

Kaamil Education Ltd

Daryel Care Lambeth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Daryl Care – Lambeth is a domiciliary care agency. It provides personal care to people living in their own houses and flats. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 114 older people receiving personal care.

People's experience of using this service:

People did not always receive care and support from staff that received adequate time off. People's medicines were not always recorded in line with good practice. We have made a recommendation in relation to staff rest breaks. Further details are in the safe section below.

People did not receive care and support from a service that was always well-led. There were failings in the oversight and management of the service. Audits did not always identify issues found at the inspection. We have made a recommendation in relation to the oversight of the service. Further details are in the well-led section below.

People were protected against the risk of abuse as staff received safeguarding training and were aware of the provider's whistleblowing policy. Risk management plans were reviewed regularly and gave staff guidance on mitigating identified risks. Newly employed staff underwent a comprehensive pre-employment check to ensure their suitability for the role. People were protected against the risk of poor infection control practice.

People received care and support from staff that underwent training to enhance their skills and experiences. Staff reflected on their working practices through regular supervisions and appraisals. Where agreed in people's care package, people were supported to access food and drink that met their dietary needs and preferences. People's health was regularly monitored and where concerns had been identified, healthcare services were sought, and guidance implemented.

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.

We received mixed comments about the care and support people received. However, people's privacy was respected and where safe to do so, people's independence was encouraged and celebrated. People were encouraged to share their views, and these were taken on board.

Care plans were personalised and clearly detailed people's health, medical and mental needs and gave staff clear guidance on how to support people in line with their wishes. Complaints were effectively managed in a timely manner. The provider had an end of life policy in place.

The provider encouraged partnership working with stakeholders. The registered manager was aware of their responsibilities in line with legislation and the Duty of Candour.

Rating at last inspection:

This is our first inspection of the service since their registration on 24 December 2018.

Why we inspected:

This was a planned inspection was planned in line with our inspection programme.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Daryel Care Lambeth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience who made phone calls to people. An expert by experience is someone who has experience of this type of service.

Service and service type:

This service is a domiciliary care agency for older people. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 5 November 2019 and ended on 11 November 2019. We visited the office location on 5 and 9 November to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed the information we held about the service, for example, information received from healthcare professionals and members of the public. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with 13 people, seven relatives, two healthcare professionals and seven staff members, including care workers, the registered manager and the operations manager. We looked at 12 care plans, five people's medicines administration records, six staff recruitment files, policies and procedures and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and the training matrix.

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 the service and this key question is 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

- People did not always receive care and support from sufficient numbers of suitable staff.
- We received mixed comments about the staffing levels at the service. Out of the 13 people and seven relatives we spoke with, 11 people confirmed staff were often late and they weren't informed of their late visit. Comments included, "[staff] are not always on time, sometimes by 30 minutes. They never phone to say they're going to be late", "There have been a few occasions when the carer didn't turn up" and "[Staff] never phone to say they are running late." However, a healthcare professional said, "[The service] are covering and meeting [visits] well. No real concerns of missed or late calls, they are compliant."
- A staff member told us, "There are enough staff [deployed]. I choose to work more hours, I don't have many days off but I can if I want to but I don't."
- One the first day of the inspection we reviewed the staffing rota and identified three staff members were working between 19 and 38 days consecutively without required rest breaks. For example, one staff member had worked 38 consecutive days between 21 July and 27 August 2019. Another staff member worked, 31 consecutive days from 1 to 31 July 2019. The extensive hours worked by individual staff members meant there were not enough staff deployed and those working were at high risk of fatigue.
- We shared our concerns with the registered manager who on the second-day of the inspection, had updated people's rotas to ensure staff received adequate time off. We will review this at our next inspection.

We recommend the service consider current guidance in relation to staff rest breaks and take action to update their practices accordingly.

- Notwithstanding the above, the provider had pre-employment procedures in place to ensure suitable staff worked at the service.
- Staff files contained satisfactory references, application forms, photographic identification and a current Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Using medicines safely

- People confirmed staff supported them with their medicines.
- Medicines Administration Records (MARs) were not always completed accurately and gaps on the MARs were not always identified during the auditing process. We shared our concerns with the registered manager who told us, "I have identified two staff that are not completing the MARs properly. I have had a supervision to address this [with them]. We have also arranged refresher training for all staff on medicines, the week commencing 11 November 2019." Records confirmed what the registered manager told us.

- Despite this, staff were aware of the importance of raising any concerns or medicines errors with management as soon as possible, to minimise risks to people.
- We were satisfied with the registered manager's response and will review this at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse as staff were aware of the provider's safeguarding policy, knew how to identify, respond to and escalate suspected abuse.
- One staff member told us, "If I was worried someone was being abused I would whistleblow if the [registered] manager didn't do anything about it, I would notify the Local Authority and I would record it."
- A healthcare professional said, "We have no real major concerns [with regards to safeguarding]."
- At the time of the inspection there were two open safeguarding's which were being addressed with the registered manager and local authority appropriately.

Assessing risk, safety monitoring and management

- People were protected against identified risks as the service developed risk management plans to mitigate risks.
- The service's risk management plans were reviewed and updated regularly to reflect people's changing needs. Risk management plans covered, for example, medicines management, falls, eating and drinking and skin integrity.
- Staff were aware of the importance of monitoring identified risks and sharing any changes or concerns with the office immediately.

Preventing and controlling infection

- People were protected against the spread of infection as staff received infection control training and were aware of the provider's infection control policy.
- One staff member told us, "I have had infection control training. I use gloves, aprons, foot covers and arm covers if I need to. The office will always give us more equipment."

Learning lessons when things go wrong

- The registered manager was keen to learn lessons when things went wrong.
- Incident and accident logs were in place and reviewed by senior staff to implement strategies to minimise the risk of repeat incidents.

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 of the service and this key question is rated. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The commissioning local authority provided an assessment of people's medical, health, emotional and social needs before they started to receive care from the service.
- The service then reviewed the assessments to ensure they could meet people's needs before devising a care package.
- The registered manager was keen to ensure people's views were considered, documented and recorded in their care plans, in order to ascertain their suitability and that their needs could be met.

Staff support: induction, training, skills and experience

- People received care and support from staff that underwent training to enhance their skills and experiences.
- The majority of people we spoke with told us, they felt staff were well trained.
- All staff we spoke with told us they found the training beneficial and where necessary, could request additional training. We reviewed the training provided, which included, food hygiene and nutrition, health and safety, medication, safeguarding. Mental Capacity Act 2005 and moving and handling.
- Staff regularly met with their line manager to reflect on their working practices. Staff confirmed they found supervisions helpful and discussed all aspects of their role.
- Newly employed staff took part in an induction whereby their competencies for the role were assessed regularly. Staff told us they shadowed more experienced staff to understand their roles and responsibilities prior to working without direct support. Records we reviewed confirmed this.

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

- We received mixed comments about the support people received in relation to food preparation. For example, one relative told us, "Despite leaving a note for the carers advising that microwave meals are in the freezer, they didn't heat them up for [my relative], and just gave them soup." However, another relative said, "[Staff members] were preparing food for [my relative] but as their health has improved, they're making their own meals."
- Despite the above, people told us they received support to access sufficient food and drink that met their dietary needs and preferences. A staff member said, "I support people to eat their meals. Their relatives prepare the meals and I help them eat it. I always ask if they are ready for another bite and they will say or [indicate] they would like more." I ask them what they would like."
- Care plans detailed people's health, nutrition and dietary needs, meal preferences and where agreed in their care package, staff prepared meals for people.

- Staff were aware of the importance of monitoring people's food and fluid intake and reporting any concerns to management immediately.

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

- People's health and wellbeing was regularly monitored and external healthcare services guidance sought when necessary.
- Care plans detailed people's health, emotional and medical diagnosis and staff were aware of people's medical needs.
- Staff confirmed they would inform people's relatives, the office and healthcare professionals should there be any concerns about people's health or well-being.
- The registered manager told us they attended Lambeth provider forums to share good practice and work cohesively with other agencies to drive improvements. A healthcare professional confirmed what the registered manager told us.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Care plans detailed people's cultural and faith needs, and these were respected.

Ensuring consent to care and treatment in line with law and guidance

- People's consent to care and treatment was sought prior to being delivered.
- Staff were aware of their role and responsibilities in line with legislation.
- Care plans detailed people's capacity levels.

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 of the service and this key question is rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; and ensuring people are well treated and supported; equality and diversity

- We received mixed reviews about staff. For example, one person told us, "Some carers are not very thoughtful. [My relative] cannot move on their own, but carers leave the TV remote control out of reach." Another person said, "Some are careful and kind but some are in 'too much of a hurry.'" However, other comments included, "regular carer is lovely. Very professional – knows how I like to be treated", "carer is like a little daughter to me" and "[staff member] treats me like her own mum."
- Staff spoke passionately about the people they supported and knew them well.
- Staff were aware of the importance of maintaining people's dignity, privacy and encouraging their independence where safe to do so. People we spoke with confirmed this.
- One staff member told us, "When I'm [supporting someone with personal care], I will encourage them to wash the parts of their body that they can." Another staff member said, "We [staff members] make sure we are doing personal care in private, we shut the doors and close the curtains."
- The provider had an equality and diversity policy in place, which set out the expectations of staff to treat people equally and to respect their individual and diverse needs. One person told us, "[Staff members] are respectful of my religious views."
- Care plans detailed people's religious and cultural needs.

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

- People were encouraged to share their views and make decisions about the care they received.
- Staff supported people to make decisions by explaining things in a way they understood and by giving them adequate time to process that information before making informed decisions.
- Care plans detailed how people wished to be supported and this gave staff an insight into the support people required to make a decision.
- Regular telephone monitoring encouraged people to share any concerns, things that had gone well and if they required any changes to the support they received.

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 of the service and this key question is rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We received mixed comments regarding the care planning at Daryl Care – Lambeth. One relative told us, "When the six week care package ended, Daryl phoned to say they were taking over the care. There was no discussion of what care [my relative or I] wanted." We found no evidence to support this statement. However, other comments included, "My care needs were discussed when setting up the package, I'm now improving and the number of daily calls have been reduced" and "The care plan is in a black folder. The carers fill in what they have done." A healthcare professional said, "They [the service] have good [care plans] and they are comprehensive."
- Care plans were person-centred and documented people's life history, wishes and preferences, medical, social and health needs. Care plans were regularly reviewed to reflect people's changing needs and where possible, people were encouraged to develop their care plan.
- Staff were aware of the importance of ensuring any changes to people's presentation were shared with the registered manager to ensure the care plans were up-to-date and care provided reflected people's needs. For example, one staff member told us, "The care plan is what you follow every day, it's like a daily plan. Where I have noticed that what is in the care plan isn't what the person wants I alert the office and the persons relatives."

Improving care quality in response to complaints or concerns

- Not everyone we spoke with was aware of how to raise their concerns or complaints. For example, one person told us, "I don't know how to complain." However, other comments included, 'If I needed to complain, would first talk to the carer' and 'I've never needed to complain'.
- The provider had a complaints procedure in place which staff were familiar with. The complaints procedure set out the process the service would follow upon receipt of a complaint, who to contact should their complaint not be effectively managed and what to expect.
- We reviewed the complaints file and found there had been 10 complaints in the last 12 months. Complaints were investigated by senior staff in a timely manner to seek a positive outcome.

End of life care and support

- At the time of the inspection the service were not providing end of life care to people.
- The provider had an end of life policy in place detailing the action staff members would take to support people in line with their preferences, should they require end of life care and support.

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 of the service and this key question is 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; and Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We identified there were failings in the management and oversight of the service; and the provider and registered manager had failed to monitor and maintain records relating to the service to drive improvements.
- We identified audits undertaken were not robust and failed to identify issues in relation to medicines administration. For example, we identified there were instances where people's medicines administration records (MARs) had not been signed and this had not been picked up in the audit and no action taken to address these errors.
- We also identified audits failed to identify staff working excessive hours for consecutive days.
- We shared our concerns with the registered manager who on the second day of the inspection told us, "Yesterday we carried out further training for office staff regarding auditing. It covered, medicines and MAR auditing, financial, daily home notes, spot checks, telephone questionnaires and staff supervision. We will do this monthly to minimise the risks to people." Records confirmed what the registered manager told us. We will review this at our next inspection.

We recommend the provider seek guidance from a reputable source on auditing processes and update their processes accordingly.

- We received mixed comments about the management of the service. For example, one relative said, "My issue is with the management." However, a staff member told us, "[The registered manager's] amazing and lovely. She listens to us staff and when we have issues, she will give us advice on how to deal with things." A healthcare professional said, "Yes, the [registered] manager is very good. She comes to the forum and she is transparent. She will raise any concerns with me directly."

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

- People were supported and encouraged to share their views to improve the service delivery.
- Regular telephone monitoring was carried out; comments included, for example, 'I'm happy with the set of care workers attending my calls' and 'My care worker was very helpful. I was really happy and grateful.'

Continuous learning and improving care

- Records confirmed where the registered manager was aware of issues, these were responded to in a timely manner.

Working in partnership with others

- The registered manager was keen to maintain and increase the partnership working with other stakeholders to drive improvements.
- A healthcare professional told us, "[The service] do work in partnership with us, any amendments they put it in place straight away, they are very good at that." Records confirmed what the healthcare professional told us.