Kaamil Education Ltd

Daryel Care

Inspection report

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Date of inspection visit:
30 November 2022
01 December 2022

Date of publication:
01 February 2023

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Daryel Care is a domiciliary care agency providing care and support to adults living in their own homes in the London Boroughs of Islington and Barnet. At the time of our inspection, there were 45 people using the service. Some people were receiving short term care packages as part of their rehabilitation after an illness, fall or hospital admission. Other people received care on a long-term basis. Some people were living with the experience of dementia and/or other mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
We received some feedback about instances of staff lateness and timekeeping. We have made a recommendation about monitoring staff deployment.

People told us they felt safe using the service. Where risks were identified, plans were in place to manage these risks safely.

Medicines were managed in a safe way and people received their medicines as prescribed.

Staff followed appropriate infection control practices. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service.

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.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

Auditing and quality assurance processes were in place. However, these were not sufficiently robust as they did not identify issues we found.

The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 November 2020).

Why we inspected
The inspection was prompted in part due to concerns received about safeguardings and complaints about the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Daryel Care on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Daryel Care

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
This inspection was completed by 1 inspector and 2 Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 November 2022 and ended on 02 December 2022.

What we did before the inspection
We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 11 people who used the service and 12 relatives to gain their views about the service. We spoke with 5 care staff and the registered manager. We reviewed a range of records. This included 9 people's care plans, risk assessments and medicine records. We looked at 5 staff files in relation to recruitment and training. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures.

We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● The majority of people told us their care workers turned up on time and there was consistency with their care workers. People and relatives told us, "I have a lovely carer who comes to me 7 days a week and have never missed a call", "I have a regular team of carers and sometimes I see one more than the others" and "My (relative) and I have been very pleased with the care, they visit 4 times a day and timekeeping is very good."

However, we received some feedback about instances of lateness and timekeeping issues and care workers were in rush when they visited people.

● For example, people and relatives said, "Timekeeping can be good and bad, but I have never had a missed call", "There are 4 visits a day. The problem is that the afternoon visit can be either 4:00 or 4:30, depending which member of staff is coming, and (my relative) finds that difficult to plan around. Also, weekends are definitely not so reliable", "I think they must be short-staffed at the evenings and weekends as they are often rushing or watching the clock" and "The morning carer is on time, but it varies in the evenings. Weekends are different again and I have had twice where they didn't show up at all."

● The provider did not have an electronic system in place to monitor staffing levels and timekeeping at the time of the inspection and they said this would be implemented in the next few months.

● We discussed with the registered manager issues around timekeeping and they told us they will take action in response to this. They said they will analyse the reasons for lateness and will put an action plan in place to address the issue.

We recommend the provider review their monitoring systems to ensure staff are effectively deployed.

● The registered manager told us they would review their monitoring systems to ensure lateness was also robustly managed.

● Care staff told us they received details about their shifts on time and they had regular people they supported and cared for.

● People were protected from the employment of unsuitable staff. This meant pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse.

● Staff completed safeguarding training and had access to guidance about the different types and indicators of abuse and how to report any concerns.
● Relatives told us they had no concerns about their relative's safety. They told us they would let someone know if they had any concerns about their safety or the way their relatives were treated.
Comments included, "I feel safe with the carers" and "I feel safe. They are all trained well and know what they have to do."
● Where there were concerns of abuse, the registered manager had notified and worked with relevant healthcare professionals, including the local authority safeguarding team and CQC to ensure any concerns were acted upon.

Assessing risk, safety monitoring and management
● Risks to people's personal safety were assessed, monitored and managed effectively.
● Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
● Regular reviews took place and plans were updated to reflect any changes in people's needs.
● Staff told us risk assessments provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety.
● The provider had a business contingency plan which provided information and guidance on actions staff should take in emergency situations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

● The service worked within the principles of the MCA.
● The registered manager and care staff we spoke with demonstrated an understanding of the principles of the Act and how to work in people's best interests.
● Consent forms, signed by people who used the service, were included within people's care records.

Using medicines safely
● People received their medicines by trained staff as they had been prescribed.
● Medicines administration records (MARs) were kept in people's homes. The MARs showed which medicines people were prescribed and when they were given.
● The MARs were returned to the office every month and checked by the registered manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated.

Preventing and controlling infection
● There was an infection control policy in place. Care workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing.
● However, some people told us care staff did not always wear personal protective equipment. For example,

one person said, "He (carer) does wear gloves and changes them after the shower, but he doesn't wear a mask or apron."
● We discussed this with the registered manager who gave us assurance that they will address this with all the care staff.

Learning lessons when things go wrong
●There were systems in place to ensure lessons were learned when things went wrong.
● Accidents and incidents were recorded, investigated and analysed to ensure lessons were learnt to prevent any further reoccurrences.
● Records showed detail of actions taken, further investigation where required and any follow up actions to ensure people's safety.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care was personalised to meet individual needs and was delivered in a way to ensure maximum flexibility, choice and continuity of care. People and their relatives were involved in planning their care and reviewing care needs to ensure they received the right support in line with their choices. A person told us, "They (office staff) came to see me, then came to my home after care started and we agreed my care plan. I am now expecting a re-assessment."
- People's care plans were person-centred and gave staff the information they needed to safely and effectively support people. The information included in care plans enabled staff to get to know people and what was important to them. Care was delivered by a team of staff who knew people well.
- People and relatives described a flexible and responsive service that met individual needs and preferences. A relative told us, "I agreed a care plan, which I'm happy has been delivered and achieved. We have been able to review as necessary, for example, the lengths of visits were tweaked, and some changes were needed in respect of assistance to eat, after a short stay in hospital."

Meeting people's communication needs

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

- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person.
- Staff were aware of the individual needs of people and felt they had enough information to support the person effectively.
- The registered manager told us information was available in alternative formats including large prints and easy read formats, should this be required by people.

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

- People were supported to avoid social isolation and encouraged to maintain links with family and friends.
- Staff told us they supported people to go out in the local community to help people keep in touch and to be part of the local and wider community.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place.
- People and their relatives told us they knew how to complain. They said they could approach staff or registered manager if they had any concerns.
- Relatives told us that they were confident that the registered manager would deal with any concerns in a timely way.
- Records showed complaints had been investigated and responded to promptly by the registered manager. Complaints and concerns raised were reviewed to identify particular trends and used as an opportunity for learning and improving the service.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

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 a system in place to effectively monitor and manage staff deployment. We have made a recommendation on this under safe.
- Audits were not always robust as they did not identify issues we found during the inspection.
- Other systems were in place for monitoring and managing service quality. This included spot checks, care reviews and supervisions.
- There was an organisational structure in place. Managers and staff understood their individual roles, responsibilities and the contribution they made to the service.
- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the review and monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events occurred at the service.
- Throughout the inspection the registered manager demonstrated a commitment to continually improve the service delivered.

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

- We found there was an open culture within the service. The registered manager and staff were open and honest with us throughout the inspection. The registered manager had a clear vision and was committed to providing a person-centred responsive service. Staff we spoke with shared this commitment.
- People were supported in a respectful and kind manner. Feedback from people was positive and evidenced they felt included and listened to. People and their relatives spoke positively about the service, the registered manager and care staff. Comments included, "The care staff are friendly", "the quality of care is a huge reassurance", and "I couldn't do without my carer. I would recommend them 100%."

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 was aware of their responsibilities regarding duty of candour. They acted in line with the legal requirements to be open and transparent.
- Good relationships had been developed between the registered manager, staff and people who used the

service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People's equality characteristics were included in their care records. This included age, gender, ethnicity, sexual orientation, religion and disabilities.

● Staff communication was effective and where staff meetings could not be held in person, remote communication was used. Staff described the morale as good.

● People, relatives and staff were regularly asked for feedback about the service through surveys, meetings, phone calls and reviews. This information was used to develop the service.

● People told us, "The manager have called me to ask if everything is all right with my care" and "The managers are responsive when you get to speak to them. I see it as a positive that I don't find I need to talk to them too often, it's a well-run company."

● The service worked in partnership with other professionals such as social workers, GP practices and district nurses to ensure people received the right support. This was evidenced in people care plans.