

Triple Diamond Healthcare Limited

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Inspection report

109 Crowborough Lane
Kents Hill
Milton Keynes
MK7 6JN

Tel: 07377382007
Website: www.triplediamondhealthcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Triple Diamond Healthcare Limited is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 8 people were using the service, 5 of which were receiving personal care.

Not everyone who used the service received personal care. 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 felt safely cared for by the staff, and told us that staff arrived on time, and were consistent.

Recruitment procedures ensured that only appropriate staff were employed to provide care to vulnerable people.

When people were supported with the administration of medicines, this was done by trained staff who recorded the procedure accurately.

Risk assessments were in place and reflected people's needs.

People told us that staff wore PPE (personal protective equipment) correctly. Staff were trained in this area and had regular supplies of PPE.

Staff understood safeguarding procedures, and knew how to report any concerns properly.

Staff felt well supported by the management, and said they got the support they required.

People and relatives told us they were kept well informed by the provider, and could contact them as required.

Audits took place regularly to identify and issues, and action was taken promptly to make improvements when needed.

People were able to feedback informally to staff and management, and felt listened to by the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 6 November 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Triple Diamond Healthcare Limited on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Triple Diamond Healthcare Limited

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

This 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.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff, the registered manager, and the 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 two people's care records and medication records. We looked at four 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to assess all risks to service users and to ensure the safe recruitment of staff. This was a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Suitable systems and checks were in place to ensure staff were safely recruited. This meant that all staff underwent a DBS (disclosure and barring service) check before employment to ensure they were suitable to work with vulnerable people. Checks to ensure all staff had the right to work within the UK, had also been carried, along with previous employment and character references.
- There were suitable numbers of staff within the service to carry out the care required. The registered manager and nominated individual told us that for some time, they were both carrying out care calls themselves due to the business being small. As they had begun to expand, more staff were employed as required. People we spoke with confirmed that staff were consistent.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe receiving care from the service. One person said, "The carers are extremely nice to me, I feel very safe." Relatives we spoke with also confirmed they felt their loved ones were care for in a safe manner.
- Staff understood safeguarding procedures and knew how to report any concerns. One staff member said, "I would record what happened and report to my manager, CQC or the council beyond that."

Assessing risk, safety monitoring and management

- Risks present within people's lives had been appropriately assessed and documented. Care planning and risk assessments were combined to create a clear and concise document of people's needs and the risks that were present, with clear instruction on how this should be managed. Staff told us they had the time required to read these documents and follow them.

Using medicines safely

- Medicine administration records (MAR) were filled out correctly by staff who were trained to do so. This included the correct documentation for topical medicines (skin creams). People told us they got the support they needed in this area, and were happy that the staff were competent in this area.

Preventing and controlling infection

- All staff had undergone the relevant training to make sure they followed infection prevention and control procedures. This included the proper use of personal protective equipment (PPE) when entering people's homes and providing care. People and relatives we spoke with confirmed that staff always wore masks and gloves as required.
- Staff we spoke with confirmed they had all the PPE stock they required, and this was regularly replenished.

Learning lessons when things go wrong

- Systems were in place to review any accidents, incidents or issues that arose, and make improvements. Staff felt that all information was communicated effectively, and lessons were learned from any mistakes made.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were effective or robust enough to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective systems had been implemented to ensure that errors and issues were picked up on, and appropriate and prompt action taken. For example, a medicine administration audit found that on a particular occasion, some information had been omitted. We saw that record of actions taken to amend the issue, was taken.
- A system to audit and check all areas of the service was in place. The registered manager and nominated individual had been largely conducting care calls themselves, but as the service had begun to grow, they had ensured that checks took place on staff and the records they were keeping.
- The registered manager and nominated individual were open and honest with us during inspection. They had recognised the issues found at the previous inspection, and had implemented the necessary improvements to ensure safe care was delivered.

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

- People, relatives and staff we spoke with all felt the service was well run and managed. One relative told us, "I can't speak highly enough about them (the staff and provider), the quality was excellent."
- The staff and management we spoke with all had a positive attitude towards providing care, and achieving good outcomes for people. One person said, "They (staff) are all very lovely, very positive." A staff member told us, "The registered manager is very good. I can call them when I need to, and I always get an answer. I have no concerns about the way the service is run."

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 was aware of the requirements under the duty of candour. The duty of candour is

a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- The registered manager was aware of their responsibility to notify CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People using the service said they felt able to feedback their opinions and were listened to. The registered manager told us they would be implementing a questionnaire which would allow people to feedback formally, and anonymously if preferred.
- People and relatives felt that communication was good with the management. One relative said, "They have been a lot better than the previous agency [name] used. They contact me with any updates, and always get back to me. I have never had any concerns."

Working in partnership with others

- The registered manager and the nominated individual said there was a positive relationship with the local authority, who they were regularly in contact with during the COVID-19 pandemic for updates and support.