

Diamond Quality Care Services Limited

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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

Care service description

Diamond Quality Care is a reablement service for people who have experienced acquired brain injury or strokes. It provides a domiciliary care service for ten people in addition to other services which are not subject to regulation by the Care Quality Commission.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good

People were kept safe because potential risks to them had been assessed and action taken to mitigate them whilst still enabling them to experience a fulfilling lifestyle. Staff understood how to keep people safe and the service responded appropriately when any concerns arose.

The service had a robust recruitment procedure to ensure, as far as possible, that staff appointed had the right skills and approach to support people.

Staff retention was good, enabling people to build trusting relationships with staff. People were supported by staff who received regular training and ongoing support through quarterly supervision and annual appraisal.

People's rights, privacy and dignity were supported and maintained by staff in the way they worked with them. 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. Staff treated people with kindness and patience and encouraged them to do as much for themselves as possible and consistent with the service's reablement approach.

People's needs were discussed with them and they were fully involved in agreeing their care plan and how support was to be provided. People were also involved in care plan reviews. They had the opportunity to take part in a range of social and therapeutic activities provided at the service's headquarters as part of the support available to them.

The headquarters premises had been designed to promote accessibility and inclusion and a range of adaptations and equipment was used to maximise people's access to the facilities. The service complied

with the Accessible Information Standard, to ensure documents were in a format accessible to people receiving support.

The service was well managed by an experienced team who communicated the service's values effectively to staff and others. Effective governance meant the service was monitored and any lessons from incidents or events were learned.

People's views were sought regularly and acted upon to develop the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Diamond Quality Care Services

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 was a comprehensive inspection which took place on 25 May 2018. It was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the right people were available to assist with the inspection.

The service had submitted a provider information return (PIR), in December 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted three representatives of the local authority who funded people supported by the service, for their feedback and received no concerns.

During the inspection we spoke with the registered manager, the outreach manager and two other staff. We examined a sample of five care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including, training and supervision records and medicines recording. Following the inspection we spoke with three further staff and six people receiving support from the service to obtain their views.

Is the service safe?

Our findings

People all told us they felt safe when receiving support from the service. Their comments included, "Yes, very safe," "Yes I do," and "Always."

People remained safe because the service continually assessed potential risks and took action, where necessary to minimise them, without restricting people's opportunities for a fulfilling lifestyle. Staff had received regular training updates on safeguarding and health and safety related matters. They were aware of the possible risk of abuse and knew how to respond. They described how any concerns would be recorded and reported to management and were confident they would be acted upon. Staff comments regarding the management response included, "They would deal with it," and "They would deal with it appropriately." One staff member said, "I have never had any problems or concerns."

Incidents and accidents were reported, monitored and reviewed by management to ensure any necessary lessons were learned. For example, when one person was found to have unexplained injuries, this was appropriately reported and internally investigated to find the cause. Steps were then taken to reduce the risk of similar injuries. This also led to the introduction of a body map on which any unexplained injuries were recorded.

Risks relating to infection control were also managed effectively to keep people safe. For example, the water quality of the hydrotherapy pool was properly monitored by a member of the management team who had received training in the correct way to do this. It was also live-monitored remotely by the company who maintained the correct chemical balance of the water.

People's safety was supported because there were sufficient staff employed to meet the needs of the people using the service. There were no vacant posts and staff retention was very good. People were happy they were supported by staff they knew well. They were kept as safe as possible because the service had a robust recruitment procedure to help ensure staff were employed who had the necessary skills and the right approach to care for people. No new staff had been employed since the last inspection, so we were unable to see recent examples of the process, but we had found this to be satisfactorily followed previously. The service opted not to use staff from external agencies to cover for staff shortages. Instead, the outreach manager and other members of the management team supported care calls if needed.

The management team had plans in place to respond in the event of severe staff shortages, to ensure that people's support calls were appropriately prioritised. The service had a fleet of adapted vehicles which were used to support people to attend the head office therapeutic facilities.

People's medicines were administered by staff when this was part of their care plan. For some this was at the level of prompting the person to take them for themselves and recording this. The provider had a system in place to record when they were responsible for supporting people with taking their medicines. No medicines errors had occurred since the previous inspection. The administration records were monitored monthly and during spot check visits. However, the medicines administration record (MAR) format in use did

not conform with best practice. This was because individual dosages of each medicine at each administration time were not listed. Instead the total number of tablets given, was initialled by the administering staff member. This increased the potential risk of administration errors. The outreach manager agreed to obtain examples of more comprehensive MAR sheets within 48 hours and issues these to staff without delay together with additional training. We were notified this had been addressed.

Is the service effective?

Our findings

People felt the service met their needs effectively. Their comments included, "Very good carers, brilliant," "They deliver a first class service," "They are fantastic," and "They are very good." People said the service collected them to take them to activities at the 'Diamond Centre', (The organisations premises). They were also happy that support was provided by a small group of staff known to them, who knew their needs well. One person told us about the dramatic impact the service had on regaining their mobility, following a negative medical prognosis and how this had impacted positively on their wellbeing. Since receiving support from the service they had also been able to learn to sail.

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 supported by the service all had capacity and took part in all decision making, planning and reviewing of their care. No best interest decisions had therefore been required.

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. In the case of a domiciliary care agency application would need to be made to the 'Court of Protection' to limit someone's liberty. No such applications had been made in this service and no one had their liberty restricted.

People confirmed their consent was always sought prior to support being provided and that staff involved them in their own care, offering encouragement when necessary. People's comments about staff seeking consent included, "Yes they do," and "Yes, always."

People's needs were assessed with their full involvement. Well written, detailed and person-centred care plans reflected their wishes and preferences. The outreach manager carried out assessment visits and was involved in initial care visits to confirm the care plan was meeting the person's needs. People's needs were regularly reviewed with them to ensure their care plan reflected any changes in their needs. The service liaised effectively with external healthcare specialists such as the occupational therapy team, to ensure people received any additional support and equipment they needed.

New staff completed the comprehensive, nationally recognised 'Care Certificate' induction training programme which equipped them with the necessary skills and knowledge for their role. Existing staff had also completed the competency assessments in each area to ensure all had the same level of understanding.

People were supported by staff who received regular training updates to ensure they maintained their skills and knowledge. Since the last inspection, all staff competency checks had been carried out and documented. Various training methods were using including face to face courses, distance learning and discussion within team meetings. To enable training to be provided when required, two staff had been

trained to enable them to deliver regular updates to other staff on first aid and moving and handling. Specialist training had also been provided in key areas. Two staff had been trained by the occupational therapy team support people using the hydrotherapy pool. Staff confirmed they received regular training updates and were supported through regular supervision.

Staff received ongoing support via quarterly one to one supervision meetings and annual performance appraisals. One staff member was slightly overdue their appraisal and two completed appraisals were undated which the outreach manager agreed to address. We were notified following the inspection this had been done. Ongoing performance was monitored through periodic spot checks during/following care visits at which time the views of the person supported were also obtained. These had also led to updates to people's care plans where necessary. There was no overview of supervisions available but the outreach manager told us one would be set up to help ensure these were effectively monitored. This was addressed by adding supervision dates to the training matrix.

One person, whose needs had meant they were unable to access their shower at home, had been supported to have regular showers at the Diamond Centre. This had a positive benefit on their self-esteem and wellbeing. Where necessary, people receive support with their dietary or health needs. Appropriate advice had been sought from healthcare specialists in meeting such needs.

People supported by the service had the option of attending a variety of therapeutic and social opportunities at the provider's head office. The building had been adapted to provide access for people with disabilities. Specific facilities had been installed to promote reablement, including a fully equipped gym and a hydrotherapy pool which incorporated underwater treadmills.

Is the service caring?

Our findings

People were treated with kindness and patience by the staff. People's comments about this included, "Oh yes they are always kind and gentle," "Yes they are lovely," "Kind and polite," and "Yes, always."

People also said the staff respected their dignity very well. One person told us, "They treat me with dignity, yes. I wouldn't use them if they didn't." Another described staff as, "Respectful." A third person said staff were, "Particularly good", when it came to respecting their dignity.

Staff received training input on all aspects of working respectfully with people. In describing their work it was evident the staff respected people's diversity, disability and other needs very well. One person had also been supported to attend their chosen place of worship.

Staff described to us how they worked to maximise people's dignity. For example, by actively listening to people's wishes and views about how they wished to receive support. The care plans contained sufficient detail to enable individualised care and referred to people's preferences. Staff also ensured people were encouraged to do as much for themselves as they could, which was consistent with the service's reablement ethos. In so doing, people's abilities and independence were enhanced. Staff also took practical steps such as working behind closed doors and curtains.

People all said they had been fully involved in decision-making about their care and regular reviews of their needs. They felt they were listened to and their opinions were valued. All of the people receiving support from the service were able to convey their wishes verbally so no additional communication aids were in use.

People's care plans focused on supporting them to regain as much independence as possible to enhance their sense of wellbeing. It was very evident from speaking to people that the service was successful in this goal. The accessibility of the Diamond centre and the provision of suitable transport to help people attend there, also helped ensure people could live more fulfilled and active lives alongside their reablement goals.

Is the service responsive?

Our findings

People said the service was flexible and responsive to their changing needs and accommodated their preferences. They felt their views were sought and acted upon. All had been involved in discussions about their care.

People's care needs were identified in detail with them and their wishes were also taken into account when planning their support. Regular reviews of people's needs took place with their full involvement and on occasions, had been triggered in response to their requests.

In addition to the physical and emotional support offered within people's homes, they also had the option to attend a range of social and reablement activities at the Diamond Centre. Available social activities included photography, computing, art and craft sessions and a café run by users of the centre. A hairdressing and nail care facility was also provided which was popular. A fully equipped kitchen had been set up to offer cookery classes. It was provided with specialist equipment consistent with reablement so people could access it whatever their level of disability. The aim of these activities was to support people to regain control and independence in various aspects of daily life, as part of their recovery, as well as providing a social element.

The service had an appropriate complaints procedure which people were made aware of. A copy was provided in people's care folder within their home. It was also posted in the entrance hall of the Diamond Centre alongside a copy of the local authority complaints procedure. No complaints had arisen since the last inspection. The service attempted to resolve issues as soon as they arose to reduce the risk of complaints. Action was taken in response to any issues raised. For example a new record format had been introduced for staff to record any injuries they observed whilst providing personal care.

No one said they had needed to make any recent complaints about the service. People felt any minor issues they had raised were responded to and addressed well. One person told us, "Things get sorted out."

The service complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. At the time of this inspection only large print versions of key documents were needed by some people using the service. For example, large print copies of their weekly carer rotas, which were provided to five people.

The service made use of appropriate adaptive technologies and equipment to ensure everyone who wished to, could access and take part in activities at the Diamond Centre. The building was accessible to wheelchairs and adapted toilet and shower facilities were provided. The hydrotherapy pool was equipped with a suitable hoist to facilitate access. The catering kitchen had specially designed work stations to assist people to manipulate and prepare the food themselves.

Is the service well-led?

Our findings

People felt the service was well led and that members of the management team were readily accessible to them. One person told us, "Diamond are good," another said, "Yes, very much an open door." A third person said, "I'd give them ten out of ten."

The service had a registered manager in place and was run on a day to day basis by the outreach 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.

Staff had clearly defined roles and responsibilities and were accountable through regular supervision and day to day management. Members of the management team were on site at the Diamond Centre daily and carried out spot check visits to people's home's to monitor staff performance and conduct.

Staff felt the service had clear goals and a vision about what it set out to do. They said the service achieved these aims and sought to continually develop and improve. The example of the facilities provided in the Diamond Centre was given, to show their commitment to meeting people's needs. One staff member said, "We have clear ways of working, clear expectations." Another said the service's visions and expectations were, "Clearly expressed."

Staff said that for the most part, communication within the team was good, although at times things had not always been passed on quickly enough, perhaps because staff meetings had not been held on a very regular basis. They were confident any important issues were responded to quickly and positively. The staff team also had a dedicated private page on social media which they could use to discuss non-confidential matters. One staff member described the service as, "Well managed overall."

People said their views about the service had been sought by means of surveys as well as during reviews and informally through day to day contact with management at the Diamond Centre. Feedback from service user surveys was positive. Any matters raised had been addressed. The service liaised effectively with external specialists such as the occupational therapy service.

The service was reviewed on an ongoing basis by the management team. There was a 'ten year plan' for the service. However, this was not recorded in detail, pending resolution of funding negotiations with the local authority. All aspects of the operation of the service were monitored and members of the management team had daily oversight of it. Management monitoring records were in the form of a chronology of the review tasks undertaken plus some individual records of review of various aspects of service. The outreach manager told us she planned to set up additional monitoring tools to demonstrate effective overall governance.