1 Diamond Home Care Ltd

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Inspection report

Unit 11, Ebor Court
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South Yorkshire
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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?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of 1 Diamond Home Care Ltd on 25 June 2018. We gave the registered provider short notice that we would be coming in line with our current methodology for inspecting this type of service and we wanted to be sure the registered provider was available. 1 Diamond Home Care Ltd is a domiciliary care service that provides personal care to people living in their own houses in the community. It provides a service to older adults in the Doncaster area.

This was 1 Diamond Home Care Ltd.'s first inspection since they re-registered with the Care Quality Commission (CQC) in May 2017. Prior to this they were registered at another location. At the previous location when we inspected the service we rated it inadequate and took enforcement action. This resulted in time limited conditions being applied to the registration to restrict admissions. The registered provider was also required to seek our approval prior to offering people a care package. Up until May 2018 the service remained dormant, which meant they were not providing any care or support to people. During dormancy the registered provider recruited an external consultant to put in place a range of new policies and procedures and introduce management systems. This was to ensure the service would be operationally ready to commence providing an improved services.

The service did not have a registered manager. 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 provider told us they were interviewing for the post of registered manager on 5 July 2018. The previous registered manager was also employed as the quality assurance officer whose role was to identify and make the necessary improvements so that people would receive good quality care that met their needs.

People told us they felt safe with staff and would be confident to raise any concerns they had. The registered provider's recruitment procedures were thorough which helped to keep people safe. There were sufficient staff to provide safe, effective care at the times agreed by people who used the service.

Staff were trained in the safe administration of medicines and medicines were managed in line with guidance.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly to their manager and the safeguarding authority.

Staff received an induction and spent time working with experienced members of staff before working alone with people. The induction process corresponded with the 15 standards that health and social care workers need to complete during their induction period. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

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

People were treated with kindness and respect and encouraged and supported to maintain their independence.

People were involved in formulating and reviewing their care plan. Care plans described the support the person needed to manage their day to day care and health needs.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

The registered provider sought people who used the service, relatives and staff's feedback and welcomed their suggestions for improvement.

As the service had only been operating for a short time it was not possible to fully assess if the systems in place to learn, improve and ensure sustainability were fully effective. Information seen on the day of the inspection showed there were governance and accountability arrangements in place and staff were keen to learn and improve. However, as the service grows these systems need to be well embedded into the running of the service so that they capture and manage organisational issues and risks. The registered provider told us they planned to increase the business slowly and safely so the systems in place could be monitored and where necessary reviewed in a timely manner.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were being managed safely.

Full and thorough recruitment checks were completed for all staff prior to them being offered a position at the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People were involved in their care and their consent was sought before care was provided.

People were supported by staff who had received relevant training and who felt supported by the registered provider.

Staff sought advice about people's health, personal care and support in a timely way.

Is the service caring?

Good

The service was caring.

People were happy with the care and support they received. Staff knew people well and had built positive relationships with people who used the service.

People were involved in decisions made about their care and support, and people's preferences were considered by kind and supportive staff.

Is the service responsive?

Good

The service was responsive.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they

wished.

There was a system to manage complaints and people felt they were listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered provider had a system to assess and monitor the quality of service that people received which identified areas for improvement. As the service grows these systems will need to be embedded into practice and evaluated to ensure they are effective.

People and relatives were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

1 Diamond Home Care 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 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.

The inspection took place on 25 June 2018. We gave the service two days' notice of the inspection because we wanted to visit people in their homes and we needed support from the registered provider to arrange this.

At the time of our inspection the service was supporting two people. On the day of the inspection we visited one person in their home to ask their opinions about the care they received and look at their care records. We also spoke over the telephone to the relative of a person who used the service.

We visited the office location and met with the registered provider, the quality assurance officer and a care co-ordinator and spoke over the telephone to a care worker. We also reviewed records and policies and procedures relating to the running of the service.

The inspection team consisted of one adult social care inspector. Prior to the inspection we used information the registered provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission and spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

People felt safe being supported by staff. One person said, "The staff make me feel safe and look after me."

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to the registered provider or care co-ordinator. The registered provider and senior staff understood their responsibilities in relation to safeguarding people from abuse.

People were kept safe because the risk of harm to them had been assessed. People were supported to take positive risks in order to support independent lifestyles. Individual records identified risks such as going out and moving around their home.

We saw accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information was reviewed by the quality assurance officer to look for patterns or triggers. Action taken and measures put in place to help prevent reoccurrence had been recorded.

People's medicines were managed and administered safely. Staff that gave people their medicines received appropriate training which was regularly updated. Their competency was also checked to ensure they followed best practice to keep people safe. The quality assurance officer carried out audits of the medicines every month in order to ensure medicines were managed safely.

Staff were administering topical creams to one person and prompting another person to take their medicines. The medicines administration record (MAR) charts were completed without gaps or errors which confirmed people had received their medicines when they needed them.

There were enough staff to meet people's needs. The registered provider was in the process of recruiting more staff, so other care packages could be made available for people, wishing to use the service. Staffing rotas confirmed the appropriate number of staff had been deployed to support people over the previous month.

The staff recruitment procedure was safe. The registered provider carried out appropriate checks to help ensure only suitable people were employed to work at the service. Staff files included information that showed checks had been completed such as a full employment history, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People told us staff used PPE (Personal Protective Equipment) such as gloves and aprons, when providing care, to reduce the risk of cross contamination. Staff told us there was always plenty of PPE in stock and they weren't limited to how much they used.

Good

Is the service effective?

Our findings

People told us they received care and support from friendly, familiar, well trained and consistent staff. Their comments included, "I think they're very good and so much better than two other services I've used. It feels more like having a personal assistant because they do exactly what I want them to do and are willing to spend time doing it properly."

Staff told us they were allocated enough time between calls to enable them to arrive on time and stay for the agreed length of time. One person's relative said, "I can confirm the carers are very kind and they arrive at the time." A member of staff told us, "I take great pride in this work and want to do a good job. I want to make a successful career of this."

Staff were rostered to cover calls to each person's home at variable times of the day using a manual system. Each staff member had a regular timetable of calls to people they were familiar with and who were familiar with them. It was planned that an electronic system of call allocation would be introduced when sufficient funds were available and as the size of the business grew.

Changes in people's health and well-being prompted a referral by the management team to the appropriate healthcare professionals. For example, when it was noted that a person's mobility needs had changed we saw the occupational therapist had been contacted to assess the person for more suitable moving and handling equipment,

No one who used the service needed assistance with their meals or food preparation. However, staff told us they had received training in how to support people with their dietary requirements should this be needed.

People said staff had the skills and knowledge to give the care and support they needed. Staff told us they had received an induction that enabled them to support people confidently. They told us they completed regular training, attended staff meetings and received one to one supervision which supported their development needs. Spot checks were carried out to ensure the care provided was of a good standard. A spot check recording tool was used to capture details of the observation. This showed good practice observations as well as any improvements needed.

The quality assurance officer stated that as part of staff's initial induction they did not work alone and unsupervised until they were confident within their role to support people. We saw the staff induction was aligned with the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life.

The policy for staff supervision was that each staff member received four sessions each year including an annual appraisal. One staff member told us, "The care co-ordinator is always there when needed for support and advice. I speak with her all the time." Although staff felt well supported they were unsure about how often they would receive supervision. When we looked at the supervision policy we found it needed to be 'personalised' to reflect the needs of the staff at the service. The registered provider said they would do this

as a matter of urgency.

People and staff described communication as very good. In response to questions about effective communication a staff member told us, "Yes, whether by phone, text or in person any queries or questions I have had, have been dealt with quickly and efficiently." Any changes to the roster or to people's needs were communicated without delay to relevant staff, relatives and healthcare professionals.

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 in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

People who used the service had capacity to make decisions relating to their care. Staff told us they would inform the management team if there were any changes in a person's ability to make decisions. People told us staff gained consent from them before carrying out personal care and respected their choices. Records showed people had given consent for staff to deliver their care.

Good

Is the service caring?

Our findings

People told us they were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One person told us, "I really like it when they [staff] come. They're very good with me and know me well. We get on very well together." One relative told us, "They [staff] go above and beyond our expectations. My family member receives high quality care from people who are kind and generous with their time. I would certainly recommend this service to others, in fact I already have."

People's diverse needs and how to meet them were contained in people's individual care plans. Staff told us this included cultural and spiritual needs where they had been identified. People's relatives said they had been involved in planning and reviewing their care. Care plans included an section for people to sign to confirm they had been involved in care planning where appropriate. Senior staff kept in regular contact with the person's relatives by phone and in person. Written notes in the care plan recorded all communications undertaken by the relevant staff.

During visits to people we saw people's dignity and privacy was respected by staff. We heard staff address people appropriately and called them by their preferred name. Whilst speaking with one person they told us they had recently completed a questionnaire from the registered provider. They said they had fed back that they only had one small concern, that their dignity could be maintained better when being showered. We asked if they had received any contact from the registered provider about this, but they weren't sure. At the office we saw evidence that the registered provider had telephoned the person following receipt of their questionnaire and asked if they were happy with the service, but not specifically asked about dignity. We asked the registered provider to go back to the person to establish what their concern was and agree how this could be resolved.

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. People told us they were always consulted before any decisions were made about them.

Information was shared with people in a format they could understand. For example, a staff rota had been provided which clearly showed the staff member who would be visiting at each call throughout the month. One person told us, "If there are any changes to the rota they let me know. It's important to me that I know exactly who is coming on each visit."

People who used the service and relatives told us staff communicated effectively with them and listened to what they said. They told us they had the contact details of the office staff and could ring at any time.

We found care files and other documents were stored securely to help keep information confidential.

Good

Is the service responsive?

Our findings

People had individual care plans developed from an assessment carried out prior to them using the service. Prospective care staff were introduced to people before the service commenced. Care plans were detailed and contained information about people's individual wishes, likes and preferences about how they were supported. They gave guidance to staff about supporting people in all aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives and retained as much independence wherever they were able and when appropriate.

Reviews of people's care plans were undertaken monthly as a minimum or whenever people's needs changed. People told us they were involved in the reviews and had the opportunity to discuss their care and request changes.

One person told us, "They [staff] come at the times I ask for and do everything I ask of them and more." One relative told us, "They [staff] are very responsive to our needs and suggest things which improve [family members] quality of life. We've had to make changes to times and visits and they have been very accommodating of this. I cannot fault them."

People had individual activity plans that had been discussed and agreed. These were based on people's likes, hobbies and interests. People were supported with their activities which included shopping and meals out.

People were supported by staff who listened to them and responded to their concerns. People and relatives knew how to raise any concerns or make a complaint. One person said, "If I was worried about anything I could talk to my care worker or the office staff. I know they would listen and sort it out." A relative said, "I would feel confident making a complaint and I'm sure it would be managed well. But that's not something I've had to do."

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedures contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission, should the person want to raise their concerns with them. The quality assurance officer told us they had received no written complaints about the service since they had started to operate. Staff spoken with were aware of the complaints policy and procedure.

Requires Improvement

Is the service well-led?

Our findings

When we asked people who used the service and relatives if they thought the service was well led they said, "Yes" and "Most definitely." One relative told us, "We only need to ask and they are there with advice and support. They certainly know what they're doing and do it very well."

At the time of the inspection the service was being managed by the registered provider, the quality assurance officer and a care co-ordinator. The service did not have a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration. The registered provider told us they were interviewing for this post in July 2018 and were confident they would employ a manager following the recruitment process. The previous registered manager was also employed as the quality assurance officer whose role was to identify and make the necessary improvements so that people would receive good quality care that met their needs.

This was 1 Diamond Home Care Ltd.'s first inspection since they re-registered with the Care Quality Commission (CQC) in May 2017. Prior to this they were registered at another location. At the previous location when we inspected the service we rated it inadequate and took enforcement action. This resulted in time limited conditions being applied to the registration to restrict admissions. The registered provider was also required to seek our approval prior to offering people a care package. Up until May 2018 the service remained dormant, which meant they were not providing any care or support to people. During dormancy the registered provider recruited an external consultant to put in place a range of new policies and procedures and introduce management systems. This was to ensure the service would be operationally ready to commence providing an improved services.

When we carried out this inspection there were only two people receiving a service. Information from these people and their relatives was very positive and the service had plans to grow and provide care to more people. The registered provider was also in the process of employing further care workers so they would be trained and available for work when required.

As the service had only been operating for a short time and was only providing care to two people, it was not possible to fully assess if the systems in place to learn, improve and ensure sustainability were fully effective. Information seen on the day of the inspection showed there were governance and accountability arrangements in place and staff were keen to learn and improve. However, as the service grows these systems need to be well embedded into the running of the service so that they capture and manage organisational issues and risks.

There was an audit system in place which helped to monitor the quality of the service people received. Records were checked when they were brought back from people's homes to ensure they had been completed properly. Care plans and staff files were checked to ensure they were complete and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.

There was a system in place to monitor the quality and safety of services provided to ensure areas where

improvements were required was recognised and addressed to ensure continuous improvements. The quality assurance officer undertook health and safety audits to ensure the safety and wellbeing of the people who used the service and the staff, to promote a safe working environment. This covered areas such as infection control, staff training, accidents and incidents.

Staff told us they felt they were part of a supportive team and that management support was available. Staff spoke very positively about working for the service and feedback indicated a positive culture within the service that was open and inclusive.

Staff were involved in how the service was run. Staff had the opportunity to meet as a team on a regular basis to discuss general information and any issues or concerns. Minutes were available to us. These were generally positive and included items like organisational plans, future training planned, CQC inspections and policy change. Staff said this also provided them with an opportunity to discuss issues that concerned working arrangements or to just air their views.

People and their relatives were included in how the service was run and were encouraged to give their feedback about the service. The recent survey completed was positive and people had rated all aspects of the service either good or very good.