people's care had been cancelled because the provider did not have enough staff.

The provider had not made sure staffing levels were safe and met people's need. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff followed good infection prevention and control practices; they used personal protective equipment, such as gloves and aprons, to help prevent the spread of healthcare related infections.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience.

- People did not always receive effective care; new staff had not been properly trained or checked to make sure they knew how to meet people's needs.
- The provider did not have a robust way of supporting and monitoring new staff's performance.
- Staff supervision and support was inconsistent; staff did not always feel well supported by management.

The failure to make sure staff had adequate support, training and supervision was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- People told us staff listened to them, and respected their right to make decisions; people who could make informed choices had been asked if they consented to the support staff provided.
- People's mental capacity had not been assessed, and staff had not followed best practice guidance to record best interest decisions when needed. The manager explained plans in place to address these recording issues.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were at risk of receiving care which did not meet their needs; care assessments did not consider the full range of people's needs or guide staff on how those needs should be met.
- Management had not worked closely with other professionals to make sure people received effective care; for example, they had not sought timely advice from professionals about how to meet a person's mental health needs.

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

- People were supported by staff who visited them to make sure they ate and drank enough, but problems with missed visits increased the risk of people not receiving the care they needed.

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.

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity.

- Staff treated people with kindness and were caring, but organisational problems impacted on the quality of care people received. For example, a person had been left upset and distressed, because a mistake with the rota had left them without the support they needed.
- There had been a high turnover of staff, which made it harder for people to get to know the staff who supported them. A person had complained, "Staff are just turning up and I don't know them."
- People told us staff were friendly and they enjoyed their company; feedback included, "The carers are fine they are all very cheerful and helpful" and "The care staff are lovely."

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

- People did not always feel listened to; they praised the care staff who visited them, but provided mixed feedback about how management listened and responded to feedback, issues or concerns.
- Care plans guided staff on how to communicate with people and share information in an accessible way.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity; they listened to people, followed their instructions and supported them in a respectful and caring way. A person said, "They are good carers; they always ask if I want anything doing."
- People's preferences for a male or female care worker could not always be met because of issues with staffing levels.
- People were supported to maintain their independence; staff prompted people to complete tasks and were patient and unrushed in their approach. A relative said, "They stay and do whatever needs to be done. They never say, 'I haven't got time'."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had not always received the care and support they needed, for example, to take their medicines or with meals and drinks, because of missed visits and problems with staffing levels.
- People's care had not been planned and delivered in a person-centred way. Care plans did not have enough information to guide staff on how people's needs should be met; new staff were not always introduced before arriving to provide care.
- People gave positive feedback about their regular staff, but said, "There have been a lot of new staff who don't know what to do when they get here."
- Care plans did not always reflect people's current needs and had not been reviewed and updated with people and their relatives when needs changed.

End of life care and support.

- A person who used the service had not received person-centred care and support approaching the end of their life.
- The provider did not have an end of life policy and limited information was recorded about people's end of life wishes; some, but not all staff had completed training in end of life care.

The failure to provide person-centred care to meet people's needs was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns.

- People gave mixed feedback about how issues and concerns were addressed; one complaint had been recorded since our last inspection and the manager was in the process of addressing this.
- The provider had a complaints procedure and people who used the service were given information about who to contact if they needed to complain.

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.

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Care and support had not been provided in a safe or person-centred way; people told us care staff were friendly and caring, but the organisation of their care and support by management was poor.
- People's need had not been met, because of a poor communication and organisation; people told us messages and changes to their care were not passed on or acted upon.
- Staff raised concerns about not always being listened to or feeling able to make suggestions on how to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service did not have a registered manager and the new directors had limited experience or training in running a domiciliary care service; there were widespread issues and concerns about the service provided.
- There had been a high-turnover of staff; people and staff raised concerns about the lack of organisation and leadership; people did not always know who was in charge.
- The provider had failed to make sure staff were adequately trained and safe to provide care and support to people who may be vulnerable.
- Staff told us communication was poor; they said, "There are too many people in the office and they don't pass information on" and "There is no communication at the moment - it is very poor."

Continuous learning and improving care.

- People were at risk of harm because the quality and safety of the service was not being adequately monitored.
- The provider and manager had not kept up-to-date and accurate records or completed regular audits; for example, medicines records had not been audited to identify concerns about how these were managed.
- People received inconsistent care, because management missed opportunities to learn lessons and make improvements; missed visits had not been adequately monitored or investigated to prevent them happening again.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People were put at risk of avoidable harm as management had not always shared information in a timely way with other organisations and professionals.
- The provider had completed a survey to gather feedback from people in January 2019

Failures in organisation and leadership put 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.

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 9 HSCA RA Regulations 2014 Person-centred care Care and support did not always meet people's needs. 9(1)(b).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and support was not provided in a safe way. 12(1)(2)(b)(c).
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes had not been established and operated effectively to prevent abuse or to immediately investigate allegations or evidence of abuse. 13(2)(3).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assessed, monitored and improved the quality and safety of the service or mitigated risks. They had not maintained accurate and contemporaneous records. 17(2)(a)(b)(c)(d).
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures had not been operated effectively to ensure the information specified in Schedule 3 was available in relation to each person employed. 19(3)(a),

Regulated activity	Regulation
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Personal care	
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	Regulation 18 HSCA RA Regulations 2014 Staffing
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	The provider had not ensured sufficient numbers of suitably qualified, competent and skilled staff had been deployed. Staff had not received appropriate support, training and supervision. 18(1)(2)(a).
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