Diamond Unique Care 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

This inspection took place on 24, 26 and 30 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the provider would be present to provide the information and documents necessary for the inspection.

This was the first inspection since the service registered a new location with CQC in July 2016.
Diamond Unique Care Ltd is registered to provide personal care and support to people living in their own homes. At the time of the inspection 15 people were using the service.

The service had an application in progress to register a new manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Staff knew people well and treated them with dignity and respect. Care plans were personalised and contained detailed information about people's support needs and risk assessments were detailed and specific providing staff with all relevant information to ensure risks were both identified and mitigated where possible. Medicines were managed safely.

Sufficient numbers of staff supported people and these were recruited through a robust process which helped ensure staff were suited for the roles they performed. Staff were inducted and received on going training and support. Staff had individual supervisions, team meetings and regular contact with senior staff to share good practice and discuss any concerns.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood the importance of always gaining consent from people. People were supported to maintain good health and had access to healthcare services.

The service demonstrated they had systems and processes in place to monitor and improve the quality of the service to deliver a consistently good standard of care and support..

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.

There were sufficient staff available to ensure that people's needs were met.

Staff were aware of abuse and how to report any concerns.

People were supported to have their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had access to regular training, supervisions and appraisals which supported them to carry out their role effectively.

People received support that was effective and met their assessed needs.

Staff sought people's consent before providing care. Staff were aware of MCA principles.

Is the service caring?

Good

The service was caring.

We observed caring and positive interactions between staff and people who used the service.

People were treated with dignity and respect.

People were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes from the service were assessed and support was planned in line with their needs.

The service had a complaints policy in place and people knew

how to complain if they needed to.

Is the service well-led?

Good

The service was well- led.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained these were used to improve the quality of the service.

People and staff thought the provider was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

Diamond Unique Care Limited

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 visit to the service's office took place on 24 May 2017 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During our visit to the office we spoke with the provider and the care co-ordinator. Following our visit to the office, on 26 and 30 May 2017 we visited two people that used the service and spoke over the telephone with seven relatives and two members of staff.

We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as two staff training files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, "Yes I feel very safe when they are here." A relative told us, "I feel [family member] is very safe so I have no qualms about not being here when they come. Don't need a hidden camera here."

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse and concerns outside of the organisation to the local safeguarding authority and the Care Quality Commission (CQC). The care co-ordinator told us, "We have good links with the safeguarding team and would not hesitate to contact them."

General risk assessments had been completed which identified the areas in which people needed support with, for example people who needed assistance with moving and repositioning, the environment, risk of falls and checking people's skin who were at risk of pressure ulcers. Individual risk assessments were also completed for specific health conditions or care needs. For example, in one person's care plan risks assessments and guidance had been completed for diabetes and catheter care.

The provider explained that they employed a sufficient number of staff for the work they were commissioned to do. The staff team worked well together and covered for each other when needed. The provider and the care co-ordinator frequently carried out calls, either to cover staff or to check staff performance. People and their relatives all confirmed that the care staff always arrived when they were meant to. One person told us, "They are very good, occasionally late due to traffic but they do not let me down." A relative said, "They turn up on time or otherwise they will ring, which is terrific so you know they are coming and they are not going to let you down, you know you're not forgotten." Another relative said, "They always ring if they are going to be late, I find this very reassuring."

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview and references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK. Not all staff files included a previous employer reference as some staff had not worked for a while or did not have a previous employer. The provider explained they did attempt to contact previous employers but did not always receive a reply. Following this inspection the provider sent us risk assessments for staff without previous employer references detailing that staff induction and competencies were assessed thoroughly and under supervision when they started work.

The provider told us that they only supported three people with medication, a medication risk assessment was in place for these people that included information about medicines prescribed and guidance for staff, this risk assessment included a protocol for as required medication (PRN). Staff undertook training and were assessed by the managers as competent before they started to give people their medicines. Medicine

administration record (MAR) charts confirmed that staff signed the charts to show that medicines had been given. This meant that the provider had a system in place to make sure that people were given their medicines safely and as they were prescribed. We noted that MAR charts were hand written by either the nominated individual or the care co-ordinator and not all entries contained two signatures to confirm that information had been written correctly. The nominated individual agreed that this would be good practice going forward.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. One staff member told us, "We know if we find someone has fallen, we immediately ring 999 and let the office know."

Good

Is the service effective?

Our findings

People were very positive about the staff who supported them. One person described the staff as, "Very good. These girls are good and I am very happy with how things are going." A relative said, "We mainly have a regular carer which is good, obviously sometimes they have to change but we get to see those people too so [family member] builds up a relationship. If there is a new person who is training they bring them round a few times so that [family member] can meet them and get to know them."

Staff we spoke with said that they received enough training and it was relevant to their role. The organisation's mandatory training included manual handling theory, medication awareness, infection control, food safety, communication, confidentiality, professional boundaries, Mental Capacity Act (MCA), Deprivation of Liberty safeguard (DoLs) and safeguarding. We spoke with the provider, who told us they also sourced extra training to meet individual need if and when required. Other training included dementia, diabetes and catheter care. The provider told us that the care co-ordinator was booked on a train the trainer course in June 2017 to deliver practical manual handling training. Some newer staff were still waiting to receive this training. Staff told us that the provider and the care co-ordinator demonstrated any equipment necessary to move and position people safely but the provider understood that staff required practical training from a competent trainer. The provider and care co-ordinator provided care for one person that used a hoist until all staff had received this training.

We spoke with one newer member of staff who told us about their induction. They had not worked in care before, and told us that they felt confident and able to carry out their role effectively once they had undergone induction. They told us that they had shadowed the care co-ordinator and had only gone out on their own once they felt comfortable to. They said that the provider and care co-ordinator were on the end of a phone and they felt confident to ask for help if they were unsure about anything. Staff felt supported and received supervisions regularly where they could discuss any problems and their role in general, with a senior member of staff. One member of staff told us, "I am still working through my workbooks but I am supported and worked with the care co-ordinator for two weeks. We meet and talk about any issues together."

The provider advised us and staff confirmed that workers received regular competency checks to ensure they had the skills and knowledge required to meet people's needs.

Staff also received training in the Mental Capacity Act 2005 and staff we spoke with had a good understanding of how to apply the principles of the act in practice to support people to make decisions. This legislation provides a legal framework for acting and making decisions on behalf of people who lack the capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support decision-making, for example, presenting information in a way that people could understand and giving people the time and the space to process information. One staff member told us, "I always ask people or I would show them choices, we get to know people very well."

Staff understood the importance of asking people for consent before providing any care and support. People told us that staff always asked their permission before helping them. One person told us, "They always ask including if I want anything else doing." A relative told us, "They are very accommodating and will do anything I ask, but they still include me which I like." We looked at four plans of care in the office and one in a person's home. We saw that people or their representatives signed their agreement for their care and treatment.

Staff supported some people with their meals during their visits. One person told us, "I choose what I want for my meals, I have the meals delivered but choose what I want every day." Care plans included information about people's diet and what support they required from staff.

Although staff were not responsible for arranging visits to doctors or specialists the provider said staff would call the doctor or other professional if required and give any support a person needed to keep them well. One relative said, "When [family] member was not well they helped me to get them to eat."

Good

Is the service caring?

Our findings

People we spoke with told us that staff were very caring, with a pleasant, compassionate approach. One person told us, "I know all the carers and they are very good." A relative told us, "From my point of view, without a doubt they are caring and very kind."

We were told by people and their relatives that staff had enough time to spend chatting with them and this enhanced their well-being. One relative said, "These people spend time with [family member] they sit here and talk to them, when they finish they make time that extra five minutes. [Family member] smiles now, they had lost their smile last year. I couldn't do it on my own if it wasn't for them. If I need anything, they always ask if they can do extra, they offer to clean the house. It's the truth, they are wonderful, and if they were bad I would say." Another relative told us, "Usually we just have the one carer we call her our little ray of sunshine, she is warm and friendly and very caring and she talks to [family member] which is important. All the staff have built up a nice relationship with [family member] and they are happy to see them." A third relative told us, "They always talk to [family member] about their day, and have a laugh and a joke."

During this inspection we visited two people in their homes who were receiving care and support. We observed that staff interacted with people in a kind and caring manner, they smiled and joked with people and put them at their ease. Staff and people who used the service said the provider and care co-ordinator were 'hands on' at this small agency and regularly delivered care. A relative said, "The good thing about it they keep such a tight rein on staff. The owner, keeps a close eye on staff, she puts a smock on and will muck-in. If carers let her down, she mucks in. They closely watch the staff, make sure they know what they are doing, staff are of a very good quality."

All the people we spoke with felt that staff maintained their privacy and dignity when personal care was being given. One relative told us, "They do everything that needs to be done in a respectful way." Another relative told us that the service had brought in ideas to improve things in this area for example, they had supported a relative to access blinds to section of a portion of the room to respect the person's privacy when they supported them with personal care.

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. One person told us, "I know the care plan is here and what is in it." People told us that they were supported to do as much as they could for themselves but staff were available to help them where they needed help. One person said, "[Named carer] and I have a routine, we work together and it all goes well." A relative told us, "When they wash [family member] they like to do some parts their self and they let them, they help them to be independent."

Good

Is the service responsive?

Our findings

When people began using the service they had an initial assessment. Information was sought from the person and their relatives involved in their care. The information gathered informed a more detailed care plan, which was tailored to support people to meet their needs and preferences. Care plans contained sufficient information with details of all aspects of care that needed to be delivered at each visit. One person told us, "I know the care plan is here and what is in it." A relative told us, "They came and did an assessment and asked us what we wanted, [family member] was included. A little while ago, end of financial year, they did a review with us but nothing's changed, [family members] needs are as they were." One relative we spoke to did express that they had contacted the service with some initial teething problems in relation to the service they were receiving, when we contacted the provider they were aware of this and were organising a meeting to discuss the persons care needs.

Each person had a care plan in place, identifying their likes and dislikes, abilities, as well as information for providing care to them in an individual way. The person using the service was involved in the development and review of their care plan. The care plans we looked at evidenced that the person or their representative had signed their plan and a copy was kept in their home and in the office.

People felt that their needs were being met. One relative said, "I have them twice a day, they wash and shave [family member] but I do the medication, I find them helpful." The provider told us that when they received the initial call about providing care they or the care co-ordinator would go and visit the person and invite the relatives if appropriate. They said that they would discuss what they would and would not be able to offer. They said that once the person had agreed to the package of care they would develop the full care plan and would ensure (as much as they could) that the person had continuity of care.

The staff we spoke with were familiar with people's needs and could appropriately describe how to support people we asked about. Staff maintained records of the support that people received each day. One staff member told us, "Any changes they phone, and I read the care plan." Another staff member told us, "I know people very well, but if I have to go to someone else, I always go with a carer that knows them first."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. We saw this in one person's home when we visited them. People and relatives said that they would not hesitate in making a complaint if needed. One person told us, "It is all in the folder if I needed it." A relative told us, "I would know how to make a complaint, I would email them but I have never had to." There had been one complaint since our last inspection and this had been investigated thoroughly by the service.

Good

Is the service well-led?

Our findings

People and relatives told us they believed the service was well led. One person told us, "I find them very good, and would recommend them." A relative told us said, "I have been amazed from the word go, they have been good on every level." Another relative said, "They have been very very good with [family member], I couldn't be happier, I wouldn't change it for the world, if I had to change carers it would change my outlook on life for the worse. They have had such a positive effect, they are so good." A third relative said, "I would definitely recommend them to anyone. I couldn't be more pleased they are a very caring agency."

People's views about the quality of the service they received were important to the provider. The provider or care co-ordinator either visited with each person or called them each week to check they were satisfied with the support they received and with the staff who visited them. One relative said, "They ring or come round to check the log book, which is reassuring." The relative went on to add, "I would recommend them without a doubt, and I am very impressed by them."

We found staff were positive in their attitude and they said they were committed to the support and care of the people. Comments from staff included, "I like working for Diamond Unique, they are very supportive", "I find them very good and really supportive, and they are more like friends and family." The provider and care co-ordinator continued to deliver care to people and consistently worked with staff to assess performance. One relative said, "[Provider] came straight round to see [family member] after they had returned from hospital, I am really pleased."

In addition to calls and visits to people, questionnaires were also completed with people and their relatives. Without exception all the questionnaires completed had details of what action had been taken by the provider in areas they felt could be improved upon. The service had a variety of up to date policies and procedures which ensured all staff were kept informed of the services expectations and legal requirements.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events. The records that were kept at the service were comprehensive, kept securely, and well ordered.

The provider had effective quality assurance systems in place to monitor the agency's processes. Including monitoring staff training and future training needs and auditing of peoples care plans and MAR charts to ensure they were relevant and up to date. These systems helped to ensure that people received the care they needed as detailed in their care plans which was delivered by appropriately trained staff.

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