

Diamond Care Services Ltd

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Inspection report

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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

The inspection took place on 08 January 2019 and was announced. The last inspection of this service was on 30 June 2016 where the service was rated as good.

This service is a domiciliary care agency and provides personal care and support to people living in their own houses in the community. It provides a service to younger adults, people living with dementia, older people, people with learning disabilities or autistic spectrum disorder, physical disabilities and sensory impairment.

On the day of the inspection there were 15 people using the service. The service was providing personal care to seven people and assisting eight people with domestic tasks. For example, social activities, meal preparation and prompting with medication. The office is situated on a main road in the Farnworth area of Bolton.

There was no registered manager in place. 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 who used the service felt safe with the staff that supported them. Staff files showed the recruitment system to be satisfactory and people employed had been checked with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people.

There were enough staff to meet the needs of people who currently used the service.

Electronic call logging in systems were not in place to monitor that staff had arrived at a person's home or stayed for the allocated time. Staff wrote on the daily log sheets times of arrival and departure.

The service had a safeguarding policy and procedure. Staff spoken with had received training in safeguarding. However, this was some time ago and there was no evidence of updates or certificates of when this training had been completed.

There was no evidence that demonstrated that the medicines systems were safe, and staff had undertaken appropriate training in medicines administration.

There were no records of an induction programme for new staff. However, we saw that new staff shadowed an experienced member of staff until they felt confident in their role.

We looked at the care plans for two people. The care plans we looked at showed that independence was promoted, and people told us their dignity and privacy were respected. However, some of the care plans needed reviewing and updating.

Care files we looked at had people's choices for their care and support recorded. Risk assessments and care plans were not reviewed on a regular basis to reflect changes to the initial care plan. Activities, such as accompanying people to go out in to the community were facilitated by the service where possible.

There was no evidence of staff receiving training in the requirements of the Mental Capacity Act 2005 (MCA). However, we did see some evidence of consent from people who used the service agreeing to their care and support.

People who used the service told us the staff were kind and caring. Staff we spoke with were positive about their jobs and were complimentary about the interim management arrangements of the service.

There was a service user guide which included relevant information about the service. However, this required updating.

Feedback was sought from people who used the service. However, this was informal and during home visits. There was evidence of only one telephone monitoring call in 2018 taking place. There was an up to date complaints policy and procedure and complaints were dealt with appropriately.

There was no evidence of formal staff supervisions or appraisals. Staff meetings were not held. We saw no records of regular observations of staff competence which should be undertaken by the management.

There was no evidence of quality monitoring or audits to assess the quality of the service and care delivered.

We saw there were some extracts of policies available in the staff handbook. However, these need to be more comprehensive to provide staff with guidance and relevant contact names and telephone numbers. We were informed that the main policy and procedures file was missing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistency safe.

Staff recruitment was satisfactory. There were enough staff to meet people's needs.

There was no evidence to show that staff had received up to date medication training and that people received their medicines in a safe and timely manner and as prescribed.

Risk assessments were in place, however these needed to be reviewed to reflect any changes.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

We could find no evidence to show what training staff had completed. There was no training records or evidence of certificates. There was no evidence of formal supervisions or appraisals.

There was no induction programme for staff to complete when commencing work at the service. There was evidence that staff had shadowed the previous registered manager.

There was some evidence to show that people who used the service had discussed and agreed to the initial care plan.

Is the service caring?

Requires Improvement ●

The service was caring.

People spoken with said the staff were kind and caring.

There was a service user guide which provided information of the service and facilities available. However, this required updating and should contain useful telephone contacts and addresses.

Records were not securely stored to maintain confidentiality.

Is the service responsive?

The service was not consistently responsive.

There was a complaints policy in place. We saw only one complaint had been made which had been logged and appropriately dealt with.

The service was responsive to adjusting visit time to facilitate appointments.

Care plans had not been regularly updated.

Requires Improvement 

Is the service well-led?

The service was not well led

The service was without a registered manager. Staff were supportive of the interim management arrangements.

There was no evidence of quality monitoring or audits to assess the quality of the service and the delivery of care.

There was no evidence of staff and user engagement.

Requires Improvement 

Diamond Care Services 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 checked 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 08 January 2019 and was announced. We gave the service 48 hours' notice as we needed to be sure that someone would be available to facilitate the inspection.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

We were informed in November 2018 that the registered manager had left the service. Prior to this we sent a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service. However, this was not returned to the CQC by the registered manager. The nominated individual contacted the CQC to inform us that the PIR was unavailable for them to complete.

Before our inspection we contacted the local authority commissioning team, the Clinical Commission Group (CCG) and the local authority safeguarding team to gain their views and opinions of the service. We also contacted Healthwatch Bolton to see if they had any information they wished to share with us. Healthwatch England is the national consumer champion in health and care. No concerns were raised by these agencies.

We also reviewed other information we held about this service. For example, the last inspection report, complaints and notifications. A notification is information about important events which the service is required to send us by law. We had not received any notifications from this service. This will be addressed separately from this report.

As part of the inspection we spoke with the nominated individual, the general manager, a member of the office staff and three care staff and two people who used the service.

We looked at two care files, three staff files and other records. For examples some evidence of the staff shadowing checks.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff that cared for them. One person told us that, "The girls are wonderful, I feel safe and comfortable with them". However, we found failings in how the provider managed the safety of the service provided.

In the care files we looked at we saw that risk assessments had been completed when the service started to provide care. These included moving and handling and the general environment. However, for some people these had not been reviewed since August 2015. We saw evidence of an updated care plan where the risk assessments had been reviewed. With no current information there was nothing to guide staff who were not regular carers for the person using the service on how they should be moving or assisting them safely which could potentially cause risk of harm.

We discussed with the general manager that all risk assessments must be regularly reviewed, and any changes documented to ensure that people who used the service and staff were kept safe. The general manager agreed to review all the care records and risk assessments. In one care plan the risk assessments for moving people safely, medication and for external activities had not been reviewed since 2015 when the service had started to provide care. The care file had not been fully reviewed since June 2016.

There were suitable staffing levels for the number of people who used the service. People we spoke with said that the staff never missed a call.

The service had extracts in the staff handbook about safeguarding and whistleblowing procedures. There was a safeguarding procedure. However, this was not specific to the company. There were no contact details, telephone numbers or the addresses of the local authority and CQC for staff to refer to should they need to report any incidents.

Staff spoken with told us they had completed training in safeguarding vulnerable people from abuse when they commenced working at the agency. However, they confirmed this was now out of date. There were no records of training or dated certificates to say when the training had been completed.

The general manager confirmed that care staff were administering and prompting people who used the service with their medicines. There were no records of updated staff training to ensure that people were competent in administering medicines in a safe and timely manner and in accordance with the prescriber's instructions. People we spoke told us that staff made sure they had taken their medication and that it was recorded on their chart (medicine administration record (MAR) sheet. We saw evidence of some MARs that had been returned to the office. These had been completed accurately. Staff spoken with said they had completed medication training. However, they agreed this was some time ago and refresher training was overdue. The general manager said they would arrange training immediately following the inspection.

We looked to see if CQC had been informed of any accidents or incidents. We could find no evidence to show we had been notified of any incidents. The general manager told us we should have received at least

two recent statutory notifications from the previous registered manager. The general manager assured us that any further notifications would be sent to us without delay. We will address this separately from this report.

The staff handbook contained some information regarding infection control. There was no current information available to show that staff had completed up to date infection prevention and control training. Staff spoken with confirmed this training was overdue. Following the inspection, the general manager confirmed that staff training had been arranged. Staff had access to protective personal equipment (PPE), for example disposable gloves and aprons. These were available for staff to collect at the office.

We looked at three staff files and found that the staff recruitment was satisfactory. Files contained an application form, interview questions and notes and proof of identity. We found in one file only one reference had been received. In another file, there were two-character references. We discussed this with the general manager who agreed that the process for obtaining references needed to be more robust. All staff were subject to a Disclosure and Barring Service (DBS) check. This helped to ensure they were suitable to work with vulnerable people.

We asked the general manager what arrangements were in place for people who used the service and staff to contact the office out of hours. The general manager told us there was an 'on call' system so that people who used the service and staff could contact someone when the office was closed and at weekends. Staff spoken with confirmed this to be correct.

Is the service effective?

Our findings

People we spoke with told us, "They [staff] always turn up, they never miss a visit. They are very good, they try and let me know if they are running a bit late".

Electronic call logging in systems were not in place to monitor that staff had arrived at a person's home or stayed for the allocated time. Staff wrote on the daily log sheets times of arrival and departure and tasks completed.

We asked the general manager about the staff induction programme. We were told that there was no induction booklet. An induction programme, such as the nationally recognised Care Certificate, sets out the knowledge, skills and behaviours expected for specific job roles within the health and social care sector. The general manager told us that new staff were shown what to do when out on calls and what was expected of them and that new staff shadowed an experienced member of staff. There was no evidence to show that staff had been deemed as competent to carry out their roles and that they understood their roles and responsibilities.

We asked the general manager about supervision sessions for staff. All staff should receive regular supervision meetings with senior staff. Supervision meetings provide staff with the opportunity to discuss any concerns they may have and any training and development they may wish to undertake.

There was no staff supervision or annual appraisal matrix and there was no evidence of formal supervision session taking place. The electronic journals for recording staff supervisions were blank. Staff spoken with confirmed that they had not received supervision meetings. However, they told us they spoke regularly with the management. We did see in the staff files some evidence of 'spot checks' for staff when working in people's home.

Information in the staff handbook stated, "Each employee will receive one to one supervision from a member of the management team. The following procedures will be followed when conducting supervision: The employee will receive seven days' notice of the proposed supervision meeting. The employee will receive an agenda of the proposed supervision meeting. The employee will be given opportunity to discuss any concerns, issues or identified training needs. Supervision log sheets should be updated and signed by both parties at the meeting and supervisions should be conducted at least every 6 months." This clearly was not taking place. Following our inspection, the general manager notified us that forms for supervisions and appraisals had been implemented and all staff were to receive regular supervisions. These will be checked at our next inspection.

Information in the staff handbook stated, "Diamond Care Services training programme will be delivered by qualified, trained and experienced members of the management team. Each employee will be required to complete an induction programme prior to commencement of their employment and mandatory refresher / subsequent training will be provided throughout their employment.

We found no evidence to show that staff had completed up to essential training. For example, food hygiene, emergency first aid and medication. There was no evidence such as valid certificates to show what training had been completed. Staff spoken with told us they were providing care and support for people living with dementia. However, staff spoken with confirmed they had not received training in this topic. Following our inspection, we received confirmation from the general manager that staff were being booked on to training courses to update essential training.

We discussed the training with the general manager who agreed to make this a priority and ensure that staff received training relevant to their role.

We saw that people who used the service and/or their representatives where appropriate, had signed a contract agreeing to their care and support. People told us they were supported in the way they liked and were encouraged to maintain their independence.

For some people staff prepared a meal or snack of the person's choice. Any concerns regarding nutrition and hydration would be reported to the general manager for discussion with a family member or GP. It was evident from staff discussions at the office that staff knew the people they were caring for very well. However, this was not always reflected in the care plans. The general manager confirmed that following the inspection all care plans would be reviewed and updated to reflect any changes.

The service liaised with other healthcare professionals such as GPs and community nurses when required to ensure people's health needs were met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

Staff we spoke with had heard of the MCA 2005. However, confirmed this had not been covered on any training.

The provider failed to provide an appropriate induction, relevant training and supervision to help staff perform effectively in their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

People who used the service were complimentary about the care staff who supported them. One person told us, "I am 100% happy with the service and the care I receive. I get four visits a day and they never miss a visit". Another said, "I am quite satisfied, some [staff] are better than others, some rush you a little when helping you. They [staff] are always polite and respectful. I try and do to some things for myself but if I can't they will always help".

People spoken with told us that staff were very respectful and ensured their privacy was maintained when providing any personal care. For example, closing doors to bathrooms and bedrooms.

From speaking with staff, they were knowledgeable about the care and support required for the people they visited. Staff told us they supported people to make decisions about their care and accommodated times of visits to support people to appointments.

We found that personal information that had been returned to the office was not securely stored. Information was seen in an area off the main office stored on the floor. There was information in the staff handbook regarding confidentiality. This stated, "All information relating to employees and service users will be stored safely and securely within a lockable storage system". We asked the general manager to address this.

We found that there was inconsistency in the recording in the care plans. There had been an initial assessment completed when people had commenced using the service. One care plan had been reviewed in May 2018. Some files had completed life stories others were incomplete. If staff were unable to obtain any information or people who used the service did not want to divulge information this should be documented.

We asked people if they had a care plan in their home. People confirmed they had, and that staff wrote in the care plan after every visit. This meant that the next carer or relatives knew what tasks and been completed. We discussed care planning with the general manager who agreed to ensure that all the care plans were reviewed, and information was current.

We found this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A service user guide was available to people who used the service, this required updating. The service should provide the people they support with contact information for agencies such as the local authority, ombudsman and CQC should they wish to escalate any concerns.

Is the service responsive?

Our findings

One person told us they felt the service was very good. They told us, "I like it as I get the same girls coming most of the time. I have got to know them very well".

Staff spoken with said they had plenty time to get to their calls. They were not expected to rush people. Where possible, the service was flexible in accommodating changes to times of visits if people who used the service required them to accompany them to appointments.

We saw in the care plans the number of visits were recorded and the tasks to be completed. People's preferences were recorded with regard to mealtimes along with their likes and dislikes. However, some of this information required reviewing to ensure this was still relevant.

There was reference within the care files to people's religious requirements. Activities, such as accompanying people to go out in to the community were facilitated by the service where possible. However, some care plans had not been regularly updated. However, this was a recording issue and did not impact on the care people received.

The service had a complaints policy in place, which was outlined within the service user guide. We saw there was a complaints log and we saw that one complaint had been received. This had been appropriately addressed by the nominated individual and actions taken had been recorded. People spoken with said if they had any concerns they would contact the office.

We saw some compliment cards had been sent to the service thanking staff for the care and support provided. However, none of these were current.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was not meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss. People should be able to receive information in formats they could understand, such as in easy read or large print and in other languages as required.

At the time of inspection there was nobody who was in receipt with end of life support. Staff would need to undertake training in this topic before end of life care could be provided.

Is the service well-led?

Our findings

There was no registered manager in place. 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.

The registered manager had left the service in November 2018. The service was currently being overseen by the general manager and the nominated individual.

Staff spoken with were complimentary about the interim management arrangements. They felt the general manager was approachable and supportive. They also felt the general manager had the ability to make improvements to develop the service. Following our inspection, the general manager contacted CQC informing us that they had enrolled on to the Level 5 management course. On completion the general manager was considering applying to become the registered manager.

We asked about staff meetings. The general manager told us that staff meetings were not held as this was a small service and that staff came into the office regularly and were spoken with then. We spoke with two members of staff who confirmed that staff came in to the office most days and discussed any concerns or issues they may have. We saw the last staff meeting was recorded in 2014. We concluded the service needed to implement a system to inform staff of current events and any changes. We saw no records of regular observations of staff competence which should be undertaken by the management.

We asked what systems were in place to monitor and assess the quality of the service. There was no evidence to show that any audits had been completed. We saw that old MAR sheets had been returned to the office. However, these had not been checked for any irregularities such as missing signatures or gaps in administration. There had been no checks to ensure that risk assessments and care plans were up to date and were relevant. There was a lack of oversight on training and no effective induction programme in place for new staff.

Forms were available for telephone monitoring calls from the office to people who used the service. This was to ask them if they were satisfied about all aspects of the service. However, records showed that only one had been completed on 18 December 2018. This person stated they were happy with the care provided and that they always happy to see the staff. The other records were for 2011, 2012 and 2013.

We saw there were some extracts of policies available in the staff handbook. However, these need to be more comprehensive to provide staff with guidance and relevant contact names and telephone numbers.

We were informed that the main policy and procedures file was missing. The above concerns we found at this inspection demonstrated a lack of oversight by the previous registered manager, the general manager and the nominated individual to ensure that quality monitoring systems were in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the general manager about working about partnership working. The general manager told us that most of the people who used the service were on direct payments. This meant they selected their own care agency. Other people were private and that the local authority spot purchased with them on occasions. However, the general manager knew who to contact at the local authority if required.

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 The provider had failed to ensure that records were up to date and relevant to peoples care needs and preferences.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that systems were in place to monitor and assess the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to provide an appropriate induction, relevant training and supervision to help staff perform effectively in their roles.