

The Diamond Care Partnership Ltd

# The Diamond Care Partnership Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 04 July 2017 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit.

The Diamond Care Partnership Ltd are registered to provide personal care. They provide care to people who live in their own homes within the community. There were six people using this service at the time of our inspection who had a variety of needs including people who may have a learning disability or mental health support needs.

At our last inspection in May 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not benefitting from a service that was well led, or operating effective governance systems. This was because the management of medicines was not safe which meant there was a risk that people would not get their medicines as prescribed. Staff employed by the service had not received sufficient training and assessment of competence. There were no systems in place to analyse trends when accidents, incidents and complaints had been reported to prevent the likelihood of further occurrences for people. There were no effective systems or quality audits in place to monitor the quality and safety of the service provided. Feedback was not being used effectively to support the continual drive of improvement. In addition the service was not compliant with the Mental Capacity Act (2005) in how they assessed and supported people who lacked mental capacity. Following the inspection the registered provider submitted an action plan detailing how they would improve to ensure they met the needs of the people they were supporting and the legal requirements.

We undertook this announced inspection on 04 July 2017 to check that the provider had followed their own plans to meet the breach of regulation and legal requirements. Although the registered provider had addressed some of the concerns that we had identified at our last inspection, the systems in place to ensure the quality and safety of the service were still not effective and this inspection identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance. We are considering what further action to take.

There was a registered manager in post who was present throughout the inspection. 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.

Some people who use this service were unable to tell us their views of the support they were receiving. However we spoke with a number of relatives to seek their views about the service received by their loved one. All the relatives we spoke with were happy with the care and support that was being provided by the service.

People, relatives and staff told us that people were safe. However, systems in place did not ensure that people would be protected from the risk of harm. The management of medicines was not robust and did not follow good practice guidelines. The recruitment processes did not ensure that people were supported by staff who were suitable to meet their needs. Staff knew how to report any concerns. This would help to ensure that allegations of possible abuse would be identified and reported.

Staff told us that they had the appropriate knowledge and skills to meet the needs of the people they were supporting. However records contained some gaps in key training areas and a failed to show specialist training had been provided. People told us that staff asked their consent before providing care and support. Staff we spoke with had a good understanding of the Mental Capacity Act (2005) and what it meant for the people who were using the service. However, the service had not always followed and adhered to principles of the MCA. People spoke positively about the food that staff prepared for or with them. Staff worked with other professionals to ensure that people received the health care that they needed.

People told us they liked the staff who supported them. People had developed positive relationships with the staff who supported them. People were supported to make their own decisions about how they wanted their care to be delivered. People's dignity and privacy was respected and promoted by staff who supported people to live as independently as possible.

The registered manager had been responsive to people's needs and had supported people as requested. People told us that they had been involved in planning and agreeing to the care and support provided. People participated in activities of their choice and ones which they enjoyed. People and their relatives knew who to raise concerns with and were confident these would be responded to.

People and their relatives were satisfied with the service they received however the service was not consistently well led. The systems in place to assure the safety, quality and consistency of the service were not effective. Checks and audits had not been effective at identifying matters that needed to improve. Despite this being brought to the attention of the registered manager at our last inspection; they had not taken timely or adequate action to improve this aspect of the service.

We identified that there was a continued breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The systems in place for the management and administration of medicines were not consistently safe.

Risks people experienced were managed well by staff with knowledge of people's needs. However records to support risks did not provide guidance on how to support people's safety.

People told us that they received safe care and trusted the staff providing support to them.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff had not received all the training they required to meet the needs of the people they were supporting.

Staff ensured that people's consent was obtained before supporting them. The registered manager was unclear of the specific requirements and guidelines of the Mental Capacity Act (2005).

People told us they were supported to eat and drink enough to maintain their well-being. People had good access to healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

People told us that they liked the staff who supported them.

People had been involved in planning their care and were supported to live independently and make decisions about their daily lives.

### Is the service responsive?

**Good** ●

The service was responsive.

People's opinions and choices mattered to the service and they were involved in planning their care.

People received support from staff who understood their individual needs.

People who used the service and their relatives were confident to raise any concerns.

**Is the service well-led?**

The service was not always well-led.

The systems and records in place to provide assurance that care was safe and of good quality were ineffective.

People, their relatives and staff all spoke highly about the approachability and caring nature of the registered manager

Staff told us they were motivated and enjoyed working at the service.

**Requires Improvement** 

# The Diamond Care Partnership 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.

This inspection took place on 4 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff were available at the office. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector and an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our visit we asked the provider to complete a Provider Information Return (PIR). This is a form on which the provider gives some key information about the service, what the service does well and improvements they plan to make. This was received within the necessary timescale. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service and Healthwatch. 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 this information to plan what areas we were going to focus on during our inspection visit.

During our visit we were unable to speak to all the people who use the service due to their communication needs. We spoke with three people who used the service and we spoke with three relatives. We spoke with the registered manager who was also the nominated individual for the service [the nominated individual is a

person who is employed as a director of the organisation and whose name has been notified to the commission as being the person who is responsible for supervising the management of the service], one senior support worker and four members of staff. We looked at records including two people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files and the way the provider had applied their recruitment process. We sampled records maintained by the service about training and quality assurance to see how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

Some people needed the support of staff to administer, manage and record their medicines. One relative told us, "All mum's medicines are recorded by staff when administered." Staff we spoke with understood their responsibilities in respect of safely supporting people with medicines and how they should complete records. However, some records we looked at did not show that people had always received their medicines as they required or as had been prescribed. Medicine administration records (MARS) had not all been signed to show that medicines had been given. Staff we spoke with were confident that medicines were always given, however checks had not been made or recorded that could confirm this.

There was no consistent approach to providing staff with guidance in respect of the administration of PRN (as required medicines). A PRN protocol provides guidance for staff when people lack capacity to ensure these medicines are administered in a safe and consistent manner. Some people had been prescribed medicated creams. The medicine recording charts and the appropriate body maps had not been consistently signed and completed and it was unclear if creams had been given or omitted at those times, or who had administered the creams. We reviewed one person's care plan which identified a prescribed cream was required and was being applied by the person independently. However, staff we spoke with informed us that they were applying the cream. This practice could result in the person receiving a double dose of the prescribed cream.

The staff we spoke with told us that they had received training in safe medicine administration techniques. However the registered manager advised us that they did not have a system in place to check that staff were competent to administer medicines. While our inspection did not identify that people had come to harm these practices did not assure people's safety.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. However, on one staff record we noted that there was no written evidence that the staff member had been interviewed. The registered manager told us that the person had been informally interviewed and this had not been recorded. This does not follow good recruitment guidelines. We saw in staff records that whilst some checks had been undertaken, safe recruitment practices had not always been followed in relation to obtaining references. We noted that references did not confirm the validity of the people providing the information. Some recruitment records required for the effective running of the service were not well organised. Whilst we did not find this had a negative impact on the safety of people, an effective audit system would help to ensure that the risks related with recruitment of new staff are reduced.

We looked at arrangements in place to manage risks and to keep people safe and protected, whilst respecting their freedom and choice. A number of people who used the service had received various assessments in relation to their specific health conditions. Whilst all of the staff we spoke with had a good knowledge of individual people's health needs these were not consistently underpinned by a risk assessment, risk management plans and specific guidance for staff about how to support the person effectively to minimise the risk. For example, some moving and handling risk assessments did not refer to any risks associated with using moving and handling equipment and did not specify how to safely move the



person. Although this needed to be addressed within people's care records by the registered manager, the staff knowledge and skills meant the outcome for people was still good and they were protected from moving and handling risks.

People we spoke with told us that they felt safe with the care they received from the staff who worked in their home. One person told us, "I feel safe with all the girls [staff]" All the relatives we spoke with told us that they were confident their relative was being supported in a safe way.

Staff we spoke with demonstrated that they had a good understanding of how to protect people from abuse or poor practice. Staff knew how to escalate concerns about people's safety to the registered manager and other external agencies. Training records showed that most staff had received awareness training about adult abuse and the particular signs and symptoms of potential abuse that people may present with. We saw that where concerns had been raised, the registered manager had taken the appropriate action and referred the concern to the appropriate agencies.

People and their relatives told us that they were kept safe in emergencies. One relative told us about an incident which had occurred and required staff to contact the emergency services for their relative and said, "Staff found mum was unwell, so they called 999 [emergency services] and wouldn't leave her until the ambulance arrived." All staff we spoke with described what actions they would take in the event of a variety of emergencies and were consistent with their responses. People and their relatives told us they had not had any difficulties in getting assistance out of hours. The service operated an out of hours on call system so that people, their relatives and staff had access to advice and assistance when the office was closed. One relative told us, "I can always contact [name of registered manager] out of hours and she always responds." Staff consistently told us that the registered manager was always contactable should an emergency arise or if they required advice and guidance.

People and the relatives we spoke with told us that staff were reliable. Relatives told us that their family member was supported by a consistent group of people, and that staff always arrived when they were expected. One relative told us, "Staff are dependable and we have never experienced any missed calls" Staff we spoke with were happy with the staffing arrangements. The registered manager advised us that agency staff were not used and in the event of any staff absences, staff worked together to ensure there was sufficient cover. The registered manager explained that staffing levels were based on the number of people using the service and their dependency needs. The registered manager provided assurance that the staffing ratios were correct and were regularly reviewed by her, although no formal staffing tool had been used to determine the staffing requirement.

## Is the service effective?

### Our findings

People told us that staff had the skills and experience to support them with their care and support. One relative told us, "Staff are knowledgeable and have the skills to use [moving and handling] equipment." Staff told us that they received training at regular intervals to enhance and support their knowledge and skills. However, whilst the registered provider kept records of when staff had completed training they had not kept an oversight of when they were due for updates in training. Consequently some staff had not received the training they required to ensure they had the knowledge and skills to support people. For example, we found gaps in moving and handling training, safe guarding training and medicines training. We found that only one member of staff had received first aid training. The registered manager advised us that training in first aid would be provided as a priority for all staff. The registered manager had not provided specialist training to provide staff with knowledge and skills related to people's specific conditions. While we did not find evidence that this had impacted on people's safety or satisfaction, ensuring that all staff are fully trained and maintaining an accurate record of training would ensure that the needs of people are met consistently by staff who have the right knowledge and skills. Some staff told us that they had not undertaken nationally recognised qualifications. The registered manager advised us that they were trying to source training providers and funding to support them with qualifications.

Staff told us that they had been inducted into the organisation when they first started work. They said this included working alongside more experienced and established staff. The skills, experience and competence of staff had not been assessed against the Care Certificate standards [a nationally recognised induction process for new staff] to assist in identification of training needs and where support would be needed. All the staff we spoke with felt supported and received supervision with their manager. The registered manager advised that some observation spot checks had been carried out but acknowledged that some had not been completed and advised there were plans in place to address this.

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. We checked whether the service was working within the principles of the MCA. People and their relatives told us that they were supported in line with their preferred choices and that staff routinely asked for their consent before providing care. One person said, "They [the staff] give me a choice of what I want to eat." Most of the staff we spoke with understood their responsibilities in relation to the MCA and most had received training. One member of staff told us, "The MCA helps us to understand if people can make their own decisions or if they need support to make decisions in their best interest." Some care documents we viewed had 'consent forms to agree to care and treatment' that had been signed for by a relative of the person receiving the service. There was no evidence to support that the relative had the appropriate authority to sign for the person and there was no evidence to say people lacked capacity to give their own consent. The registered manager advised us that this would be addressed following our inspection.

People can only be deprived of their liberty so that they can receive care and treatment when it is in their

best interests and legally authorised under the MCA. At the time of our inspection the registered provider had not needed to make any applications to the court of protection but was able to describe the process they would follow should the need occur.

Relatives and staff told us that communication was effective within the service. One relative told us, "Communication is excellent; [name of registered manager] is in contact with me all the time." A member of staff we spoke with described the team as, 'perfect and understanding' and said, "Communication is key to ensuring people receive a good service."

People and their relatives confirmed that staff knew of people's specific dietary needs. One person told us, "I chose to have a cheese toasty today for dinner." Where people required support with their meals and diet this was documented in their care plan and contained guidance for staff to follow. People using the service were able to discuss their individual preferences with staff when they were preparing food so people received food which they had chosen. A relative said, "Staff and [name of person] make lovely homemade food all from scratch."

We saw that staff monitored people's health and wellbeing and liaised with a variety of health professionals involved in their care. One relative told us, "Staff are knowledgeable about pressure sore prevention and are on the ball with mums health needs." We noted that that some guidance contained in people's care plans around catheter care was general and did not reflect people's individual needs. Whilst we did not see any evidence that this had a negative impact on people there was a risk that care staff would not recognise and respond to the individual signs of people becoming unwell.

## Is the service caring?

### Our findings

People we spoke with told us that staff were kind and caring towards them. One person we spoke with said, "They [the staff] are friendly and happy." All the relatives we spoke with described how compassionate and understanding staff were when they supported their loved one. A relative told us, "Staff meet all my expectations and above."

People's needs were met by staff they knew and trusted. People and their relatives told us that they were supported by a regular and reliable team of staff. One person described something that they liked about the staff who supported them and told us that they were happy when they spent time together. The relatives we spoke with spoke highly of the regular team of staff that supported their family member. One relative who we spoke with said, "[name of person] needs 100% routine and that's what they get."

People were empowered to make decisions about their personal goals and achievements. People were supported by staff to identify their own needs, personal goals and what they wanted in life. For example we saw that staff supported people with their education and work placements. Staff we spoke with had a good understanding of people's needs and individual preferences and they could describe people's health, personal care preferences and preferred routines. Staff told us that they enjoyed supporting people and spoke affectionately about the people who used the service and it was clear that they valued their relationships with the people they supported. One member of staff told us, "I love sitting with [name of person] and making jewellery."

People and their relatives told us how they had been involved in the planning of their care. One person said, "[name of staff member] takes me to college and I like that." One relative we spoke with told us, "I was involved in all the care planning." Care plans identified when people had requested to be supported by staff of the same gender and we were told this was followed in practice.

Staff employed by the service were aware of the diversity and culture of the people they supported. One member of staff told us, "[name of person] first language is not English and their English is poor. We have to communicate slowly and give them time to say yes or no." The registered manager had ensured that information about people's culture and faith had been included in their care documents.

Relatives we spoke with felt that the staff maintained their loved ones privacy and dignity. One relative told us, "They [the staff] close mums door when they are [supporting] them with personal care. This gives her privacy and dignity in case her son was to walk in." Staff explained how they maintained people's privacy and dignity when supporting people with their personal care needs. During our discussions with staff they used terms such as 'assisting' and 'choice' when describing how they supported people. One member of staff said, "People make their own decisions about their lives; we don't make it for them."

## Is the service responsive?

### Our findings

People and the relatives we spoke with told us that they were happy with the care and support they received and told us that staff knew them well. One relative described how staff had been responsive to their relatives needs and told us, "During the hot weather staff regularly popped in to see mum and give her additional drinks." People's care and support was planned with them. One person told us, "I attend all the review meetings; they [the staff] ask me if I'm pleased with everything." A relative said, "They always involve me in the care plan reviews." Written care plans were developed outlining how these needs were to be met. Care records we saw were person-centred and contained information about people's personal preferences and daily routines. Staff we spoke with had a good knowledge and understanding of people's needs. However, some of the care plans did not always reflect recent changes to people's needs. The registered manager acknowledged they needed to update some of their care records to reflect people's changing needs. We saw that when the provider completed review meetings these had included contributions from people, their relatives and other people who were important to the person.

There were systems in place for staff to handover important information, after each call between themselves to ensure continuity of care for the person. One member of staff told us, "Communication is excellent here; [name of registered manager] is always calling me."

People were supported to engage in a range of activities which reflected their likes and interests. Some people we spoke with told us about what they enjoyed doing with the staff. Each person had an individual social life and were supported by staff where needed. One person told us, "I like going to the cinema." A relative we spoke with said, "Staff are always asking [name of person] what he wants to do. He enjoys going to college, pub meals and shopping. He has a great social life." A member of staff told us, "[name of person] enjoys long walks, drawing and baking." People were supported to maintain positive relationships with the people that mattered to them. One relative told us, "I'm involved with everything about my mum."

People who used the service and their relatives told us they felt comfortable to complain if something was not right. One person told us that if they were worried about anything they would go straight to the registered manager. All the relatives we spoke with told us that they would raise any concerns directly with the registered manager and were confident that any concerns raised would be dealt with in a timely manner. One relative told us, "I would speak to [name of registered manager] but have never had to make one [a complaint]." We saw that the service had received compliments about the support they had provided people. One relative said, "We were fortunate to find Diamond Care. My dad was in such good hands, with so much love and care."

## Is the service well-led?

### Our findings

At our last inspection in May 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service. The registered manager had produced an action plan of how they would respond to concerns raised.

At this inspection in July 2017 we found that the action taken by the registered provider had been insufficient to meet this breach of regulation, and to ensure that people received consistent, good, safe care. The action undertaken had not been effective at identifying issues and had failed to drive the improvements required.

We asked the registered manager how they assessed and monitored the quality of the service provided. We found that some of the systems in place were not effective. We identified that there were concerns with the accuracy of medicine recording. Whilst the registered manager had identified some of the gaps in the recording, this had not been monitored to ensure practice had been improved. We found that care plan audits had not been carried out, which meant the registered manager was unaware of some of the issues we had identified. Some care records lacked any detail of risk assessments that should be in place to minimise the potential of harm to people and there were no risk management plans detailed with guidance for staff to follow in respect of some moving and handling equipment and what to in the event of an emergency. There were no systems in place to check that staff were staying for the right duration when they were supporting people. There was a lack of systems in place to check that staff competency had been assessed to provide some assurance that people were safely supported. There were no systems in place to ensure staff were supported with their developmental needs to ensure that they provided a service that met people's specific needs. There were no effective systems in place to review incidents and accidents. Information they gained failed to analyse trends which could prevent the likelihood of negative experiences for people recurring. There were no systems in place to check that recruitment processes had been followed correctly. This meant people could be placed at risk from staff unsuitable to work in adult social care.

During discussions with the registered manager we identified that the complaints procedure was not accessible to help all people that use the service to understand how to make a complaint. For example, an 'easy read format' would have met communication needs for some people who used the service. We saw that despite the service encouraging people to express their views and to make complaints and compliments the information and feedback received was not captured and utilised to drive continual improvements to the service. This meant the service had not taken people's views on board or changed their practice to improve.

Failing to establish and operate systems and processes to assess, monitor and improve the quality of the service provided is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 17 Regulations 2014. This is an on-going breach of this regulation and we are considering what further action to take.

All the people and relatives we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. The registered manager was well liked by everyone we spoke with and was described consistently as, 'approachable', 'supportive, and 'caring'. One person told us that their favourite member of staff was the registered manager. A relative we spoke with said, "[name of registered manager] knows my relative well." The registered manager had an active part in the delivery of the service, which as a result gave them a better understanding about what is provided in people's own homes. The provider stated in the provider information return (PIR) "We talk to the service users and their families in order to assess what they want from us." People told us that they were asked about their opinions and experiences of using the service. We saw the service used surveys to find out people's views. One relative said, "I help mum to complete questionnaires for our views. We do it together." Feedback from people who used the service was positive. The registered manager advised us that they were in the process of also developing questionnaires for relatives and staff. We noted that feedback had not been analysed or used to drive improvement within the service.

The service had a clear leadership structure which staff understood. There was a common vision for the service which was shared by all the staff we spoke with. Staff described how they were motivated and committed to providing a good service and developing positive and caring relationships with the people they supported. A member of staff told us, "I would be happy with my relatives using this service." Staff meetings had been held which gave the opportunities for staff to meet as a group to discuss the service that people received. Staff we spoke with described how they felt confident to raise issues or offer suggestions about how the service was provided. A member of staff told us, "[name of registered manager] is always there for support. She listens to our suggestions to improve the company."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. We found the registered provider had met their legal obligations around submitting notifications to CQC and the Local Safeguarding Authority. We also saw that the registered provider had ensured information about their inspection rating was displayed prominently within the office and their website as required by the law.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a)</p> <p>The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b)</p> <p>The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)</p>

### **The enforcement action we took:**

We served a Warning Notice requiring the provider to become compliant with this regulation by a set date.