Daallo Care Services Ltd

Daallo Care Services Ltd

Inspection report

Arches
420-421 Burdett Road
London
E3 4AA

Tel: 07947664850

Date of inspection visit:
17 July 2018

Date of publication:
30 August 2018

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
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?	**Inspected but not rated**

Summary of findings

Overall summary

This comprehensive inspection took place on 17 July 2018 and was announced. This was the first inspection since the provider registered with the Care Quality Commission (CQC) in December 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting two people in the London Borough of Tower Hamlets. Not everyone using Daallo Care Services Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Both people had been receiving personal care since May 2018. This meant that although we were able to carry out an inspection we did not find enough information and evidence about parts of the key questions we ask about services, or the experiences of people using the service, to provide a rating for each of the five questions and an overall rating for the service. We were therefore not able to rate the service against the characteristics for inadequate, requires improvement, good and outstanding ratings at this inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were inconsistencies between the two care records we reviewed. Records did not contain sufficient and detailed information about the care and support people received.

Risk assessments covered a range of factors that people were at risk of, including environmental assessments to ensure people's homes were safe. However not all risks were fully addressed with sufficient information available for staff to follow to keep people safe.

People who were supported with their medicines did not always have the full up-to-date information recorded in their care records.

Staff were aware of their safeguarding responsibilities and were confident the registered manager would take the appropriate action if they had any concerns. Safe recruitment procedures were followed to ensure people were supported by suitable staff.

Staff had received training around the Mental Capacity Act 2005 (MCA) and there was evidence people had consented to their care, with records in place where people lacked capacity. However, one care record did not fully reflect how consent had been sought in line with best practice.

Care workers were positive about the supervision they had received but the agreed regular cycle of supervision had not been carried out at the time of the inspection. An induction and mandatory training programme was in place when new staff started to support them in their role.

Care records highlighted if people were supported with their nutritional needs and if they had any dietary preferences. However, one person's nutritional risk had not been highlighted and more information was required to provide a more accurate summary of the support that was given.

People and their relatives had been actively involved in decisions about their agreed care and support. We received positive comments about the kind and caring nature of care workers and how respectful they were when carrying out their tasks.

Care workers did not always accurately complete records of the care and support people received.

The provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs.

People were provided with information on how to make a complaint and were able to share their views and opinions about the service they received.

The service promoted an open and honest culture. We received positive feedback about the management team and staff felt well supported. Staff were confident they could raise any concerns or issues, knowing they would be listened to and acted upon.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements. As the service had not been providing care and support for a substantial period of time, some of these policies had not yet been enacted.

The management team were proactive and responsive to the feedback they received about the shortfalls we had identified. We asked the registered manager to send us an action plan about the improvements they planned to make.

We will be in contact with the provider as the service develops and will aim to return within six months to carry out the next inspection and provide a rating for the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

We did not have sufficient information to rate the service's safety.

Although risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm, there were inconsistencies in the records we reviewed. Not all risks were highlighted with control measures in place or guidance for staff to follow.

Staff had completed training in medicines, however the records did not show the full level of support being provided.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

There was a safeguarding policy in place and staff were confident any concerns brought up would be acted upon straight away. Staff had received training in safeguarding and knew their responsibilities to report any signs of abuse and protect people from harm.

Is the service effective?

Inspected but not rated

We did not have sufficient information to rate the service's effectiveness.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) however minor improvements were needed to ensure people's consent was sought in line with best practice.

People were supported with their nutritional needs however further information was needed in care records to provide a more accurate summary of the support people received.

Care workers received an induction and training programme to support them to meet people's needs. Supervision sessions had started but had not been fully implemented at the time of the inspection.

Staff told us they were aware of people's health and well-being

and knew how to respond if their needs changed.

Is the service caring?

Inspected but not rated

We did not have sufficient information to rate whether the service was caring.

People and their relatives were happy with the care they received and the caring attitude of the care workers that supported them.

Care workers knew the people they worked with and treated them with respect and kindness. New care workers were developing positive relationships with people they were getting to know and understand.

We saw that people and their relatives were involved in decisions about the care and support they received, and encouraged to express their views.

Is the service responsive?

Inspected but not rated

We did not have adequate information to rate the responsiveness of the service.

Care records were discussed and designed to meet people's individual needs. Staff knew how people liked to be supported but not all records were detailed or included important information about the care and support people received.

Acknowledged improvements needed to be made in the quality of the daily logs and how care workers recorded the tasks they completed.

Is the service well-led?

Inspected but not rated

We did not have sufficient information to rate the leadership of the service.

Relatives told us that they were happy with how the first few months of the service had been managed. Staff felt supported to carry out their responsibilities and spoke positively about the management team.

The management team were in regular contact with people using the service and their relatives to monitor the quality of care and support provided.

Procedures were in place to audit standards of care and the satisfaction of people who used the service, although some of these had not yet been implemented.

Daallo Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 July 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. We were due to inspect this service in December 2017 but the provider was not supporting any people at the time so it had to be rescheduled.

The inspection was carried out by one inspector. Inspection site visit activity started on 17 July and ended on 25 July 2018. We visited the office location on 17 July 2018 to see the registered manager, service manager and to review care records and policies and procedures. After the site visit was complete we then made calls to people who used the service, their relatives and care workers who were not present at the site visit.

Before the inspection we reviewed the information the CQC held about the service. This usually includes notifications of significant incidents reported to the CQC however none had been received. We had kept in regular contact with the registered manager since their registration to monitor the size of the service.

We spoke with two relatives as both people were unable to communicate with us over the telephone. We also spoke with five staff members. This included the registered manager, the service manager and three care workers. We looked at both people's care plans, four staff recruitment files, staff training files, staff supervision records and records related to the management of the service.

Inspected but not rated

Is the service safe?

Our findings

We received positive feedback from people's relatives about the service and were told that staff knew how to keep people safe. One relative said, "So far, so good. I don't have any concerns whatsoever."

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service a support needs assessment was carried out by the registered manager or service manager. This identified any potential risks associated with providing their care and support, which included people's health, mobility, nutrition and hydration and personal care. It also included a detailed premises and environment check which assessed the safety of the person's home, including smoke alarms and appliance checks.

However, we found there were inconsistencies between both the files we viewed. For one person, we saw that the provider had worked closely with the family and had arranged a meeting with a health and social care professional to get advice and guidance for staff to manage behaviour that challenged the service and how to support them safely in the community. Where they were also at risk of having seizures, there was information for staff about possible triggers and guidance from the community learning disability team. For another person, we saw that their risk assessment had not been fully completed. This person needed to be hoisted for all transfers, was at risk of pressure sores and needed to be repositioned at regular intervals. There was also a letter from an occupational therapist which highlighted a ceiling track hoist was in place but there was no further information about this. It had not been covered in the risk assessment and there was no guidance for the care workers. Although we saw daily log entries recorded when the person was repositioned, this was not recorded in the care plan about what it involved or how often it needed to be done.

We also saw this person was supported to manage their finances. Their local authority assessment stated care workers were responsible for shopping and pension collection, but this had not been recorded. Daily log records confirmed this was being carried out but there were no financial transaction records or guidance for care workers to follow when supporting this person with their finances. We spoke to the registered manager and service manager who acknowledged this care plan lacked sufficient detail and needed further information.

At the time of the inspection, both people were being supported by care workers to prompt them with their medicines and care workers had received training in the management of medicines during their induction. However, there were some areas for improvement as the records did not show the full level of support being provided. For one person, we saw records within their care plan which recorded the list of medicines the person took and that a relative was responsible for supporting them with this. However, we spoke with one of the care workers who told us they also supported the person with their medicines but there was no information about this in their care plan. We contacted the registered manager after the inspection to bring this to their attention. They confirmed that the care workers prompted them with their medicines and that they would update their records accordingly. For another person, their daily log records confirmed that care workers were prompting their medicines but there was no information about this, or the medicines they

prompted in the care plan. The registered manager acknowledged this as an oversight and said that they would address the issue immediately.

The staff files we reviewed showed the provider had safer recruitment procedures in place. All Disclosure and Barring Service (DBS) checks for staff had been completed in the last year. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. There was evidence of photographic proof of identity and proof of address. The provider requested two references and they were verified and recorded in staff files before applicants could start work. Interview assessment records were in place which showed that the provider had assessed the suitability of staff they employed.

There were sufficient care workers employed to meet people's needs. At the time of our inspection there were six care workers employed in the service. The registered manager told us that they also had two applicants going through the recruitment process. Electronic call monitoring (ECM) had just been implemented but was not active at the time of the inspection and we were unable to view how the system was set up. We reviewed the previous two months of timesheets for three care workers which showed calls had been made by a consistent team of care workers. The registered manager told us an on-call service was available 24 hours a day, seven days a week.

Staff had received training in safeguarding and were able to explain what they would do if they thought somebody was at risk. This topic was covered during the induction programme and we were told that it would be refreshed annually. There was a safeguarding policy in place with information about responding to concerns, how to make the necessary referrals and guidance for care staff to follow. There had been no safeguarding incidents or any accidents or incidents at the time of the inspection so we were unable to see if lessons had been learned or improvements made if things went wrong.

Inspected but not rated

Is the service effective?

Our findings

Relatives we spoke with confirmed that staff understood their family members' needs and knew how to support them. One relative said, "They've worked with [family member] for a long time and know how to support him/her." Another relative told us that although the service was new, the care workers were beginning to understand how to support their family member.

Staff completed an induction training programme when they first started employment with the service. This covered a range of policies and procedures, including dealing with accidents and incidents, lone working, managing time sheets and an introduction to people using the service. Staff were given mandatory training covering 13 topic areas, including moving and handling, dementia awareness, infection control, health and safety and first aid. All staff files had training certificates in place and care workers confirmed they had the opportunity to carry out practical tasks along with theory based training. One care worker said, "We use a hoist for personal care. We had the training and were able to practice how to use it, it was good." There were two staff files that did not have records to confirm the induction process had been completed and signed off but one of the care workers told us that it had been done.

Each care worker had a supervision contract which highlighted how often it was agreed to take place. Records showed staff had the opportunity to discuss their role, teamwork, training needs and working closely with people and their families. However, for two care workers where it had been agreed to have supervision every two weeks, they had only received one supervision since May 2018. We were told that this had been due to personal circumstances and supervision sessions had been rescheduled for the following day of the inspection. One care worker said, "I found my supervision very good. I felt listened to, was able to have my say and could contribute, so it was very useful."

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.

Where one person lacked capacity, there was evidence of signed consent to care and treatment and records from the local authority to confirm their relative was their representative. However, there were some areas for improvement as another person's care plan had been signed by a relative but there was no further information to explain this or if they lacked the capacity to do so. The registered manager said it was due to a physical reason why the person had been unable to sign their own care plan and added they would update the record immediately to highlight this.

Staff had received training in food hygiene and infection control and both people were supported with nutrition and hydration. However, there were some areas for improvement as there were inconsistencies in the care files we reviewed. One person had detailed information about their dietary requirements and what support they needed, including a list of their preferred choices. It also gave guidance for care workers to

ensure they offered the person two choices of food items to help them make a decision. However, another person was unable to prepare or cook meals for themselves and needed support during mealtimes. There was no further information recorded in the care plan about their preferences or what care workers were responsible for. After discussing this with the registered manager and service manager, we found out the person was also living with diabetes. We spoke with one of this person's care workers who was aware of this and knew about their nutritional needs, but this had not been recorded in their care plan.

Care workers were aware of their responsibilities to help people manage their health and well-being and what to do if their health deteriorated. One care worker said, "If we have any concerns, we will always speak with relatives and call the office." We saw correspondence for one person that showed the registered manager had made contact with the relevant health and social care professional highlighting a concern and asking for advice. A joint meeting had been arranged for the following day to discuss the issues that had been raised. As the service had only been in place for a short period of time, we were unable to judge whether people's care and support was delivered in line with best practice guidance to achieve effective outcomes.

Inspected but not rated

Is the service caring?

Our findings

We received positive comments from both relatives about the attitude of care workers and that they felt their family members were treated with kindness and respect. Comments included, "They are very understanding and patient, passionate about their job and finding out ways of how they can help my [family member]" and "They are very respectful, both to my [family member] and to us as a family. What I like is that they don't feel like it is work for them, they never look at their watches."

Records showed that people using the service and their relatives were involved in making decisions about their care and support. The registered manager told us they always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required to discuss their needs.

People had a team of regular care workers to ensure they received continuity of care. One relative told us that they had three regular care workers who had worked with their family member for a number of years and had moved across when their care agency changed. They added, "[Family member] is very comfortable with the carers, and looks forward to them visiting. It means a lot to him/her." For one person who had been introduced to new care workers, their relative said, "It is early, but he/she really likes the carers and are building up a good relationship." A relative also told us that there had been times when the care workers had stayed longer as more support was needed and this was always able to be accommodated.

One relative told us that they felt their care workers respected their family member's privacy and dignity, especially when they were carrying out personal care. They added, "As they are from the same background, they can understand and respect our culture."

We saw that the provider had supported people on their behalf when they had been unable to do so. For example, one relative told us that there had been occasions when they had been unable to attend meetings with health and social care professionals. Staff had stepped in and helped to translate, and then reported back to them with an update. The provider had also made contact with a housing association on behalf of one person to follow up on an issue that had been raised by care workers.

Inspected but not rated

Is the service responsive?

Our findings

The registered manager told us for each new referral there would be a new service review to meet the person and their relatives and to find out about their care and support needs. A joint assessment would take place which included health and social care professionals. For one person an epilepsy nurse had been invited to help contribute to the assessment and provide advice and guidance. A contract and service user guide was given to people to keep in their home which set out an overview of the service people could expect and how they could get in touch with the office if they had any questions or concerns.

A new care plan had recently been developed and we saw correspondence from the provider to people and their relatives to make them aware of this. They requested additional information, such as life histories and personal preferences to help ensure they provided a personalised service. It added that the information would be of great benefit to staff to get a better understanding of people and that it would help them respond more closely to their personal needs. It did highlight that people did not need to answer if they did not want to.

Care records contained people's personal details, their next of kin and health and social care professionals who were involved in their welfare. They identified health conditions and gave a brief description of people's needs. It also included assessments from the local authority and any correspondence with health and social care professionals. However, one person's care plan, who received four visits a day, had limited information about the area of support needed and what tasks needed to be carried out. We reviewed their daily log records from 1 May until 14 June 2018 and saw that recording was incomplete. From 19 May until 14 June 2018 care workers had only recorded one entry per day, rather than for each individual visit. Recordings also lacked detail about what care and support had been provided at the visit. For example, entries included, 'Provided service requirement', 'Carried out required task', 'Completed all tasks' and 'Personal care.' For another person, there were four visits in July where no records had been completed. Both the registered manager and service manager acknowledged the records lacked detail and did not accurately reflect that preferred levels of care were being carried out.

The provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. One person had requested a female care worker from the same cultural background who could speak the same language, which had been accommodated. Their relative told us that they were happy that the care workers could communicate with their family member in their native language. Another person's records showed that they were regularly supported to visit the local mosque. Both care records highlighted that due to their religion, there were certain foods that they did not eat. The registered manager was able to communicate with people and their relatives in their own language which helped with their understanding of the care package or if they needed to discuss any concerns.

There was an accessible complaints procedure in place and a copy was given to people in their service user guide when they started using the service. It highlighted that all formal complaints would be acknowledged within three days and aim to be resolved with 28 days. At the time of the inspection there had been no complaints, which both relatives confirmed. One relative said, "We don't have any issues but I would

certainly feel comfortable getting in touch if I needed to."
The registered manager told us they were always available to speak with people and listen to their concerns, and would always ask about the service when carrying out monitoring checks.

At the time of the inspection people were not being supported with end of life care. The registered manager told us that they had just started discussions about this with one person and their family. The registered manager was in the process of arranging some end of life training. Care workers had also covered a death, dying and bereavement training topic during their recent induction.

Inspected but not rated

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Our records showed he had been formally registered with the Care Quality Commission (CQC) since December 2016. He was present when we visited the office and assisted with the inspection, along with the service manager who had started in May 2018.

We received positive comments about how well managed the service was and communication with staff. Comments from relatives included, "At the moment, it is going very well and very smoothly, we have no concerns" and "They are always available and very easy to get in touch with. If they are busy they always get back to me."

Care workers told us they felt well supported and had positive comments about the management team. Comments included, "I'm really happy so far, there are no issues or concerns and it is good", "It is still new but so far so good, I am happy working here" and "They respond well if I need to speak to them and always get back to me with anything I've brought up." One care worker added, "[Registered manager], he is hard working, very kind and helpful and likes things done properly." Care workers felt that the service promoted an open and honest culture and even though none of the care workers we spoke with had any concerns they were all confident that concerns would be dealt with immediately.

The registered manager had monitoring processes in place to assess and observe the quality of service provided. The management team had regular meetings but minutes had not been typed up. Due to the size of the service daily telephone checks were made with care workers with weekly spot checks carried out in people's homes. One care worker said, "They do come and visit us in the home and talk with us and the family, checking that everything is going well and to find out if we are happy with everything." There were no formal records of spot checks but the registered manager said they would start to do this.

The registered manager had an audit structure in place for care plans to be reviewed every three months but we could not see this due to the short length of time people had used the service. The provider had also registered with an organisation that provided a programme of key policies and procedures to support providers to meet health and social care regulations. It was still in the process of being fully implemented at the time of the inspection as it was still standardised. For example, there was a document in the service user guide that people received when they first started that informed them they could access the provider's most recent CQC report, but this was their first inspection. The registered manager acknowledged that it needed to be personalised to their service.

People, their relatives and staff had been able to complete a survey after the first month of receiving support. Questions had been designed around the CQC inspection framework and the samples we reviewed were all positive.

The registered manager was involved with the local Somalian Community Centre and had access to voluntary organisations. He told us they were looking to introduce a family forum in the hope to reduce

social isolation. The registered manager was also part of a local provider forum and hoped to work closely with other organisations to help support people within the Somali community.

The registered manager was aware of their registration requirements regarding statutory notifications and told us that they had access to the CQC portal to review guidance for providers.