

Kaamil Education Ltd

# Daryel Care Haringey

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Daryl Care Haringey is a domiciliary care agency providing personal care for 160 people. The service provides support to people living in their own home. At the time of our inspection there were 160 people using the service.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Recruitment of staff was not done safely. Recruitment files had gaps in all areas, for example, in some cases we did not find that references had been verified, or application forms did not contain a full job history. Medicine was not always managed safely, for example not all files contained risk assessments or "as and when needed" medicine protocols. Risk management plans lacked details for staff to follow to keep people safe from harm. Some staff did not fully understand infection control procedures.

The provider did not have an effective monitoring system in place. People, relatives and staff were not always given the opportunity to be involved in the service. The provider asked people for their views, but this was not done across the service and was inconsistent, most people we spoke with wanted to share their views if given the opportunity.

The provider carried out some auditing of the service however this was inconsistent across the service. The service worked in partnership with the local authority and health care professionals. There was an improvement plan in place at the time of our inspection.

Care plans were not personalised, people's preferences were not recorded consistently. Daily notes had not been completed due to the changing of the electronic system, the notes that were available were from July 2022. People's communication needs had been assessed. People knew who to complain to if they needed to. There was a complaints procedure in place. All complaints were recorded but actions were not always clear, and it was difficult to see what improvement had been made as a result of these complaints. We have made a recommendation about complaints.

Care needs assessment were carried out prior to people using the service. Staff had completed training for their role. The provider was working within the Mental Capacity Act. People's nutrition and hydration needs had been assessed. All of the people we spoke with said they did not receive support with health care appointments, staff were able to explain what to do in a medical emergency. Safeguarding procedures were in place to protect people from harm.

People told us staff were caring and kind. People were treated with respect and dignity. People were

encouraged to be as independent as possible

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 the 6 December 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the management of medicines, recruitment practices, governance and risk management plans. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to safe recruitment practices, safe care and treatment and good governance, at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not Safe.

Requires Improvement ●

### Is the service effective?

The service was not Effective.

Requires Improvement ●

### Is the service caring?

The service was Caring.

Good ●

### Is the service responsive?

The service was not Responsive.

Requires Improvement ●

### Is the service well-led?

The service was not Well-led.

Requires Improvement ●

# Daryel Care Haringey

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 3 inspectors and an Expert by Experience. 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

Daryel Care Haringey is a domiciliary care agency It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had about the service. We sought feedback from the local authority who work with the service. We used all this information to plan our

inspection.

During the inspection

We spoke with 5 people using the service and 6 relatives. We spoke with 8 care workers and the registered manager. We reviewed 20 people's care records including risk assessments and 10 staff files in relation to recruitment. We also reviewed a range of management records including staff training and supervision, medicines, complaints and audits.



# 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider did not have a robust system in place for recruitment of staff. We reviewed staff files and found gaps in recording of information for example some files did not have a job history, only 1 proof of address and references had not been verified. Failure to operate safe recruitment practices meant the provider could not be assured that staff were of fit and proper character.
- We spoke to the registered manager about these findings and they told us that recruitment was done centrally, in addition the local authority had visited the service and checked several staff files and reported similar issues to the Care Quality Commission. The provider had put in place an action plan to address the shortfalls and at the time of the inspection this was being implemented. The registered manager told us the local authority had planned future visits to check on progress. We spoke to the local authority during our inspection and they confirmed their actions and findings.

The provider did not ensure staff were recruited safely. This was a breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

- All of the people we spoke with told us staff came on time and stayed for the full duration. One person said, "They [staff] visit every day, on time and stay as long as they should. I don't think they have ever been late." Another person said, "Staff visit without fail, I think they have only missed a call perhaps once and they rang me to tell me what was happening. Otherwise, they arrive on time, stay as long as they should and if they are running a little late, they will call or text me and let me know."
- Most of the staff we spoke with told us they have enough time to support people and were not rushed. One staff told us, "We do not have to rush." Another staff said, "Double up calls are usually okay, will contact client and office, if there's a problem."
- The provider had a call monitoring system in place, this system allowed the supervisor to know if calls were late or missed. Feedback from people suggested if there were any late or missed calls the office would contact them and let them know what was happening.

### Assessing risk, safety monitoring and management; Using medicines safely

- People did not always have risks safely managed. Where concerns were identified it was not evident how these were safely reduced or eliminated. People's care plans recorded when they had some health conditions, for example diabetes, but they did not include enough detail on what action staff should take or how they should be monitored in case further action was needed.
- We asked staff about people's risk plans, the majority of staff we spoke with told us they understood how to keep people safe from harm, however, in one or two cases staff told us risk plans could be improved, one

staff said, "They definitely, without a doubt could be improved." Another staff explained that on one occasion there had been a serious incident, they [staff] had not been informed of some of the risks prior to the incident, if they had known they would have taken additional steps to ensure the person was safe. Although on this occasion no harm came to the person it did highlight the need to ensure staff were updated on all potential risks.

- The provider had taken swift actions following the incident outlined above, however, ongoing improvement was required to ensure risk management plans were in place and personalised to the individual.
- Medicines were not always managed safely.
- Medicines risk assessments were not in place for everyone. We did not see any protocols for "as and when needed medicines." This meant people may not have had their medicine as prescribed which could cause harm.
- People's care records did not have details of medicines prescribed and their side effects. There were some guidelines in place for staff to follow in the event of an error occurring, but these were not clear which meant staff may not know what to do and this could possibly delay medical advice or intervention.

The provider did not ensure care and treatment was always provided in a safe way for service users. This was a breach of Regulation 12 Safe Care and Treatment – Health and Social Care Act 2008 (Regulated Activities) 2014.

- People and relatives told us their medicines were administered correctly
- Staff had training in administering medicines, training records reviewed confirmed this. Staff were able to tell us how medicine should be administered safely.
- We spoke to staff about administering medicines and one staff said, "I make sure people have taken their meds in front of me." Another staff said, "Everything has to be written down, we need to protect ourselves, the client and the company."
- Monthly medicines audit checks were carried out for some people, but this was not always consistent across the service. This meant we could not be assured the service was monitoring safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- The provider had an effective system in place to protect people from the risk of abuse.
- People told us they felt safe with the care workers. One person said, "I feel very safe in the care of the service." Another person said, "I am happy to be with Daryl Care it is a good service. I feel safe as the carers look after me well, they arrive on time and stay as long as they should."
- Staff we spoke with were able to explain the signs of abuse and how to report it.
- Staff had completed training in safeguarding and records reviewed confirmed this.
- The provider had a safeguarding policy in place this enabled staff to know what to do if they needed to report abuse.

Preventing and controlling infection

- The provider had a system in place to prevent the spread of infections, however not all staff we spoke with had a full understanding of infection control and best practices. Some staff struggled to explain infection control measures but understood how to use PPE.
- People and relatives told us staff used Personal Protective Equipment (PPE) correctly, one relative said, "Whenever the carers visit, they keep [my relative] safe as they still wear PPE." Another person said, "They wear PPE to help avoid me getting viruses."



- Staff told us they wore PPE when providing care for people, this included, masks, gloves and aprons.
- Staff had training in infection and control measures, training records reviewed confirmed this.
- The provider had an infection and control policy in place to guide staff on preventing the spread of infections.

#### Learning lessons when things go wrong

- Staff told us they learned lessons from incidents as the registered manager investigated concerns and communicated changes on their work phones. We saw the complaints log which showed complaints had been investigated.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

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

- People's needs were assessed before using the service. These assessments covered areas such as mobility, dressing and undressing, the environment, food and drinks, behaviour, communication, religions and cultural needs and mental health. In some cases, preferences were recorded for example, one assessment stated, "I prefer to get up at 8.30am." This was not recorded onto the person's care plan. This meant staff would not be aware of their preference.
- Care plans were in place for people however, they lacked details for staff to follow when offering support for example, one plan stated, "Carers to assist with mobility and transfers." There was no information on how this should be carried out.
- Outcomes and actions for people were recorded on the care needs assessment, for example, in one assessment it stated, "I require assistance with my personal care," under actions the plan stated, "I require support and assistance from the care worker with my showers and with my toileting." However, they were not recorded on the care plan, this meant staff were not aware of the outcomes for people, in addition there was no recording of care delivered to people as daily notes were not recorded.
- We spoke to the registered manager about the lack of daily notes, they stated that they were in the process of changing systems and introducing a new recording system. This was proving problematic as not every care worker was able to record their daily notes. We reviewed daily notes from the old system for July 2022, they consisted of a long list of activities and a tick box to show what had been completed. There was no description of care delivery.

Staff support: induction, training, skills and experience

- People were supported by staff who had been well supported and trained to do their caring role.
- Staff had undertaken training and an induction before being left unsupervised. Training records showed staff had completed a 5 day course which included the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Other training completed, considered mandatory by the provider included fire safety, health and safety, infection control, moving and handling, equality and diversity and medicines.
- Staff told us they enjoyed the training as it helped them to do their job better, one staff said, "I love the training, there's always something more to learn."
- Staff files we reviewed showed staff had regular supervisions and appraisals were carried out annually, staff confirmed this was the case.

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

- Care records showed that assessment of people's eating and drinking needs had been carried out. Some people's care plans had details of their likes and dislikes.
- The majority of people we spoke with told us their families took care of meals and staff needed to heat food up or do very basic meals like prepare cereals or an egg for breakfast. Staff did not do any cooking for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies including the local authority and health care professionals. □
- The majority of people we spoke with said their families dealt with all their health care needs. Staff did not attend any medical appointments with people.
- Staff told us if there were any changes to people's health or care plans, this was communicated through their work phones. □ □
- Staff told us they will report any health concerns to the office and the office will get in touch with either the doctor or next of kin, this depended on what arrangements were made between the provider and the person or their family.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (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.

- The provider was working within the principles of the Mental Capacity Act.
- People and relatives told us staff always asked for permission before providing care. One person said, "The carers ask permission before they do anything." Another person said, "The carers are very polite, they ask permission to do things and they talk to me and tell me what they are doing."
- Consent to care forms were in people's files signed by the person.

# 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 respect and kindness.
- Feedback from people using the service was very positive, people told us they were treated well, and staff were caring and kind. One person said, "The staff are kind and caring. They at times do more than we expect them to do." Another person said, "The carers are very caring. They ask to do extra jobs for me, they are so keen to help me out."
- People told us they were asked if they preferred a female or male care worker, some people preferred to have a female care worker and the provider was able to meet this request.
- We asked staff about equality and diversity, one staff said, "You are who you are, you must support people's lives and beliefs." Another staff said, "I have to respect everything about their culture and beliefs, I put my feet in their shoes, I treat people how I like to be treated myself."

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

- The provider had a process in place to find out people's views however this was not done consistently, people told us they were involved in their care and made decisions. Most people we spoke with told us they had not had the opportunity to complete a survey. However, some people told us they had received a call from the office to ask them if all was well and if they were happy with the care workers. One person said, "I have had a phone call so that they could speak to me about how I feel about the service. I would recommend Daryl Care they do a good job." Another person said, "Just two weeks ago they called me to ask my opinion about my carers."
- People told us they were involved in their care, one relative said, "Yes a care plan is in place. I have been involved in it. When we first started with the service, they asked [person] if they preferred male or female carers. [My relative] asked for ladies to support them and the company have ensured that happens." Another person said, "My care plan is in my file, it is reviewed every three months. I am fully involved in each review. The carers know how to look after me as they ask to see how I like things done. I was asked about the gender of the carers I have. I said I wasn't bothered, but I do have male carers who look after me." Another person said, "They respect my choices when they are with me. My care plan is in place, they called me a week ago to see if the plan is still ok for me. I asked for somebody to visit me and do my cleaning, so they are looking into that."
- Staff told us people make decisions about their care for example, one staff said, "I always give people choices about things, ask them what you would like today." Another staff member said, "Everything is about people's choices." Staff told us they spend time getting to know people's likes and preferences.

Respecting and promoting people's privacy, dignity and independence

- Peoples dignity, privacy and independence was respected.
- One person told us, "They treat me with dignity and respect at all times."
- Staff told us, they treat people well and make sure they are covered up when providing personal care. One staff said, "Make sure they are not exposed."
- Staff encouraged people to do as much for themselves as possible, one staff said, "I encourage people to do as much as they can, we assist people to do as much for themselves as possible." Another staff said, "I always encourage people to do as best they can and do a bit more for themselves."

# 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 improvement. This meant people's needs were not always met.

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

- People's care plans were not personalised. They did not have much information about the person or their life history. Some care plans had people's preferences recorded but the majority we reviewed did not.
- People told us, "My care plan is in place. I have been involved in it. I have attended meetings regarding the plan." Another person said, "My care plan is in my file, it is reviewed every three months I am fully involved in each review of my care plan."
- Care needs assessments contained some information about people's preferences for example if the person preferred a bath or a shower or if they liked tea or coffee, however this information was not always reflected in the care plan, this meant people may not have received consistent care from staff. We spoke to the registered manager about this and they informed us they would review their care planning process.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed at the initial visit by the provider.
- People told us they were overall very happy with the care workers and how they communicated with them. One person said, "The carers are good, they communicate well with me."
- Staff gave an example of communicating with someone who had a hearing impairment, one staff said, "I would spend time, speak slowly, ask and repeat it back to ensure they understand."
- We asked staff about their communication methods and all staff were able to explain various methods of communication to meet people's needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place however it was not clear how the quality of care had improved as a result.
- People and staff told us they knew who to complain to if they needed to. One person said, "If I had a complaint or a concern, I would phone the office, but I have not had any need to yet." Another person said, "If I have concerns, I have called the office. I have done this just once. I called to raise the issue that the carers were not recording what they had done after each visit. It was dealt with and for a time improved, but now things have slipped back again, perhaps due to staff changes."
- The provider had a complaints folder in place, complaints were logged but actions taken were not always

recorded. It was unclear how the quality of care had improved as a result of these complaints.

We recommend the provider seeks guidance from a reputable source on handling complaints.

# Is the service well-led?

## Our findings

Well-Led – this means 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 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.

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

- The provider was not always involving people or staff in the service, the registered manager recognised this was an issue to be addressed.

The provider had a process in place to find out about people and their relatives views, however this was not done consistently, for example the provider conducted telephone monitoring with people every 3 months, since May 2022 this was not carried out across the service. This meant people were not able to give their views of the service.

- The registered manager was new to their post, they told us they were slowly getting to understand their role. They told us they wanted to get to know people and their relatives and find out their views on the service, as this was an area to improve.

- The majority of people we spoke with said they had not been given a survey or asked for their views, however overall, everyone we spoke with was happy with the care. Some people told us that communication could be better, one person said, "I feel the head office should contact me more regularly to see if I feel everything is going well. I haven't received a survey so I can feed back. I feel head office relies on the carers to feedback any problems to them instead of me." Another person said, "I feel the service is well managed, they deal with issues quickly. Just two weeks ago they called me to ask my opinion about my carers. I also asked them for more time for my carer to look after me, which they have done. The office staff are very friendly and helpful."

- The majority of staff we spoke with said there were not enough team meetings and they were not asked about their ideas or suggestions.

Systems had not been established to assess and monitor the quality of care. Risks to the health, safety and welfare of people using the service were not fully mitigated. The provider failed to maintain daily notes and care plans were not personalised. The provider did not seek the views of people or relatives. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not have an effective system in place to monitor the quality of care. Records reviewed



showed that some monitoring and auditing had taken place, but this was inconsistent across the service. This meant that improvements to care could not be consistently made and sustained.

- The registered manager told us they understood the need to be open and honest when things went wrong, they said, "Yes we need to be transparent, notify all events to social services, my part it is my duty to have transparency so people are safe, we need to make an apology, to give feedback to the [person] acknowledge to them we are making amends, reporting to everyone involved."
- The registered manager was aware of what notifications needed to be sent to CQC, we reviewed the safeguarding file and saw that statutory notifications had been sent to CQC.
- The registered manager told us there was an improvement plan in place and this has been ongoing over a 2 month period. This had improved the recruitment process and closed some of the gaps found at the last local authority visit. The local authority confirmed this was in place.

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

- The registered manager promoted an open and honest culture within the service.
- People told us they thought the service was well managed and they felt well cared for. One person said, "The manager is approachable and friendly, and it is easy to contact the office. The service is good as they provide [my relative] with good quality carers. We have been fortunate in that regard. I feel they do need to improve lines of communication from the office."
- Staff spoke positively about the coordinators and the registered manager, one staff said, "They listen and will sort things out." Another staff member said, "The care coordinators are good, supportive and act on issues."

Working in partnership with others

- The provider worked with the local authority. The local authority had visited the service and found some issues with the recruitment process, they were working with the provider to address this, there was an action plan in place and regular meetings were taking place.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was always provided in a safe way for service users. This was a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess and monitor the quality of care. Risks to the health, safety and welfare of people using the service were not fully mitigated. The provider failed to maintain daily notes and care plans were not personalised. The provider did not seek the views of people or relatives. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not ensure staff were recruited safely. This was a breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed.</p>

