

Diamond Hearts Home Care Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
10 March 2025

Service provided by:
Diamond Hearts Home Care Ltd

Service provider number:
SP2023000091

Service no:
CS2023000138

About the service

Diamond Hearts Home Care Ltd is registered to provide a care at home service to older people in their home and in the community, in Renfrewshire and Paisley. The provider is Diamond Hearts Home Care Ltd.

Diamond Hearts Home Care Limited registered with the Care Inspectorate on 19 May 2023, and this was the service's first inspection. Three people were using the service at time of inspection.

About the inspection

This was an unannounced inspection which took place on 4, 5 and 10 March 2025. This was the first inspection of the service, and it was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, and information submitted by the service.

In making our evaluations of the service we:

- spoke with one person using the service and two family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- We received positive feedback from people and relatives about their service.
- People received consistent care and support from a stable workforce.
- Staff had appropriate training and support to develop their practice.
- Management were pro-active and communicated well with people, relatives and staff.
- Whilst the service was new and had a limited number of supported people at the time of inspection, it had developed robust policies, procedures and quality assurance systems. This promoted good outcomes for people, and staff, and provided a foundation for further service development.
- We shared good practice examples to make care planning more person-centred and outcome-focused.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good because there were several major strengths which, taken together, clearly outweighed areas for improvement. Whilst the service supported a limited number of people at the time of inspection, the findings were consistent with an evaluation of good and supported positive outcomes for people.

People experiencing care required low level support with personal care needs, domestic support and companionship. The service supported people with their shopping, accessing the local community and to enjoy hobbies and social activities. People that we met and spoke with confirmed they had received good information on what to expect from the service. They told us that they could talk to staff if they had any issues or needed advice. People felt that staff listened and responded to them, and provided care and support beyond their expectations.

People benefited from a small, consistent staff team. This meant that people received a highly individual service from the same group of staff who got to know them, their needs and how they like their care to be provided. The service understood that good care is best provided by establishing warm and trusting relationships where people were encouraged to express their needs and desired outcomes. This allowed good relationships to develop. Staff had good knowledge of people's support needs and were observant to any changes in the person's presentation. Staff were quick to share any concerns with relevant people to ensure any health or support needs were followed up.

People and their families were very positive and told us the service took time to get to know them and they knew the staff who supported them. They said the service was reliable, with staff coming at the expected times and providing the agreed levels of support. People told us: "The staff are all fantastic, very responsive and keep my parent going. I just can't fault them." Another person commented: "The care we get is excellent, absolutely brilliant. We know all the carers, they're always on time and very respectful."

The service also benefited relatives who could attend to other interests as they were reassured their loved ones received consistent, quality care.

This new service had developed a comprehensive selection of policy and procedures, covering important areas such as medication, adult support and protection and care planning which promoted good practice. This ensured people were supported safely whilst also providing appropriate foundations for further service development.

How good is our leadership?

4 - Good

We evaluated this key question as good because there were several major strengths which, taken together, clearly outweighed areas for improvement.

We received positive feedback about the service's management team from people and they were seen as approachable, knowledgeable and supportive to all parties. The management team was motivated to ensure continuous improvement in the service.

People experiencing care told us they had trust and confidence in the way the service was managed. They felt confident that their views informed the development of the service. One relative told us: "The service is very reliable and a particular strength I feel is the manager, she leads very much by example, her manner with her staff is brilliant and she is a great role model to any staff member."

The provider had a good quality assurance system to assess and monitor the quality of the service delivery. This included the use of audits over a range of aspects of service delivery such as monitoring the content of personal plans, the completion of necessary documentation and staff training needs. There was evidence of good practice guidance being sought, discussed, and shared with staff to further improve approaches to care.

Management had commenced the development of an improvement plan which highlighted ways in which the service could further enhance its practice and experiences of people and staff. The plan was insightful and should drive further improvements in the service.

We shared ideas to make the plan more inclusive, considering the views of people, relatives, staff, and information from quality assurance systems, to offer richer perspectives. The service was receptive to good practice guidance from regulators and other organisations which reflected their commitment to improvement.

The management team met regularly to review the operation of the service, highlighting what was going well and what could improve. We asked the service to record minutes of these governance meetings more formally. This will further improve the oversight of the service and promote even better outcomes for people (see area for improvement 1).

Areas for improvement

1. To promote people's health and wellbeing, the service should continue to develop its quality assurance and monitoring systems. This should include holding regular governance meetings which review issues such as accidents and incidents, medication, punctuality of visits, and other important areas. Meetings should have written minutes and produce action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

How good is our staff team?

4 – Good

We evaluated this key question as good because there were several major strengths which, taken together, clearly outweighed areas for improvement.

Staff had built very positive, trusting relationships with people and their families. This informed the good standards of service provision for people. People told us about the positive difference the service had made to their quality of life and how both the level of staff support, and consistency of the staff team, meant their independence was promoted. Every person we spoke with commented favourably about their service's reliability. People knew their workers and had developed meaningful, trusting working relationships.

A person told us: "The staff are fantastic. They come when they say they will and go above and beyond for me."

People could be assured that they were supported by staff who had been recruited safely and in line with national guidance. New workers started their role after a robust interview, referencing and PVG (Protecting Vulnerable Groups) checks. This promoted a safe and professional working environment. Staff benefited from a thorough, practice-based induction in the community. The management team worked alongside staff, observing their practice and providing guidance to ensure that expected standards were met. This helped to ensure that staff were confident in their role.

Staff had access to ongoing training which was delivered both face-to-face and online. We were impressed by the high compliance rates of training with staff completing all mandatory and important additional training sessions. This promoted staff understanding of people's needs.

Team meetings had occurred and leaders were available for advice and guidance when needed. We asked the service to introduce a more formal system of staff supervision. Supervision meetings are forums for management to meet with staff, review their performance, plan development, and promote their wellbeing on a regular basis which should further develop practice and morale (see area for improvement 1).

The induction process ensured the management team regularly monitored the practice of staff. This meant that staff had the opportunity to reflect on, or develop, their practice. We suggested that this be continued and asked the management team to evidence the involvement of people in the ongoing development of the staff team. We suggested that information gleaned from people could be used to inform staff development and the supervision process (see area for improvement 2).

Staff wellbeing was promoted through a consistent rota schedule that was produced in advance. This ensured that staff knew when and where they were working. Any changes to rotas were communicated promptly to all which reduced risk of uncertainty. These approaches produced a healthy work-life balance for workers as well as providing consistency for people using the service. This enhanced the morale of the workforce leading to further positive working relationships with people.

Areas for improvement

1. To promote people's health and wellbeing, the service should ensure that staff have regular support and supervision meetings. These meetings should review staff performance, reflect on practice, and promote training, development and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

2. To ensure people continue to be included, the manager should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

How well is our care and support planned?

4 - Good

We evaluated this key question as good because there were several major strengths which, taken together, clearly outweighed areas for improvement.

Personal plans, sometimes called care plans, are an essential part of providing care. They give important information about the individual supported and how they can be best supported to achieve the best possible outcomes. People had a care plan and these were generally comprehensive and provided a good level of detail about people's needs. During the inspection, we saw that the management team and staff used the care plans to deliver care and support effectively. Each person had an up-to-date care plan which was monitored and updated regularly and as people's needs or outcomes changed.

People were involved in directing and leading their own care and support or, where appropriate, their representatives were involved. Plans highlighted people's health and social needs and described clearly how staff should meet them. Staff had well-defined tasks to complete on each visit which promoted consistency.

Ideally, with the person's permission, personal plans should capture people's life histories, their likes and dislikes, and what they want to achieve from their support. The plans did contain some of this detail but we suggested that the service could introduce one-page profiles to augment this information. A one-page profile captures all the important information about a person on a single sheet of paper and provides an at-a-glance way of knowing what really matters to the person in their life and the way they are supported to live it.

Plans referenced potential risks in people's lives and considered ways to reduce them to promote people's health and wellbeing. We noted many examples of good recording in care plans, but we felt that ensuring all staff record their involvement in a person-centred manner remained a work in progress. We shared good practice examples to make plans more person-centred and outcome-focused. We asked the management team to maintain its commitment to the support of staff in this area.

We also noted that some information referenced in plans related to United Kingdom legislation, where Scottish legislation was applicable. This was in respect of 'best interests' decision-making needs under the Mental Capacity Act, including restrictive measures. The service should change its practice and procedures to match the principles of the Adults with Incapacity (Scotland) Act 2000, that sets out the principles that must be applied when making decisions about the needs of adults who lack capacity (see area for improvement 1).

Areas for improvement

1. The service should amend its practice and procedures to match the principles of the Adults with Incapacity (Scotland) Act 2000, that sets out the principles that must be applied when making decisions about the needs of adults who lack capacity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Complaints

There have been no complaints upheld since the service registered. Details of upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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