

Mrs Susan Hutchinson

Diamond Care and Support

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Diamond Care and Support is a domiciliary care agency providing personal care and support to people living in their own homes. 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. At the time of inspection 35 people were receiving personal care.

People's experience of using this service and what we found

People and relatives we spoke with gave positive feedback about the service and the staff team. Their comments included, "Staff go above and beyond what they are supposed to do" and "Staff are very kind and caring." Staff genuinely cared for the people they provided care to and had built positive relationships with their relatives.

People were supported by a regular staff team who had the relevant training and qualifications to safely support people. There were enough staff to safely support people. Staff encouraged people's independence and helped people to maintain social relationships.

Risks people may face were fully identified and mitigated. Medicines were safely managed, and the service worked in partnership with other health care professionals to make sure people received a continuous level of support. People had person centred care plans which were created from holistic assessments of people's needs.

Staff had a positive relationship with the registered manager and felt able to provide feedback regularly about the service. The quality and assurance systems in place allowed for effective monitoring of the service by the registered manager and provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection to formally rate the service.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Diamond Care and Support

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 24 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 available to support the inspection.

Inspection activity started on 15 April 2021 and ended on 27 April 2021. We visited the office location on 27 April 2021.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. 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.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. 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 of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including care staff, the registered manager, office manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's complete care records and medication records for seven people. We looked at 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 also reviewed.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Safeguarding policies were in place which were accessible to staff, people and relatives.
- Staff had received safeguarding training and could tell us what action they would take if they identified any form of abuse.
- People and their relatives told us they felt confident and safe with the care provided. One person said, "They make me feel very safe. Just being with me makes me feel safe."

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

- Risks people may face were fully identified, assessed and steps were put in place for staff to follow to keep people safe. There were also environmental risk assessments for people's homes, which included fire risk assessments.
- Risk assessments and care plans included step by step guidance for staff to keep people safe. One relative told us, "Two staff are here at all times and they use a slide sheet to help them move her safely. They do it very well."
- The provider had assessed the risk to the service and had created a business continuity plan.
- Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring. The registered manager investigated all accidents and incidents fully. Any safeguarding investigation reports were shared with the local authority and CQC.
- Findings were shared with staff to help prevent further incidents occurring.

Staffing and recruitment

- There was enough suitably trained staff to safely support people. Staff told us they had assigned routes which were planned and allowed for adequate time to support people during visits.
- Staff recruitment was safe, and the provider had all necessary pre-employment checks in place.
- People and relatives told us they had a consistent staff team who cared for them and the service provided additional support when needed. One person commented, "It's usually the same group of carers every time. They are very good."

Using medicines safely

- Medicines were managed safely, and staff had received additional training around medicines management and handling. One staff member told us, "My medicines training is fully completed and I get observed regularly."
- People's medicine administration records were completed correctly and followed best practice guidance.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that 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.

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

- People had their needs and choices holistically assessed and regularly reviewed in line with best practice guidance.
- People were the decision makers around their care. Relatives told us they felt extremely happy and involved in supporting people to make choices and decisions about their care. A relative commented, "We had a full assessment for [person's]' needs and it is working well. I was involved in the assessment along with [person]."

Staff support: induction, training, skills and experience

- Staff were provided with regular training to make sure they had the correct skills and knowledge. One staff member told us, "I've just got an update via email with further training to complete."
- New members of staff were provided with an in-depth induction which prepared them with the skills, qualifications and knowledge to carry out their role.
- The registered manager completed supervisions and appraisals with staff.

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

- Some people were supported with eating and drinking to make sure they had access to a healthy, balanced diet. Risks associated with this, for example choking, were also fully assessed.
- If people were at risk of malnutrition support was provided to access other health care professions, for example the GP. Care plans included reference to guidance and advice from the speech and language team.
- People and relatives were happy with the support provided by staff. A relative told us staff helped one person to stay independent in preparing their own meals but staff were on hand if they required additional support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health care professionals, for example the dentist and GP. Guidance from these were incorporated into care plans.
- Relatives told us that staff acted quickly and contacted other health care professionals if a person required a review. A relative said, "This morning [person] was in bed when they [staff member] called and was unresponsive. Immediately the carer rang for advice and as soon as she told them what was wrong, an ambulance was called, and it arrived five minutes later. [Staff member] acted very quickly."

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.

- People's care was delivered in line with MCA and best practice guidance. A member of staff said, "We give people choices and ask if they need any extra support."
- Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and kind with people. There were equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- People praised staff for their support. One person told us, "The carers do know me well and I feel I can talk to them about anything and they listen to me. I really appreciate that."
- Relatives were positive about the support provided. A relative commented, "I think staff know [person] very well. They are very kind and caring. I couldn't fault them."

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

- Care plans were created in partnership between people, relatives and staff. People's choices and wishes were heard and were used as part of the care planning process. For people who could not fully communicate their choices, relatives were involved to make sure that their views were heard.
- People and relatives told us they had been involved in all aspects of care planning. A relative said, "We have discussed what [person] likes and dislikes and what she needs to be done for her."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity whilst encouraging independence.
- People told us they were supported to remain independent. One person told us, "I'm very independent and they help me to be this way. They don't just do things for me, just because it is quicker. They encourage me to do things for myself. They are very patient."
- People's privacy and dignity was respected at all times. A relative said, "[Staff] take him to his bedroom and close the door. I can hear them talking to him in a reassuring, soothing manner to keep him calm. They tell him as they go, what they are going to do for him before they do it. They are very good and he likes them very much."

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 good. This meant people's needs were met through good organisation and delivery.

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

- People had holistic assessments of their needs which reviewed not only their physical needs but emotional and social as well. Care plans formed from these included people's own choices for how their care is delivered. A relative told us, "We were involved in the care planning of [person]'s care. We knew exactly what he needed and the most important thing for his care was consistent staff to look after him. This is what we get. They make him laugh and he is comfortable in their company. They look after him the way we do."
- People's care plans included steps for staff to follow at each visit and reflected the person's individuality.
- Staff told us that some people had family advocating on their behalf and their needs were clearly documented in care plans.

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

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed.
- People could access information in different languages, easy read and in large print if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships, and to follow their own interests and social activities.
- Staff completed companion visits to people to ensure they were not socially isolated. One staff member told us they took people out for walks, for coffee or to the local park.

Improving care quality in response to complaints or concerns

- There was a complaint policy in place which people were aware of. People told us that they did not have any concerns.

End of life care and support

- People's end of life wishes, care and support were provided in a respectful and caring way by staff. People had discussions around how they would like to be cared for in their final days.

- Staff had received training in supporting people with end of life care and provided examples of the support they had provided.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were at the centre of the service and staff made sure everything they did helped to improve people's well-being. All staff could give us individual examples of things they had done to help improve people's outcomes.
- Staff commented that the management team were very supportive. A staff member told us, "It's a lovely management team and I can go to them about anything, any issue is dealt with."
- People and relatives were complementary about the staff culture. One person said about the staff, "They are really good, they are kind and caring and talk to me and listen to me. Very easy to talk to."

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest when something goes wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.

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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.
- People and relatives were complementary about the service and the registered manager. One relative said, "I think the service is well managed. I'm really impressed at their record keeping. I look at the file they have in [person]'s home, and it is clear and easy to read."
- The quality and assurance systems in place allowed the registered manager to effectively monitor the quality of care provided to people.

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

- People, relatives and staff were asked for their feedback to allow the management team to find ways to improve the level of support provided to people.
- Staff worked closely with other health care professionals. People's care records showed involvement and

guidance from other agencies, for example the district nursing team and GP.