Kaamil Education Ltd

Daryel Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

About the service
Daryel Care is a domiciliary care agency in North London providing care and support to adults living in their own homes in the London Boroughs of Islington, Haringey and Barnet. The number of people using the service varied from week to week. At the time of our inspection, there were 100 people using the service. Some people were receiving short term care packages as part of their rehabilitation after an illness, fall or hospital admission. Other people received care on a long-term basis. Some people were living with the experience of dementia and/or other mental health needs.

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
The provider had a range of different audits and checks on the service. Medicines audits had not always identified discrepancies in recording. We discussed this with the registered manager. We found no indication people had not received their medicines as prescribed.

Records of care provided included terminology and language which did not always show respect for people being supported. We discussed this with the registered manager who felt this was partly due to the written English language skills of staff. People using the service told us they felt the staff showed them respect, and this issue appeared to be related to records rather than the care provided.

People using the service were happy with the care and support they received. They liked their regular care workers and felt their needs were met. One person said, ''The best thing is having someone every day to chat to otherwise I would just be on my own. I can tell they are interested in what I am saying. I would recommend them and tell people to 'go for it'. They are very good, helpful, attend to your needs and your embarrassment soon disappears.'' Another person told us, ''I cannot praise the agency enough, they are always there at the end of a phone. I cannot praise the carers highly enough.''

People received medicines as prescribed and in a safe way. The risks to their safety and well-being had been assessed and planned for. There were systems for reporting and investigating abuse and learning from when things went wrong.

There were enough staff to support people and meet their needs. The staff arrived on time for care visits and

stayed the agreed length of time. The staff received training and support so they could carry out their jobs effectively and understand their responsibilities. There were procedures to help make sure only suitable staff were recruited.

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.

People were able to make decisions about their care and support. They told us staff respected their choices and listened to them. Care plans and risk assessments were regularly reviewed and updated. Where the agency or person had identified changes in their needs, the agency liaised with the commissioning authorities so that their care package was reviewed, and more care was provided when needed. The agency staff worked with other organisations and health care professionals to help make sure people's needs were being met, for example, ensuring people being cared for at the end of their lives were comfortable and pain free.

The registered manager was suitably qualified and experienced. There were effective systems to manage the service and make sure improvements were made when needed. People using the service and other stakeholders were able to give their feedback about the service and make complaints. The agency listened to these and had developed the service to reflect people's feedback and changes they wanted.

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 Good (published 28 September 2018).

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provided a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Daryel Care 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 effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Daryel Care

Detailed findings

Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 3 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
The inspection team included an inspector, an assistant inspector, a member of the CQC medicines team, an Expert by Experience and CQC support services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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
The provider had already consented to be part of this pilot project. We gave 48 hours' notice of the inspection so the provider could share the documents we needed to view.

What we did before the inspection
We contacted representatives of the commissioning authorities to ask for their feedback.
We looked at all the information we held about the provider, including the last inspection report, notifications of significant events and information we had received from members of the public.

During the inspection

We spoke with 21 people who used the service and the family representatives of 23 other people by telephone and asked for their feedback about the service. We spoke with and received feedback from seven care workers. We held virtual meetings with the registered manager at the beginning and end of the inspection. We looked at the whole care plan and associated records for 12 people who used the service and parts of the care records for five other people. We looked at how medicines were being managed, including records of medicines administration and risk assessments relating to this. We also looked at records of staff recruitment, training and support for eight care workers, records of complaints, safeguarding alerts and incidents and other records the provider used for managing the service. These included quality monitoring, audits and meeting minutes.

Good

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed in a safe way and people received their medicines as prescribed. People using the service told us they received the support they needed with their medicines.
- Medicines support, including collection of medicines from the pharmacy, was detailed in individual care plans. This helped to ensure care workers knew what they needed to do for each person. However, we saw staff sometimes carried out tasks which were not part of the recorded medicines risk assessment, for example, by returning unwanted medicines to the pharmacy. We discussed this with the registered manager so they could make sure risk assessments were updated to reflect any tasks staff were responsible for.
- Staff were trained and assessed as competent before they could provide medicines support. In addition, staff had to complete quarterly checks to ensure that they were still competent to provide medicines support.
- Care workers and care coordinators provided medicines support to people. This included administration and reminding people to take their medicines. Medicines administration was recorded using an electronic medicines administration record (EMAR). Staff at head office were able to follow up with a care worker in real time if a dose was late.
- EMARs were generated by senior staff in collaboration with the relevant pharmacy to ensure they were accurate.
- Staff used the EMAR application to show that medicines had been given. EMARs were audited daily to check for late or missed doses. Staff also audited them monthly.
- The provider had a system in place for managing medicines alerts.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had appropriate procedures relating to safeguarding and whistle blowing. The staff received training in these, and they discussed them during team meetings and individual supervision meetings. Staff told us they understood how to recognise and report abuse.
- The provider kept records to show how allegations of abuse had been reported, investigated and responded to. The provider had worked closely with the local safeguarding teams and commissioners confirmed this. Where people were at risk of harm the provider had ensured protection plans were in place and being followed.

Assessing risk, safety monitoring and management

● People using the service told us they felt safe and the staff supported them in a safe way. For example, they described how the staff supported them to move around their homes safely and when using equipment.
● The provider had assessed the risks associated with providing care for each person. These included risks relating to their physical and mental health, mobility, nutrition and skin integrity. Assessments were regularly reviewed and updated.
● The provider also assessed risks relating to the person's home environment which might impact on them or staff. Where there was an identified risk, they had recorded how this should be managed or mitigated.

Staffing and recruitment
● There were enough staff to meet people's needs and keep them safe. People and their relatives told us the staff arrived on time and they had the same regular care workers. Their comments included, ''They always arrive on time and stay for the required length of time'', ''They are on time and if the carer is running late, they tell us'' and ''We have the same usual carers.''
● People also told us the staff took their time and did not rush tasks. One person said, ''There is no rushing with the times, [care worker] sits and chats with me.''
● The staff told us they had enough time to travel between different people's homes and enough time during their visits. Where the care workers, person receiving care or agency had identified more time was needed, they had raised this with the commissioners to request a review of people's care. We saw evidence of this where they had identified people's changing needs required more time or higher staffing levels.
● There were appropriate systems for recruiting new staff. These included interviews and carrying out certain checks, which included references from previous employers, eligibility to work in the United Kingdom and checks on any criminal records. New staff completed an induction when they started work, which included training, shadowing experienced workers and competency assessments. The staff confirmed this, and we saw evidence to show appropriate recruitment checks and inductions had taken place. This meant the provider had taken steps to help make sure only suitable staff were employed. People confirmed this by telling us the staff were suitable. One person said, ''They are very professional and know their job. They have made me feel safe and respected.''

Preventing and controlling infection
● The provider had systems to help prevent and control the spread of infection. People using the service told us the staff wore protective clothing such as gloves, masks and aprons (PPE). Their comments included, ''They take precautions on each occasion and wear masks and foot protection'', ''They wear masks and all PPE always'', ''They have been very good with COVID-19, they make sure they clean everything down every day'' and ''This has been excellent, the carers have followed correct procedures.'' They also told us care workers washed their hands and used hand sanitiser.
● The provider had updated procedures relating to infection control since the start of the COVID-19 pandemic. They made sure staff received updated training about infection control and the use of PPE. The provider carried out spot checks on staff where they observed them in the work place. During these checks they ensured staff followed good infection control procedures. Where they identified a problem, they addressed this with the individual staff concerned.
● The staff told us they had enough PPE and were familiar with infection control procedures.

Learning lessons when things go wrong
● The provider had systems for learning when things went wrong. They analysed all accidents, incidents, complaints and safeguarding alerts, identifying any trends or areas where improvements were needed. They discussed these with the relevant staff to make sure improvements could be made and sustained, for example during management team meetings. One relative told us, ''The best thing about the agency is how

they deal with concerns, they try to sort it out.''

● Where concerns had been identified, through these adverse events or through feedback from stakeholders, the registered manager had developed an action plan to state how and when improvements would be made.

Inspected but not rated

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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 using the service told us they had been involved in making decisions about their care and had consented to this. We saw the provider had asked people for their consent to various aspects of the service and had obtained written consent to show they had carried out these discussions.
● Where people lacked the mental capacity to make a decision about their care, the provider liaised with the person's representatives to make decisions in their best interests. They asked for evidence where people had a legal representative, such as a power of attorney, who could make decisions on their behalf. One family member told us, ''We have power of attorney, so we are involved in all the decisions about [person's] care.''
● The staff received training and information about the MCA to help make sure they understood about this. People told us the staff asked for their consent before providing care and respected their decisions. Some of their comments were, ''I have a care plan, but the staff always ask me first before they do anything'', ''I am involved in all the decisions and the staff check in with me'' and ''They always check things are okay with me before doing anything.'' One relative told us how the person being cared for sometimes refused care. They told us, ''The carers always ask and try different ways to ask [person] but there is no confrontation and they always make sure they have consent.''

Inspected but not rated

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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People using the service and their relatives told us they were treated respectfully and well. Some of their comments included, ''The carers are so good, they have been fantastic'', ''They treat [person] like their own mother'', ''They constantly talk to [person], they are compassionate, empathetic, understand [person's] needs and treat [them] well'', ''They have become like a family'' and ''They are very kind and patient.''
- Family members gave us examples about staff demonstrating a caring and thoughtful approach. For examples, one family member told us how their care worker purchased bread and milk when they noticed a person had run out and was not able to get to the shops themselves. Another relative explained that the person using the service could be very slow at eating. They said the care workers always patiently supported the person and did not rush them. One person told us, ''They have a motherly instinct. They always talk to me and tell me stories and they ask me about decisions.''
- People using the service and their relatives explained they were provided with care workers who shared the same culture and spoke the same first language when needed. They said their privacy and dignity were respected.

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

- People told us they were able to make decisions about their care and staff respected these. They said they were asked for their views when the care plans were written, and staff offered them choices at each visit. They also told us the staff respected their personal routines and religious needs. For example, one person explained, ''They make my tea according to my specific taste and check if I have finished my prayers [before offering me support].''
- People told us they were supported to do things for themselves and be independent where they were able. They told us the care workers encouraged them and they felt empowered when they wanted to do something themselves. One person said, ''I was against [having care workers to help me] because I am so independent, but I couldn't live without them now. I am very safe, very comfortable.''

Inspected but not rated

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

● People received personalised care which met their needs and reflected their preferences. They told us they had been involved in creating and reviewing their care plans and we saw this was the case. They also told us the staff met their needs in a personalised way, following their care plans. People confirmed care files were kept in their homes and they could view the information in there about the agency and about their needs.

● People told us the care workers offered them choices and allowed them to be in control. For example, one person said, ''In the morning I am in a lot of pain, [care worker] is aware of this and takes time so I can be independent and [they] help me get up and moving.'' People told us they thought the care workers had the skills to care for them. They had the same regular care workers who they got to know and who were familiar with their needs.

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 agency supported people with their communication needs. Care plans and assessments included details about how people communicated, any sensory impairments and the support they needed with these.

● The agency produced information in different languages for people who needed this and tried to match staff with people where there was a language need. One relative told us, ''[Person] is Muslim and does not speak English. The carers are also Muslim and speak [person's] language. This is great that the agency can offer this.'' Another relative said, ''The carers are of different nationalities, but they have organised that one of the carers speaks [person's] language and it's his only chance to have that interaction.'' They went on to tell us other care agencies had not been able to provide this service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Some people were supported to access the community and others were supported with social visits. Where this was an assessed need, the agency arranged support from a suitable care worker. People confirmed they received the support they needed with this.

● The agency liaised with people's families to make sure they were involved (where this is what the person

wanted) and knew about changes in people's needs.

End of life care and support

● The agency sometimes provided care for people at the end of their lives. They worked closely with the local Clinical Commissioning Group, palliative care teams and other healthcare professionals to make sure people had access to the medicines and support they needed at the end of their lives.

● The agency had a team of staff who had received additional training around caring for people at the end of their lives and had the skills and knowledge to support people at this time. The registered manager told us about instances when the care workers had worked closely with people providing 24-hour care in the last few weeks and days of their lives. They talked about how well they had known people and how they had been able to request additional medicines and care from palliative care teams when they had recognised the person's deterioration.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● The provider had systems for monitoring and auditing the service. In most cases these worked well and had identified where improvements needed to be made. However, there were some discrepancies on medicines records which had not been identified by the provider's audit of these. The audits had not recognised one person's medicines administration record showed a medicine being given at a different time to the prescribed time. We discussed this with the registered manager who agreed to review the audits to make sure they were more robust.

● Some records of care used terms which were not appropriate such as referring to continence aids as ''nappies'', referring to supporting people to eat as ''feeding'' people and not using people's preferred names. Furthermore, some care records did not show whether care plan tasks had been completed. Audits of these records had not identified any problems and therefore improvements were not being made. We discussed this with the registered manager who told us the problem in part may be due to language barriers for some staff. We were assured the registered manager was offering support for staff to improve their written language skills. The agency had recently started using an electronic recording system, which the registered manager hoped would lead to improvements in recording because some of this would be automated once staff confirmed they had completed a task.

● Other audits and systems for monitoring were operated effectively. The provider reviewed adverse events, feedback from stakeholders, staff attendance of care visits and carried out spot checks on staff. There was regular engagement with people using the service to ask for their feedback. Where concerns were identified, the provider had created plans which showed the action they would take to improve.

● We were assured by a proactive response when we identified areas for improvement and when we fed back comments from people using the service about negative experiences. The registered manager responded to these and explained what they had done to make improvements.

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

● People using the service and their relatives felt the service was person-centred and inclusive. They told us they had been involved in planning and reviewing their care, their needs were being met and they were cared for by kind staff. Some of their comments included, ''They give us the flexibility we need'', ''We received consistent support which is unique to [person using the service]'', ''I feel very fortunate to receive this service'' and ''[care worker] is very compassionate and has been a good moral support.''

● The staff told us they felt they were treated well and enjoyed working for the agency. Some of their comments included, ''They are very supportive and listen to us, asking our opinions'', ''There is good team work'' and ''[The agency] is truly caring for clients, shows empathy for staff and there is a friendly atmosphere where staff are motivated and appreciated.''

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 provider had a range of policies and procedures including dealing with complaints and duty of candour. These were regularly reviewed and updated with relevant changes in guidance and legislation. There were contingency plans for the service, including dealing with the COVID-19 pandemic and Brexit.

● The provider had responded appropriately to complaints and safeguarding alerts, investigating these, apologising to people involved and making sure they learnt from these.

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

● The registered manager was suitably qualified and experienced. They were supported by a team of senior staff who coordinated the care of people using the service and support for staff. They understood their regulatory responsibilities and how to provide a quality service.

● The staff told us they felt supported by the registered manager and other senior staff. Some of their comments included, ''They have been very supportive by encouraging us to inform them of any problems we encounter, always listening and letting us know they're there for us at any point in time'' and ''They are always quick to update us.''

● Some staff did not speak English as a first language. The provider supplied important information and training materials in their own first language, as well as English, to staff who needed this. This helped to make sure they understood important information about their roles and responsibilities.

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

● The provider asked people who used the service to complete satisfaction surveys about their experiences each year. They also carried out regular telephone reviews and visited people in their homes to ask them about their experiences. We saw they had recorded and analysed this feedback, sharing their findings with stakeholders and planning for improvements where people had requested these.

● People also told us they could speak with senior staff to raise concerns or ask for additional support. One person told us, ''If I have a problem, I tell them straight away and they take this on board.'' Another person said, ''They are easy to contact and keep in touch all the time. I would say they are very understanding and reliable.''

● The registered manager and other senior staff met with all staff regularly to offer support, supervision and ask them if they had any needs which were not being met.

Working in partnership with others

● The provider worked in partnership with the commissioning authorities, other healthcare professionals and other providers. They attended forums to discuss common problems and experiences. They shared good practice and learnt from others to improve their services.