

Diamond Home Care (Dudley) Ltd

Diamond Home Care (Dudley)

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	

Overall summary

This announced inspection took place on 6, 8 & 13 July 2015. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to answer any questions we had or provide information that we needed.

Diamond Home Care (Dudley) is registered to deliver personal care. They provide care to people who live in their own homes within the community. At the time of our inspection 52 people received personal care from the provider.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 and their relatives told us they felt confident that the service provided to them was safe and protected them from harm. We found that medicines were managed and monitored effectively within the service. Assessments to identify issues that may put people using the agency at risk were in place.

There were a suitable amount of staff available to deploy who had the skills, experience and training in order to support people and meet their needs. People and their relatives told us they received the care they needed, when they needed it.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. The registered manager was responsive in sourcing specific training for staff when it was needed.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration.

Care plans contained information about people's abilities, preferences and support needs. People and their relatives told us staff established consent before providing care.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. Systems were in place for people and their relatives to raise any concerns they had or to make a complaint.

Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Staff told us the registered manager actively promoted an open culture amongst them and made information available to them to raise concerns or whistle blow.

The agency sought people's feedback through questionnaires and phone contacts about the quality of the service. All communication by phone and email to the agency were reviewed by the manager and signed off when she was satisfied all the actions necessary had been completed.

The registered manager and the provider undertook regular checks on the quality and safety of the service.

Summary of findings

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

Staff were knowledgeable and had received training about how to protect people from harm.

Risks for people in regard to their health and support needs were assessed and reviewed regularly.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Good



Is the service effective?

The service was effective.

Staff received regular training and the timely updates they needed to maintain their level of knowledge and skills to meet people's needs.

People and/or their relative were involved in making decisions and choices about the support they received.

Staff were knowledgeable about how to access support for people if they became unwell or in an emergency.

Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People and their relatives were very complimentary about the staff who supported them; it was clear to us that staff had developed a good rapport with people.

People told us that staff respected their privacy and dignity when supporting them.

Good



Is the service responsive?

The service was responsive.

Staff we spoke with were aware of people's current needs although on occasion their care plans had not been updated.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Support was provided to people which met their cultural needs and personal preferences.

Good



Is the service well-led?

The service was well-led.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow.

Good



Summary of findings

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager.

Quality assurance systems including feedback from people were routinely undertaken.

Diamond Home Care (Dudley)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6, 8 & 13 July 2015 and was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection team consisted of one inspector and an Expert by Experience of older people's care services. The Expert of Experience had personal experience of caring for a user of older peoples services.

We reviewed the information we held about the service including notifications of incidents that the provider had

sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with seven people who used the service, four relatives, six care staff, the registered manager and the managing director. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records, we reviewed five staff recruitment records, the staff training matrix, communication logs of phone calls and emails, medication records and quality assurance audits. We looked at policies and procedures which related to safety aspects of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt the staff provided safe care and support to them. One person told us, “The carers always make me feel safe”. Another person said, “They know me well and so I never need to worry about them calling and caring for me”. A relative told us, “Yes I feel they provide safe care; I’m really impressed with the carers and how well they look after my relative”. Another said, “I am confident about my relative’s safety with them; if the carers have any worries they contact me to discuss it”.

Staff told us they knew what to do if they had any concerns about people because they had received training in how to protect them. Staff were able to describe the various types of potential abuse and harm people may experience. They told us they received regular training updates and said they would in the first instance contact the person on call to discuss and/or report any concerns. A staff member told us, “If I had any concerns I would report it to the office and record this in the persons report book in their home too; I know the office staff would act on it”. The registered manager told us they would investigate and report the details as necessary to the local safeguarding team and to CQC.

We saw that all phone calls and messages taken in and out of hours were recorded on a communication record form; these were all reviewed by the registered manager and signed off when dealt with or investigated more fully, with any action taken clearly highlighted. This meant that incidents that had occurred were continually reviewed and monitored for any themes.

We asked people and their relatives about whether they experienced any delay in receiving care and whether the service made efforts to provide consistency of care staff that supported them. People overwhelmingly told us that they had where possible, received care from a core of regular staff and as such they felt they had a good relationship with them. One person said, “They [care staff] can arrive a few minutes late sometimes, but never any longer than that; they know what my needs are which is helpful as I don’t have to keep saying what needs doing”. A second person told us, “I have never had a missed call and if they are going to be late, they do always give me a ring”. Another said, “They always stay for the full amount of time

they are meant to”. A relative told us, “The carers are on time, stay for the full amount of time; they know my relative well”. Staff we spoke with confirmed that there were enough staff to provide the care that people needed in an effective timely manner.

We reviewed records in relation to recruitment practices. We found the processes in place ensured staff recruited had the right skills, experience and qualities to support the people who used the service. We saw and staff confirmed that the appropriate checks and references had been sought before they had commenced their role.

People and their relative’s told us they were introduced to new staff by longer standing staff and were given the chance to be more familiar with their individual care needs before working independently with them. They told us they either attended the call with staff who already knew the person and/or they had information emailed or handed to them prior to attending to read in advance.

The records we reviewed included risk assessments of people’s health and welfare needs; they were relevant to the persons identified needs and described the risks for staff to consider when supporting the individual. These had been reviewed and updated as necessary. Staff we spoke with were confident they would be fully informed of any potential risks before going to a new person’s home.

Staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of potential situations. This included an awareness of the procedure to follow if they were unable to gain access to a person’s home.

People and their relatives told us they were supported to take their medication in a safe way, at the appropriate times. One person said, “If my relative isn’t here, the carers will prompt me to take my medication”. A relative said, “They [staff] prompt my relative with medication and even when they refuse, staff are good and somehow manage to get them [my relative] to take them”. Arrangements were in place to ensure that checks on medicines management took place regularly. Staff told us and records confirmed that all staff had received medication training. A staff member said, “I encourage people to take their medicines, record what and when they have had them; if the person doesn’t take it, I record it and report back the office”.

Is the service effective?

Our findings

People and their relatives were asked whether they thought the staff had the skills and training to manage their needs effectively. They told us they felt confident that staff were competent and trained to support them and care for all their needs. One person said, “They provide excellent personal care and know what they are doing”. A second person said, “I find the carers are very good at their job”. A relative told us, “My relative has diabetes and other health needs, so the staff need to know what to do; I have to say I’m impressed with the staff and how they look after them”. A staff member said, “I have all the skills I need to do a good job”.

We saw that staff were provided with and completed an induction before working for the service. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. One staff member told us, “I shadowed other staff and I found this really helpful in getting to know the people I now look after”. We saw records for newly appointed staff who were in the process of working towards the Care Certificate. The Care Certificate sets fundamental standards for the induction of adult social care workers. The registered manager told us that staff were supervised closely within this period. A staff member said, “I am completing the care certificate; I go into the office for a weekly meeting to check on my progress and set goals for me to achieve for our next meeting”. We saw records which demonstrated that staff were spot checked when delivering care to people to ensure that they were competent to carry out their role. A staff member said, “I have had spot checks done; it’s just to make sure I am doing everything correctly”.

Staff we spoke with said they received regular supervision to discuss their personal and professional development needs. One staff member said, “Supervision is useful; I can put my point across and I feel listened to”. Staff we spoke with were satisfied with the training and professional development options available to them. The provider ensured that staff could access additional training programmes to attain a qualification in care. A staff member said, “They [management] are always asking me if I want to do extra training”. We saw a training matrix which outlined training staff had completed and when they needed to have an update. We noted that staff were

supporting a person who suffered from epilepsy but the staff who provided support to this person had not received training about epilepsy. We raised this with the registered manager; they agreed that this needed rectifying. We received confirmation the following day that staff supporting this person would have completed epilepsy training within the next two weeks. Staff we spoke to knew how to support people in an emergency situation. A staff member told us, “I would keep the person safe, move any objects out of the way that they may hurt themselves on and then call an ambulance”.

Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. One person said, “They [staff] are very patient and they go at my pace”. A relative told us, “Staff are patient and tell my relative what they are going to do and if that’s ok”. We spoke to staff about how they gained people’s consent before assisting or supporting them. A staff member said, “People I care for can let me know if they are not happy with what I am doing; I always ask them for permission to support them before starting”. A second staff member told us, “I talk to people throughout any care I am providing to check they understand and are happy for me to do it”.

Staff told us they made sure people were eating and drinking enough when they visited them and record any concerns they identified, share them with relatives and the registered manager.

One person said, “They make sure I eat and have plenty to drink”. A relative commented, “The staff prepare my relatives meals and always leave a snack and drinks at hand in case they need them”. Staff told us they had received food hygiene training.

We asked people whether they thought staff would know what to do for them or who to contact if they were ill. A person told us, “If I needed help or to see my doctor staff would help me to do it”. One relative told us, “I feel confident that the carers would know what to do in an emergency; they [carers] contact me if my relative needs a GP appointment”. Another relative said, “They would contact the doctor if my relative was unwell”. We saw that people’s care plans included information about their general health. Where people had specific health care

Is the service effective?

needs there were detailed plans about how to support them appropriately. The staff we spoke with told us they felt confident they had information and skills to provide effective support and knew who to contact should any health concerns arise.

Is the service caring?

Our findings

People told us they had positive relationships with the staff who supported them. One person said, “I get confused sometimes but they [staff] understand me, they are nice, polite and helpful”. A second person told us, “The carers are so lovely and kind”. Relatives we spoke with were positive about staff attitude. A relative told us, “The carers are excellent; they have been coming for so long they know him so well. I hear them chatting away to him when they are supporting him”. Another stated, “The carers are brilliant; they are very caring”.

Staff described how they showed care in their role and towards the people they supported. They explained they gave people time by listening to them, reassuring them and getting to know them. One staff member told us, “I like to talk and let them talk, take my time and go at their pace”. One member of staff told us the importance of knocking on the person’s door, and letting the person know they had arrived by calling their name as well as showing an interest about people’s activities that day, what they have watched on television and asking how their family are was their way of being caring.

People told us staff treated them with respect at all times. One person told us, “When they [staff] help me with

personal care they are always respectful; they are polite and make sure my home is left clean and tidy”. A second person said, “They are polite and helpful; I am happy with all that they do”. A relative told us, “I like the way the carers talk to my relative; it seems like a social chat between them all”.

Staff explained how they maintained people’s privacy and dignity when providing care. They gave examples such as closing curtains, making sure family members were not present when personal care was being delivered and covering people’s bodies to maintain the person’s dignity when they were supporting them to get washed and dressed. One person said, “When I have a bed bath, they [staff] make sure the parts they are not working on are covered up”. A relative said, “They [staff] do the jobs they do, it’s done in a sensitive way too; always respecting my relatives privacy”.

People told us how they and their relatives had been involved in the planning of their care. One person said, “I’m often having my care plan reviewed; it’s the put it in folder for staff to use and I can look at it too”. Another told us, “I don’t know what a care plan is but people do come and see me and talk to me about my needs”. A relative told us, “The care plan is updated every now and then and I’m involved its completion”.

Is the service responsive?

Our findings

People and their relatives told us they received the care they wanted. They confirmed to us that they had been involved in making decisions about their care and support needs. One person said, “They [staff] know what my needs are which is helpful then I don’t have to tell them what needs doing”. A relative told us, “We were involved in a recent review that staff did”. Another stated, “The care plan is updated every now and again and I’m involved in the way it’s completed”. Records showed assessments were completed to identify people’s support needs that people and their relatives had contributed to. Pre assessment information was also available to inform the planning of care.

Care plans contained relevant personalised information, detailing how people’s needs should be met and had in general been reviewed and updated in a timely manner. However we saw that in one care record that the person’s relative was referred to in the care plan but the registered manager told us the person had passed away several months ago. The registered manager agreed the care plan was in need of urgent update and would action this straight away. Staff described to us what person-centred care was and how they put it into practice. The staff we spoke with were clearly knowledgeable about people’s needs. A person told us, “The staff help me get dressed but let me do some small things I can do for myself; they take their time with me”. One staff member said, “We always allow people to direct their own care and enable them to do what they can for themselves safely”.

We saw that people’s cultural and spiritual needs were discussed and considered as part of their initial assessment. At the time of our inspection the registered

manager told us they were providing support to people in respect of language needs; this person received support from staff who could speak in their language. The agency also accommodated people’s preferences for either a male or female worker to provide their care; rotas were organised to ensure these preferences were met.

People and relatives we spoke with told us if they wanted to raise complaints they knew who to speak with. There were arrangements for recording complaints and any actions taken. One person told us, “If I had any concerns or wanted to complain I would ring the office”. Another said, “If I had any concerns or worries I would contact the office and they would help me I know they would”. A relative told us, “If I had any concerns I would talk to the manager or one of the staff in the office”. We saw where complaints had been made they had been responded to promptly. We also saw daily communication logs that demonstrated that people and their relatives felt comfortable enough to raise any issues they had with the registered manager informally. Some people who used the service may need support to be able to make a complaint or raise a concern but staff told us how they would support those people. A copy of the procedure for making a complaint was made available to people when they started receiving support from the service. We saw that the registered manager analysed all the communication coming into the service in and out of hours including minor concerns that people had discussed; we saw they signed each contact off when they were satisfied the issue had been properly dealt with. We saw that these concerns were followed up promptly with the person or their relative; records showed and people confirmed that they were satisfied with the resolution of their concerns. A relative told us, “They [staff] were coming too early for my relative so I asked if they could change the times; they did this without question”.

Is the service well-led?

Our findings

The registered manager in post had managed the service for a number of years. Staff we spoke with told us there were clear lines of management and accountability and they were very clear on their role and responsibilities. One staff member we spoke with said, “I know all the management staff, they are not absent; they are apparent and involved”. A second recently employed member of staff told us, “This is a good company; I feel it’s organised”. Another told us, “The manager is approachable”.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. We identified two events that the provider should have discussed and/or shared information about with the relevant agencies. However, these events did not directly relate to any actions or omissions of the staff or the agency. The registered manager agreed to refer the issue we noted to the local authority in retrospect for their consideration.

Staff told us the registered manager and other senior staff had an ‘open door’ policy and that they had access to support at all times. From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in a clear focus on working together.

People and their relatives gave positive feedback to us about the company and the service provided. One person said, “My carers are great and they make sure that I’m happy with the jobs that they have to do”. Another said, “They are great. I have a folder with all the companies’ details in so I can contact them any time”. Another said, “They [staff] are polite and respectful; I’m happy with all that they do”. Relatives told us, “It’s a good company with excellent carers” and “I would recommend this company to anyone that’s how good they are”.

Staff we spoke with told us that they felt valued and empowered to do their work. Staff provided us with a number of instances of this, for example, staff who were completing care certificates and other training told us that the management were very supportive towards them. Meetings were held for staff to discuss people they were caring for and to share good practice in respect of meeting

their needs. The registered manager told us they were in the process of looking at the structure of these meetings as they had identified that they may need to be done with smaller staff groups in attendance.

We found there was a culture of openness and support for all individuals involved throughout the service. We were able to clearly see that staff encompassed the values of the service when they spoke about their work. A relative commented, “I am really happy with the service we get from the company; I feel it all works really well”. A staff member said, “They [management] have supported me in every way they can”. Staff we spoke with were aware of how to whistle blow and said they had read the providers policy on this.

People and their relatives told us they were asked for their views about the quality of care they received. The agency sent out annual satisfaction surveys and analysed the findings. Some people told us on occasion they had also been asked questions and had given their feedback over the phone. One person told us, “I have completed forms to tell them what I think of the service they provide”. A second said, “Every now and again I fill in a questionnaire and tell them what I think of the service”. Another told us, “My relative helped me fill in a form asking what I thought of the service”. Relatives told us, “I have completed a survey a few months ago and told them what I thought of the service” and “I do complete a survey once or twice a year which allows me to tell them what I think of the service”.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. We saw incidents were thoroughly investigated and that appropriate action had been taken including making referrals to safeguarding agencies where needed and/or conducting disciplinary interviews with staff. Incident and accident records clearly highlighted if there were areas requiring improvement through action planning within the document. This system helped to ensure that any trends could be identified and action taken to reduce any known risks.

The provider had internal quality assurance processes in place. We saw that actions or areas needing attention had been identified through the quality assurance process had been actioned by the registered manager or their staff team.