

Diamond Care Solutions Ltd

# Diamond Care Solutions Ltd

## 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

### About the service

Diamond Care Solutions Ltd provided personal care to 11 people at the time of the inspection. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People were protected from the risk of potential abuse. The provider's staff had received safeguarding training and were supported by the provider's policies and procedures. People had appropriate care plans and risk assessments in place and were supported by enough staff to meet their care needs. Minor recruitment records issues were identified during the inspection, but they were immediately addressed by the registered manager. People were supported to receive their prescribed medicines appropriately and staff had access to enough personal protective equipment (PPE) to work safely.

People's care plans were comprehensive and guided staff on how to give people effective support. Staff received necessary training, and new staff also spent time shadowing experienced staff as part of their induction. People's relatives told us they valued the support from the provider.

People were treated with kindness and compassion by the provider's staff and managers. Feedback from people and their relatives was wholly positive. People were involved in shaping the care they received. The person's daily care records were available for the person, or their relatives, to review so they were aware of the support that had been provided.

The provider confirmed they would be able to provide information for people in a variety of different formats and languages if required. The provider had a complaint policy and procedure in place which was made known to people and their relatives, however they had received no complaints. End of life care was provided sensitively, which was confirmed by relative's feedback.

The service was well led, and the registered manager was committed to providing a high quality, compassionate, service. The provider had quality monitoring processes and had established positive working relationships with external care and health providers to ensure people received the continuity of care they required.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 18 June 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection to check whether the service was operating in accordance with registration requirements.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Diamond Care Solutions Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 16 December 2021 and ended on 23 December 2021. We visited the office location on 16 December 2021. We obtained feedback from a sample of people who received a service, their relatives, and staff, on the days between 16 December 2021 and 23 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it first registered with the CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four relatives of people who used the service about their experience of the care provided. We spoke with the registered manager, team leader and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included relevant parts of three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from four staff members and one external professional who had contact with the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other information the provider sent to us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. The provider had effective safeguarding policies and procedures in place and staff understood how to manage safeguarding concerns appropriately.
- People were supported by staff who understood how to safeguard people. Staff received safeguarding training as part of their basic induction when they started work for the provider.
- Relatives told us their loved ones felt safe being supported by the provider. For example, a relative told us, "The staff are just so patient and kind with [person]."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were assessed by the provider. Care plans were written by the provider which identified how to mitigate those risks.
- Staff had access to people's care plans and risk assessments. This meant staff had the necessary information available to them about how to support people safely.
- The provider regularly monitored how the service was provided to people, by reviewing the daily care notes and obtaining feedback from people and their relatives. This helped ensure people's care was delivered safely.
- The provider assessed any potential environmental risks within each person's property and /or any specialised equipment, such as adjustable beds. This ensured staff understood how to use them safely.
- The provider had an open and transparent approach when things went wrong. There had been few incidents or near misses, but we saw the provider had the necessary processes in place to identify lessons learned and share them with the staff.

Staffing and recruitment

- People were supported by enough staff to meet their assessed care needs. A relative told us, "We are usually supported by the same small team of staff who come to us several times each day. It really helps that we get to know the staff so well."
- The provider had recruited several new staff over recent months and was supporting them through their induction training. This included shadowing more experienced staff and managers.
- Minor issues with the provider's records of staff pre-employment recruitment checks were identified and raised with the registered manager. The registered manager acted immediately to address those issues. After the inspection site visit the registered manager notified the inspector the minor gaps in their recruitment records had been resolved.

Using medicines safely

- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- People's medical condition support needs, and prescribed medicine details, were recorded in their care plans. This meant staff had access to the information to support people safely.
- Staff managed people's medicines safely. The provider monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

#### Preventing and controlling infection

- Staff had access to clear policies and procedures on infection prevention and control. This included specific information relating to COVID-19 precautions and safe working practices.
- The provider ensured staff had access to enough personal protective equipment to ensure they worked safely and in accordance with current government COVID-19 guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned in line with best practice. Care plans were comprehensive in scope and succinct enough to be easily read. Staff used them to guide how they supported individuals.
- People's expected outcomes were included in their care plans. Care plans were regularly reviewed and updated, by the provider, as people's care needs changed.
- The provider monitored how care was delivered. This helped to ensure it was in line with people's care plans and best practice.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member told us, "I have had a great amount of training with this job and I am confident with in my role."
- Staff we spoke with told us they were well supported by the provider. A staff member told us, "The managers are great and very caring of everybody's needs."
- Managers worked alongside staff to provide care for people when required. This helped ensure care was provided, but also helped the managers to observe care staff practice and provide support and guidance when needed.

Staff working with other agencies to provide consistent, effective, timely care

- The provider had developed good relationships with external health and social care agencies. A local authority social worker told us the provider was easy to contact and responsive to requests.
- The provider was flexible. For example, a social worker told us the provider continued providing support to a person, even though the contract had ended, to enable them time to find another suitable care provider to meet the particular person's needs.

Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. A relative told us, "They are very good, we have a good team supporting us."
- Relatives were complimentary about the positive impact the service had on the lives of their family members. We saw thank you cards received by the provider from relatives of people who had received care.
- The provider established effective links with local primary health care services, such as GPs and District Nurse teams. This helped ensure people had access to the health care support they needed.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care plans included details of whether they had given their consent to receive support from the provider. Where a person lacked the ability to make that decision for themselves, we saw that a suitable MCA and best interest process had been carried out, involving the person's next of kin etc.
- People's care plans, and records of care, were available for people or their relatives to review. For example, a relative told us, "They have a care plan folder in the house, and they keep records of the things they have done on each visit. I have access to those folders so I can see what they have been writing. They keep good daily notes."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. All the relatives we spoke with were complimentary about the service. A relative told us, "They are like angels, so kind and good with [Name]." Another relative told us, "They are just brilliant. Always kind, patient and well mannered."
- People's equality and diversity needs were identified by the provider as part of the initial assessment process. This information was then used to inform the person's care plan which was used by staff as a guide for how to support the person.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, and their relatives, were involved in decisions about their care. For example, a relative told us a person preferred to receive care support from staff of a particular gender. They told us they had raised this with the provider who had immediately acted to ensure the person's preference was met.
- People, and their relatives, were involved in the assessment and support planning process. This helped to ensure care was provided in the way the person wanted.
- The provider had processes in place to obtain satisfaction survey feedback from people about the care they received. This was used to shape people's individual care plans as well as improve the service more widely if needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and their families, were involved in developing their care plans. Their needs were identified and their choices and preferences, were regularly reviewed.
- Staff were well-supported to understand and meet these needs through training and shadowing more experienced staff members and managers.
- People's care plans focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health. This helped ensure people retained as much choice and control as possible over the care they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider confirmed they would be able to provide information and documents in various formats and alternative languages if required to meet people's communication needs. There had been no requirement to do so far, but the provider understood this must be made available if necessary.

Improving care quality in response to complaints or concerns

- People, and their relatives, told us they knew how to give feedback to the provider about their experiences of care and support. For example, a relative told us, "We have a very good relationship with [one of the managers]. They are a credit to the company. I have no concerns about the company at all."
- The provider had a complaints policy and procedure, which was given to people when they started receiving support from the provider. The provider explained their complaints management process to us. However, we saw that no complaints had been received. Conversely, we saw several compliments and thank you cards from people and their relatives who had received support from the provider.

End of life care and support

- The provider had specialised in providing care and support to people who were nearing the end of their life.
- Staff received end of life care training, and we saw the provider was supporting newly appointed staff to access the training, to ensure they received the knowledge and skills for this area of care.
- The registered manager demonstrated a compassionate approach when explaining how people were supported during their final days. Feedback from families, received by the provider, evidenced that families

valued the approach taken by the provider and the care staff.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The service was well-Led. The registered manager explained the person-centred culture they aimed to maintain within their service. Feedback we received from people and their relatives demonstrated the registered manager had been successful in ensuring the compassionate culture of the service. One relative told us, "We have met two of the managers, and they are both so kind and gentle."
- The provider monitored the operation of the service regularly, to ensure the service continued to support people in line with the provider's values.
- The registered manager had the experience, capacity, and capability to ensure the service continued to achieve good outcomes for people. They also demonstrated they were open to suggestions for improvements and acted swiftly to address any shortfalls in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest when things went wrong.
- The provider had made the necessary notifications to the CQC, and other agencies, when relevant incidents had occurred. It is the provider's legal responsibility to notify the CQC about specific incidents; such as deaths, serious injuries, or allegations of potential abuse etc.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, and staff, understood their roles and responsibilities. The registered manager understood the regulatory requirements of operating a registered personal care service.
- The provider had effective quality monitoring processes and procedures in place to ensure the service provided continued to be of good quality. The registered manager understood the potential difficulties of maintaining quality in a service which was expanding in size. We were assured the provider had the necessary processes in place to maintain quality performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured people and their families were involved in shaping the service they received from the provider. Feedback we received from people's relatives evidenced that. For example, a relative told us, "They are amazing, I couldn't manage without them."

- The provider's staff understood the importance of providing a quality service. For example, a staff member told us, "I'm very passionate about care work, and always try to protect people's dignity and choices, and I feel that this company is on the same page as I am."

#### Working in partnership with others

- The provider had established effective links with external organisations such as local authority social work teams. A social worker told us they had received no concerns about the service, and that the service was responsive to requests for information and flexible in the support they were able to provide.