

1 Diamond Home Care Ltd

# 1 Diamond Home Care Limited

## Inspection report

Unit 25, Cedars Business Centre  
Barnsley Road, Hemsworth  
Pontefract  
WF9 4PU

Tel: 01302965280  
Website: [www.1diamondhomecare.co.uk](http://www.1diamondhomecare.co.uk)

Date of inspection visit:  
09 August 2022

Date of publication:  
31 August 2022

## 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

1 Diamond Homecare Limited is a domiciliary care agency providing support for people in their own homes. The service was supporting seven people at the time of the inspection.

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

People were happy with the care they received and said care was delivered in a safe way. They said care workers attended on time and stayed for the full duration of their visit. The provider operated safe recruitment procedures. Risks to people, included those associated with medicines support were assessed, and management plans included ways in which the risks could be reduced to keep people safe from potential harm.

Care took place in accordance with people's consent, and where people lacked the capacity to consent to their care, appropriate alternative arrangements had been implemented. We identified some improvements that could be made in relation to recording daily notes, which the provider implemented straight away.

People spoke positively about their experience of receiving care from this provider. One person said, "I have no concerns, they do a good job." The person told us they were very happy with their care.

The registered manager carried out regular audits of the service, and these identified where there were any shortfalls so there was continuous improvement. Where incidents had occurred, the provider had made the legally required notifications to CQC.

Staff we spoke with told us the management team were accessible and supportive and the registered manager told us they worked hard to ensure the culture within the service was positive.

The provider took steps to involve people in their care, and we saw evidence of this within people's care records and reviews. Staff told us they routinely checked people's preferences when providing care to them.

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 in April 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection in line with CQC's inspection programme.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 1 Diamond Home Care 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. A registered manager 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 short notice of the inspection. This was because we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 9 August 2022 and ended on 16 August 2022. We visited the office location on 9 August 2022 and made telephone calls to people using the service after this visit.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to

send us annually 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 the registered manager, two members of staff and two people using the service. We reviewed a range of records. This included three people's care records. We looked at three staff files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

# 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.

### Using medicines safely

- People's medicines were managed safely.
- Records of medication administered were accurately maintained. Staff received annual medication training and competency checks were regularly carried out by the provider.
- Medicines records were regularly audited, and appropriate action was taken if any shortfalls or errors were identified.

### Systems and processes to safeguard people from the risk of abuse

- Staff told us they were confident in reporting any concerns they had. Records showed they had received training relating to safeguarding.
- Where suspected safeguarding incidents had occurred, the provider had made the appropriate notifications to CQC.
- People told us they felt very safe when receiving care. One person told us, "They [staff] are all good, yes I feel safe" and another said they had "no worries at all" about their safety when receiving care.

### Assessing risk, safety monitoring and management

- Risks people were vulnerable to, or presented with, were identified during the initial assessment of a person's needs, and appropriate risk assessments were put in place. These were detailed and personalised. They were regularly reviewed and updated.
- The registered manager kept records of risk and safety incidents so they could maintain an oversight of where people were vulnerable to risk.

### Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, and staff we asked told us this training was useful to them.
- Personal protective equipment (PPE) was available for staff to use and staff confirmed it was plentiful.
- People using the service told us staff always used PPE when providing care.
- Staff told us they had access to regular testing for COVID-19 during the ongoing pandemic.

### Staffing and recruitment

- Staff were safely recruited. The service had enough staff to provide care and support at all times.
- Appropriate background checks had been carried out before people started work.
- Staff told us they felt the recruitment process had been thorough, and they felt equipped to undertake their roles effectively when they started work.

### Learning lessons when things go wrong

- Staff told us they would be confident to report any incidents or accidents directly to the registered manager.
- Records showed changes were implemented following incidents or accidents, and the registered manager was committed to a culture of continuous improvement.

# 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.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had systems in place for obtaining people's consent, or acting in their best interests.
- The registered manager understood their responsibilities in relation to consent and capacity, and all legal requirements were adhered to.

Staff support: induction, training, skills and experience

- Staff told us they had received relevant training, and said it was effective and plentiful. One staff member said: "The induction and all the other training has been really good."
- Staff we spoke with told us they found the management support they received to be good, and said they felt they could always ask for help and support whenever it was needed.
- The provider's training records showed a wide range of training was offered across relevant areas.

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

- Assessments of people's needs were undertaken before they began to receive care. These assessments were used to develop care plans.
- Records showed the management team monitored care to ensure it was in line with current guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- There were details in each person's care file showing their needs in relation to nutrition and hydration. These had been robustly assessed.

- People's care records showed where staff were required to provide them with food and drink and it reflected their personal preferences.
- People told us staff cooked food they liked. One person said, "They always ask what I want and make it how I like it."

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

- Staff told us they knew when to contact outside assistance such as healthcare professionals. People's care records showed evidence of this.
- Where external professionals were involved in people's care, their guidance and advice was incorporated into people's care plans.

# 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.

Supporting people to express their views and be involved in making decisions about their care

- People's care was person centred. People had been involved in planning their care, and their input was clear to see in individual care records.
- People's views and preferences about care were recorded at their initial assessments, and their feedback was regularly sought.

Ensuring people are well treated and supported; equality and diversity

- People using the service told us staff treated them well. Staff told us they took pride in this. One staff member said: "It's so important we treat everyone respectfully."
- Care assessments we checked showed information about people's cultural needs.
- One person told us, "All the staff are so lovely and kind."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them. They told us this had been emphasised during their induction and training. One staff member told us, "Ensuring privacy and dignity is essential, especially when delivering personal care."
- Care records contained information about how people's privacy and dignity should be upheld.
- The registered manager told us they emphasised the need to be discreet, in how staff recorded care actions, so people were kept safe whilst protecting the person's privacy.

# 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 requires good.

This meant people's needs were met through good organisation and delivery.

### 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 had access to pictorial and easy read formats in its communication to ensure people could be provided with information in a way they could understand.
- People's communication needs were assessed and identified in their care plans.

### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at held detailed information about people's interests and preferences. However, we found some daily notes did not have a consistency of detail, for example, recording what and how much a person had eaten. The registered manager said this would be addressed immediately through a combination of training, staff meetings and individual supervision.
- Staff told us they knew the people they provided care for well. They said they always had time to read people's care plans, and said they always checked people were happy with the way they were delivering care.
- One person said, "All the staff are lovely."

### Improving care quality in response to complaints or concerns

- The provider had appropriate arrangements in place for receiving and addressing complaints.
- Where complaints had been received, the provider took appropriate action and written responses were provided setting out what, if any, changes would be made.
- People using the service told us they would feel confident to complain if they needed to.

# 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.

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

- Governance arrangements within the service were robust enough to ensure good quality care. Audits were carried out regularly.
- People told us they thought the service was well managed. They said if care visits were going to be late, an explanation was always provided; staff told us rotas were well-organised to ensure they could undertake their calls on time.
- Care notes showed care was delivered to a good standard and met regulatory requirements.
- We checked records of incidents, and found CQC had been notified, as required by law, of any notifiable incidents.
- Staff told us they understood their roles and knew what was expected of them.

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

- People we spoke with told us their care met their needs and said they were enabled to achieve the outcomes they wanted. People's care review records supported this.
- Open and honest relationships had been developed, people told us there were effective methods of communication in place .
- Staff told us they found the culture supportive. On staff member said, "I really feel part of a good team and supported by the registered manager."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff felt engaged and able to share their views of the service. Staff told us they could approach the registered manager with any views or suggestions to improve the service and were often asked for feedback.
- The registered manager told us they regularly contacted people using the service to obtain their feedback and involve them in their care. Documentation we saw supported this.
- The provider worked closely with external health and social care professionals such as occupational therapists, GPs, district nurses and social workers.