

Kaamil Education Ltd

# Daryel Care Greenwich

## Inspection report

9-11  
Gunnery Terrace, Cornwallis Road  
London  
SE18 6SW

Date of inspection visit:  
26 June 2023  
27 June 2023  
04 July 2023

Date of publication:  
12 September 2023

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### About the service

Daryl Care Greenwich is a domiciliary care service which provides personal care to people living in their own homes. CQC only inspects where people receive support with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 145 people receiving personal care.

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

**Right Support:** People were not protected from the risk of harm as risks were not always identified and/or mitigated. The risks associated with people's health care needs had not been thoroughly assessed and assessment documents contained conflicting information. This meant staff did not have accurate information about potential risks. People's medicines were not always administered safely. Staff were not recruited in line with provider's policy.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests. However, formal systems were not in place to assess people's mental capacity. We raised this with the provider and they have reviewed their processes around ensuring capacity assessments are carried out.

**Right Care:** People were not satisfied that their complaints had been listened to and dealt with sufficiently as people experienced ongoing issues with visits. People told us they received care that met their needs and preferences, but care plans did not contain adequate detail about these which meant people were at risk of not getting care in line with their wishes. Most people told us they were treated with kindness and respect. People's communication needs were assessed.

**Right Culture:** The service was not always well managed. The provider was not following its own quality assurance policy and there was a lack of formal audits and quality assurance checks. The checks that had been carried out had failed to identify the issues with the safety and quality of the service. The provider was not ensuring the personal information of people receiving care and staff was being stored securely. There were widespread issues with the scheduling, recording, and monitoring of care visits which meant people experienced late and missed visits. There were processes in place to gather feedback but these were not effective as many people were not happy with the service they received and did not feel the provider was

resolving issues or concerns sufficiently. Many people told us they were unhappy with how the organisation was managed but praised the individual approach by the staff delivering care. One person told us, "I would recommend the carers as individuals but not the agency."

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 16 December 2022 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns we received about recruitment processes, risk management and the overall management of the service. A decision was made for us to inspect and examine those risks. As this is the first inspection of the newly registered service we looked at all key questions during this inspection in order to provide a rating.

#### Enforcement and Recommendations

We have identified a breaches in relation to managing risks and medicines, staff training and good governance.

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.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Daryel Care Greenwich

## 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 carried out by 3 inspectors and 2 experts by experience.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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 not a registered manager in post. A new manager had been recruited but had not completed the process to become the registered manager.

#### Notice of Inspection

The first day of the inspection was unannounced. The provider knew we would be returning the next day to continue the inspection.

#### What we did before the inspection

We reviewed information we had received about the service to plan our 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.

During the inspection

We visited the office on 26 and 27 June 2023. During the office visit we spoke with the care manager, the operation manager, quality assurance manager and 2 care coordinators. We reviewed a range of records including care and support plans for 13 people. We looked at records of recruitment and supervision for 7 members of staff. We also reviewed a variety of records relating to the management of the service, including management of medicines, quality assurance audits, training records and policies, and procedures. We reviewed the electronic care monitoring (ECM) data for 145 people who used the service which included the records for 18020 care visits.

We made calls to 34 people and/or their relatives on 29 June 2023 and 4 July 2023 and we made calls to 6 care workers to get their feedback about the service.

# 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- People were not always protected from the risk of harm as we identified several risks that had not been assessed or mitigated by the provider. The provider assessed the risks to people's health and wellbeing such as the risk of skin breakdown, falls, and moving and handling. However, risk assessments contained conflicting and contradictory information about risks and guidance for staff was often unclear.
- The risks associated with skin integrity were not always assessed accurately and guidelines in place were not always adequate. The care plan for one person showed they had a history of pressure sores but there was no skin viability risk assessment in place and no information in place to ensure staff knew how to mitigate the risks of further skin breakdown.
- The risks associated with specific health conditions such as diabetes were not being adequately assessed or mitigated. We saw several people with type 2 diabetes but there was not sufficient information in place for staff about the signs or symptoms of acute ill health. We raised this with the provider and they have since sent us a generic diabetes support plan which contains some information about the management of diabetes. However, as we did not see any diabetes support plans in place at the time of the inspection we could not be assured these were individual to people's specific needs and the generic plan did not provide sufficient information about the signs and/or symptoms of hypoglycaemia to ensure staff were able to identify when emergency medical attention was required.
- The risk of falls was also not being always accurately assessed and guidelines in place were not always sufficient. One person's falls assessment stated they were not at risk of falls. However, other documents showed they had limited mobility and health conditions which placed them at increased risk of harm from falling.
- Although the provider had assessed the risks associated with people's living environments the risk of harm from fire and smoking had not been assessed. We raised this with the provider and shared with them the London Fire Brigade's person-centred fire risk assessment tool which the provider used to update their assessment process. Despite this immediate action being taken, we found the updated documents were still unclear about the risks of the use of flammable emollient creams so further improvements were required.

Although we found no evidence that these shortfalls had resulted in harm to people, the failure to have an effective system in place to identify and mitigate risks to people's health and wellbeing was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues we found with the management of risks many people told us they felt safe with the care being delivered. Comments from people included, "I feel safe with the carers I have; they are terrific" and "I feel safe when being cared for. I have a lovely carer; I can't fault her."

## Using medicines safely

- People's medicines were not managed safely. During the inspection people told us they did not feel the provider was managing their medicines safely. We received comments such as, "This carer also forgot to give [family member] his medication. I spoke to one manager about the issues who promised the earth, but she didn't do anything" and "They have been using the wrong medicine record, for the past few months it was someone else's."
- During the inspection we found examples of errors on the medicine administration records (MAR) we reviewed which had not been identified by the provider. One person's MAR did not include all the person's prescribed medicines so we could not be sure all medicines had been given by staff as prescribed.
- The care notes for another person showed they had refused their medicines on several occasions, yet the MAR had been signed to indicate the medicines had been given. The lack of robust audits meant the issues we found had not been identified by the provider. After the inspection we were informed of 2 further medicine errors which had recently occurred but not identified by the provider.

The failure to ensure people received their medicines safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff received training in the administration of medicines and their competency had been assessed.

## Staffing and recruitment

- The provider did not follow safe recruitment processes to ensure staff were suitable to work with people with health and social care needs. The provider was not following their own recruitment policy as they had not obtained a full employment history when recruiting staff. This meant there was a risk that staff were not suitable for their roles. We raised these issues with the provider, and they have told us they will review their recruitment processes and address the issues we identified with recruitment files.
- The provider conducted Disclosure and Barring Service (DBS) checks before new staff started working. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

## Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Despite the provider carrying out prompt investigations into concerns raised we could not be assured the provider's processes for learning lessons from incidents and safeguarding investigations were robust as there was a pattern of similar repeated incidents occurring within the service and the provider's internal investigations had failed to identify root causes in order to reduce the likelihood of similar events happening again.
- Policies in relation to safeguarding were in place and staff received relevant training. Staff showed a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us,
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and CQC.

## Preventing and controlling infection

- The provider was preventing and controlling infections. Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. People told us staff observed safe hygiene practices and wore appropriate PPE when carrying out care and support. One person told us, "The carers wear the apron and gloves when they are doing things for me."
- Staff told us the registered manager often spoke with them about their infection prevention and control

(IPC) responsibilities and they had enough PPE to carry out their role.

# 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 was inconsistent.

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

- The provider's processes for assessing people's needs were not always robust. The provider carried out a thorough initial assessment of people's needs, however, there were numerous additional assessment tools being used and we found instances of conflicting and contradicting information recorded across different documents for the same people.
- Assessments and care plans were not always updated when people's needs changed.

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

- People's health care needs were not always accurately recorded and there was limited information about how some health conditions affected people. One person's assessment document stated they had epilepsy but when we raised this with the provider this turned out to be inaccurate.
- Despite the conflicting information about people's health needs most people felt care staff understand their health needs well and took appropriate action when needed. We received comments such as, "The main carer keeps an eye on things. She brought our attention to a rash and we got some cream prescribed" and "On one occasion they noted a mark on her leg. I get told if she is not looking well."
- Staff told us they would seek medical advice and notify the office if people's needs changed and if they required the input of a healthcare professional. One member of staff told us, "I call the district nurse, GP or even an ambulance if I am concerned about someone's health if they can't do it themselves or they don't have anyone else to do this for them."

Staff support: induction, training, skills, and experience

- The provider did not ensure staff received the necessary training to meet the needs of people receiving care. During the inspection we identified that staff did not receive mental capacity act training and staff we spoke with could not demonstrate how the MCA fitted in to their role.
- The training matrix also showed staff did not receive Autism and Learning Disability training despite providing care to Autistic people and people with a learning disability.

The failure to provide appropriate training was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us and records confirmed staff were supported with an induction and regular supervision. One member of staff told us, "Yes, we have regular supervision. It is helpful."

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

- Many people told us they were not happy with how staff supported them to prepare meals. We received comments such as, "On one occasion I visited Dad to find the carer had given him food, but he hadn't cooked enough and it was still frozen" and "They have shifted my lunch visit recently till after 1pm, so I get hungry and then I am unwell, especially if the carer is late visiting."
- Staff received training in fluid and nutrition but some people did not feel staff understood about individual dietary needs. Some people had nutrition and hydration support plans in place but we found the information recorded in these was generic and not individualised.

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.

- The provider was not always working in line with the MCA. At the time of the inspection they did not have a process for assessing people's capacity if they had reason to believe people were not able to make decisions about their care and support.
- We did not see any examples of people who could not make decisions about their care needs but we shared our concerns about the lack of process with the provider and they have updated their assessment processes to be in line with the MCA.

# 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 requires improvement. This meant people were not always well treated and supported and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Due to the many issues with the service and the organisation many people did not feel well treated and supported and did not always get continuity of care from regular staff. Some people told us, "[family member] often doesn't know who will be stopping to attend to her each day" and "There are so many different carers. I never know what they are supposed to be doing."
- Despite the mainly negative feedback about the organisation some people felt well cared for, especially by their regular carer. Positive comments included, "The main carer has got to know him well. He knows when he's not 100%" and "The carers have helped me enormously. They brought me through a very tough time."
- Staff had training in equality and diversity and told us how they adapted the care and support to meet people's needs. Assessments contained information about people's cultural and religious needs.

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

- Not all people felt listened to and supported to express their views. One person told us, "They don't understand me, or I them." However, some people told us their care staff listened and delivered care in the way they wanted. One person told us, "They listen to us; they are very friendly. They have a little chat and a laugh."
- People could choose which staff supported them. One person's care plan stipulated they only wanted support from female members of staff and this choice was being upheld.
- Staff told us how they supported people to express their views and choices when providing care. "I always communicate with people as I go along and keep checking they are happy."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence was upheld. We received comments such as, "No issues about privacy and they are respectful of the property" and "They are always very polite; they always knock on the door."
- People also told us their independence was promoted. One person said, "They let me do things for myself." Despite this generally positive approach we found care plans did not contain any information on what people could do for themselves or any guidance to ensure staff helped people develop/and or maintain daily living skills.

# 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

- We received mixed feedback about being whether people had been consulted about their care plan. Some people told us they were involved in the development of their care plan, which met their needs. One person told us, "They showed me a care plan, I haven't studied it but I have access. They do what they should do." However, other people told us they had not been involved and they did not know what was written in their care plan. One person told us, "I have a care plan, but it hasn't been discussed with me."
- Although many people were satisfied with how the care was being delivered, we found most care plans did not contain sufficient detail regarding people's routines, and preferences. Although most people received care from regular staff that knew them well, the lack of detail meant there was a risk people would not get care that met their personal preferences.

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.

- People's communication needs were considered as part of the initial assessment. The assessment considered many factors that may affect people's ability to communicate such as preferred language, sensory needs, and alternative methods of communication such as sign language or communication aids.
- At the time of the inspection the provider had not produced information for or about people in accessible formats.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which stipulated how they would respond if people raised concerns or complained about their care. Despite this some people told us they were not satisfied with how the provider had dealt with their complaint. Comments from people included, "I did complain to the agency but I wasn't happy with the response" and "I have complained 5-6 times about things, nothing ever happens. They say they will ring back but they don't. I haven't heard anything."

End of life care and support

- The service was not providing end of life care and support at the time of our inspection. Assessment documents contained a section for people to record their end of life wishes, however, this section had not been completed in the sample of assessments we reviewed so we could not be assured people had been consulted about these wishes.

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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 effective systems in place to monitor the safety and quality of the service. They were not carrying out audits in line with their own quality assurance policy and audits that had been carried out had failed to identify the issues we found with scheduling of care visits, recruitment, care plans and risk assessments.
- The most recent quality assurance audit found no concerns with care plans, risk assessments, staff files, staff training and staff attendance which is contrary to what we found during this inspection.
- The provider was failing to ensure people received their care visits as planned and despite numerous concerns had failed to make sufficient improvements. The provider was using an electronic call monitoring system with the aim of ensuring care visits were scheduled and attended as planned. However, the ECM system was not being used effectively and we found widespread issues with scheduling and recording of care visits which the provider had failed to identify and/or resolve.
- Staff were not given sufficient time to travel from one person's home to another. The rotas/ECM records we sampled for 4 members of staff for an 8-week period showed there were 352 incidents where these staff were not allocated any travel time between calls and staff were logging out of one location and into another immediately even though locations would require staff to travel several minutes between locations.
- We also saw staff were often logged in two different locations at the same time. We found at least 50 calls (25 occasions) when staff were logged in two places at the same time. These issues meant the ECM system was not an accurate record of the care being delivered. We asked the provider to investigate these issues but they were not able to explain these anomalies or demonstrate sufficient improvement to their systems and processes despite numerous complaints and safeguarding alerts.
- Many people told us they did not get their visits as planned and late and missed visits was an ongoing issue. We received comments such as, "There are no set times they just turn up in the mornings" and "They are always late or don't turn up. They don't apologise."
- People also told us that care staff did not stay for the correct amount of time. One person said, "The carers don't stay as long as they should do but nothing has changed."
- The provider was failing to store personal information about people and staff securely. During the inspection we found care plans and personal staff information being stored in an unsecure way.

The failure to assess, monitor and improve the quality and safety and maintain secure, accurate, complete and contemporaneous records in respect of each service user was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service conducted client satisfaction surveys but we could not be assured of the effectiveness of these as the feedback gathered did not correspond to the feedback we received. The most recent satisfaction survey found people were generally happy with the service, whereas at least half the people we spoke with had concerns about timekeeping and the responsiveness of the management.
- Many people also told us they had not been asked to give feedback. One person told us, "The manager has never called me to see if things are going well, and I haven't had a questionnaire so I can give feedback."
- The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and keep all staff up to date with relevant information.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibility to be open and honest and gave people all the relevant information when things went wrong.

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

- Staff were happy with the support they received from the organisation. We received comments such, "We can always get support when we need it and they carry out spot checks."
- Due to the numerous issues with visit times and lack of responsiveness from managers most people did not speak highly of the organisation even when they were happy with the individual carers. We received comments such as, "No complaints about the care staff, just the way its run" and I can't recommend them at all, they are poorly organised. The management are dismissive about things, they just don't care about the workers."

Working in partnership with others

- The provider was not able to demonstrate effective partnership with other health and social care professionals.
- Local authority commissioners had raised concerns about the high number of complaints and quality alerts. Subsequent quality monitoring visits carried out by the local authority had identified similar issues with recruitment, care plans and audits that we found.

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 provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated.</p> <p>Systems for the proper and safe management of medicines were not operated effectively.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure sufficient numbers of suitably qualified and skilled staff were deployed to meet people's needs.</p> <p>Regulation 18 (1)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and improve the quality and safety of the service effectively. The provider had failed to ensure people received a consistently safe service.  Regulation 17 (1) (2)

### **The enforcement action we took:**

Issued warning notice