Kaamil Education Ltd

Daryel Care

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an announced inspection on the 3 June 2015. This was first inspection of this service. Date

Daryel Care is a domiciliary Care providing personal care to five people with physical disabilities and dementia in their own homes.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff had a good understanding of safeguarding adult's procedures and keeping people safe. They knew how to recognise and report concerns appropriately and understood how to 'whistle blow'.

Summary of findings

Risk assessments and care plans for people using the service were effective. They were person centred and recorded all the required information. People and their relatives were involved in the care planning process.

Staff prompted people to take there medicines usually from blister packs and this was recorded on a Medicine Administration Record (MAR). We saw evidence that forms had been completed appropriately.

We saw there was adequate staff allocated to provide care and support for people on the rota. Recruitment practices ensured staff undertook relevant checks prior to employment to ensure they were suitable to work with the people using the service.

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken induction training and other mandatory training to enable them to support people safely and effectively.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making.

People were supported to access their GP and ongoing healthcare support including emergency medical services as appropriate.

Supervision was conducted regularly with care staff and was documented and retained in their files. Records were also kept on a new computer software system alongside training records and this allowed a skills match to ensure staff were only allocated to people they have been trained to support.

The staff team were caring and promoted positive caring relationships. People's dignity and privacy was maintained. They were supported with personal care and other tasks and were encouraged to do as much for themselves as possible in order to maintain and increase their independence.

There were up-to-date and detailed care plans in place that had been devised from assessment information. They were reviewed every three months or when a circumstance around a person's care and support needs had changed. We saw evidence that people who used the service and their relatives were involved in planning their care.

The registered manager monitored the service for quality by regularly speaking with people and their relatives and undertaking a combination of announced and unannounced spot checks. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks included reviewing the care records kept at the person's home to ensure they were appropriately completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew how to report concerns or allegations of abuse. People and their relatives were given information on how to report concerns.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There were sufficient staff available to meet people's needs.

There were suitable arrangements for the safe prompting and recording of medicines in line with the provider's medicines policy

Is the service effective?

Good

The service was effective. Staff received induction training and relevant mandatory

People were assisted to access their GP and on-going healthcare support.

People's food preferences and any requirements around being supported to eat and drink were detailed in their care plans.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Care workers supported the same people every day in order to ensure consistency and to build relationships with people.

People were supported by staff as much as possible, who understood their individual needs in relation to equality and diversity.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their needs.

People and their relative were involved in care planning, including providing information for reviews.

The service sought people's views by a number of ways, including, reviews, spot checks and weekly telephone calls by the registered manager.

Is the service well-led?

Good

The service was well led. The service promoted a positive, 'can do culture'.

An electronic monitoring system was in place that prompted management to review care records and could also check the compatibility of a worker to a new person starting a service.

Care records were audited to ensure that regular reviews of risk assessments and care plans had taken place.

Daryel Care

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.'

This inspection took place on 3 June 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. A single inspector conducted the inspection.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We interviewed three staff including the registered manager. We gained feedback from one person who used the service and two relatives. We also gained feedback from a social care professional who were involved with the service as well as commissioners.

We reviewed three case records, three staff files as well as policies and procedures relating to the service.

Good

Is the service safe?

Our findings

People and their relatives we spoke with said they felt safe and that staff understood their needs. One person said, "Staff are very good and they look after me very well."

Staff we spoke with had a good understanding of safeguarding people and the types of abuse that may occur. There were suitable arrangements in place to safeguard people including procedures, to follow and how to report and record information. A whistleblowing procedure was also in place and staff told us they knew about the procedure and how to use it. Staff had received safeguarding training and had discussed their learning during their one to one supervision sessions. We saw a list of contact details and the process to follow for reporting safeguarding issues for the relevant local authority displayed prominently in the office.

The registered manager knew how investigate safeguarding concerns appropriately and told us that they would always be guided by the local authorities safeguarding team as they were the lead agency for safeguarding.

Risk assessments had been completed, recently reviewed and updated for people and they had been discussed with the individual person or their relative or friend where appropriate. We saw that people, their representatives, manager and staff had been involved in undertaking risk assessment and as far as possible the person themselves decided what was safe for them to do and how best to do it. On one risk assessment there were instructions for staff to ensure a person's walking frame was left next to them to avoid falls and also to make sure staff fill the kettle with water before they leave the home, in case the person turned the kettle on and forgot to put water in it.

We saw evidence that health and social care professionals associated with people's care were consulted and referred to appropriately with regard to how risks were identified and managed in a way that promoted people's development and independence. We saw information confirming the provider had regularly sought advice and intervention from professionals such as GP's and district nurses when required. One relative told us the registered manager contacted the district nurse when there was problem with medicines and the matter was resolved.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People tended to have the same care workers visit them to ensure continuity. People's dependency needs were kept under continuous review to ensure that staff members with the necessary skills, abilities and experience were always available to provide appropriate care and support. One relative told us that the registered manager had swapped care workers around from mornings to evenings as they felt they the evening care worker was best suited to support their relative in the mornings.

There were effective recruitment and selection processes in place. Documentation was in place to support this and included an application form, interview and written assessments. We noted in staff files we read that references had been checked. Appropriate checks were undertaken before staff began work. Checks on people's references and eligibility to work and Disclosure and Barring Service (DBS) checks had also been undertaken to ensure they were fit to work.

Staff undertook regular training to keep up to date with professional guidance, including moving and handling, safeguarding adults, food hygiene and health and safety. Staff said they were supported to develop their skills so they could continue to meet people's needs including additional training and qualifications.

In each care plan we saw list of people's medicines as well as a record of regular medicine reviews. Staff prompted people to take there medicines usually from blister packs. They recorded this on a Medicine Administration Record (MAR). We saw evidence that forms had been completed appropriately.

Good

Is the service effective?

Our findings

People and their relatives told us they thought the service was effective and people's needs were met. One person said, "They understand me and what I need". A relative said, "The carers are good and they understand our language." We found that the provider assessed people's needs and planned and delivered care in line with people's individual care plans. People's records contained a number of assessments around peoples, health, and social care needs as well as care plans detailing an overview of the care and support that should be provided. They also included risk assessments in place for a range of care issues including food safety, medicines, continence management and moving and handling.

We asked care staff about what they might do in an emergency situation or if someone was unwell. They were all able to explain appropriately what they would do if a person had fallen or was injured, including accessing their GP or in an emergency, calling an ambulance. Staff were also able to explain processes in relation to this, including how to report and record information appropriately. One care worker said, "Depending on what the emergency is, I may call the GP or an ambulance. I would always call the office and put it in the notes"

People we spoke with and their relatives told us they were happy with the way there meals were prepared. One person told us, "They help me make the food I like" A relative said, "Staff are good and they help with cooking Halal food. Staff we spoke with were aware of the nutritional needs of people who they supported and to follow instructions with regard to health issues such as soft diets and cultural preferences.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making. People were asked what they liked to eat, how they wanted to dress and their preferences for care delivery. People's consent was obtained about decisions regarding how they lived their lives and the care and support provided. One care worker said, "I ask people what they like and respect their choices".

Supervision was conducted regularly with care staff and was documented and retained in their files. Records were also kept on a new computer software system alongside training records and this allowed a skills match to ensure staff are only allocated to people they have been trained to support. For example, only staff who had completed recent training on dementia were matched to work with people who require dementia care. The system does not allow staff to be placed with people if any required training has not been completed and updated on the system.

We saw training records and noted that all staff had completed an induction and also mandatory training in the past year. Some staff had attained an NVQ (National Vocation Qualification) in care and others were working towards or completed the Qualifications and Credit Framework (QCF) awards. Staff told us of other training opportunities including, dementia care, equality and diversity and challenging behaviour. The registered manager told us that staff appraisals were being planned to coincide with staff completing their first year as the service only started operating in June 2014.

Staff were supervised and supported to carry out their role before working alone. One care worker told us, "The induction was good and I was supervised well" Another said "I completed training on manual handling, safeguarding, medication and food hygiene; I also went on visits with the manager."

Good

Is the service caring?

Our findings

People who used the service and their relatives told us they thought the service was caring. One said, “They are all very good and look after me well.” A relative said “They are caring and encourage my relative and tell her, well done after she has done something well, the trust is there.” Another said, “They talk to my relative in their language, its good.”

The registered manager and care workers we spoke with all told us about the importance of treating people with dignity and respect and making sure people are seen as individuals and have their needs met in a person centred way. One care worker said, “It’s important to get to know people and be flexible in your approach. It’s about care being centred around the person.” Another said, “I respect people’s privacy, when I take them to the toilet, I close the door and wait outside until their ready.” Staff were clear about maintain confidentiality and one care worker said, “You must never break confidentiality.”

The registered manager told us that care workers supported the same people every day in order to ensure consistency and for staff to build relationships with people. He told us of situations where care workers had been moved to different people if there was a better match in terms of communication and understanding, as he felt that building positive caring relationships with people was fundamental for the wellbeing of people and staff. Staff we spoke with confirmed this, one said, “The manager always asks us to come on a visit to people and gives us time to get to know them.” Another said, “This agency is all about what’s best for the client, and I like that.”

Staff told us that they often went ‘above and beyond’ to ensure people had what they needed. For example one said they would see that person was running out of milk or bread and would always make sure they bought a replacement, regardless of whether it was a task written down to completed on that day. Relatives we spoke also commented on how helpful staff were, one said “All the staff are helpful and the manager is very obliging. He’s polite and always deals with things quickly.” They went on to say the registered manager calls them at least once a week to see how things are going.

People and their relatives told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. A person using the service told us, “They do things the way I want them” A care worker told us “I always ask people ask what they would like and respect their personal choice. One person and a relative told us they and their family member had been matched with a care worker who was able to cook Halal food and speak their language and this had helped them to feel settled and well supported. Another relative told us that although the person who supported their relative was from a different culture, they were very sensitive to their needs, likes and dislikes. They described her as very experienced and lovely person.

We saw that regular monitoring visits, including spot checks and phone calls were being made to people using the service and/or their relatives in order to obtain feedback about the staff and the support provided.

Good

Is the service responsive?

Our findings

We found that the care and support people received was responsive and met the needs of people using the service. One relative told us that she had spoken to the registered manager about a care worker being late, they said, “I spoke with the manager and it was dealt with the same evening.”

The care records we saw indicated that the staff team identified any changing needs quickly and effectively. We tracked the care of one person who had been refusing to take their medicine. It was noted that information was quickly reported back to the registered manager by a care worker who discussed the issue in the first instance with the person using the service. They told him they had concerns about the tablet they were taking, as it was too big to swallow. The registered manager contacted the GP who agreed to prescribe a different set of tablets. This resolved the problem and ensured the person continued to take their medicines as prescribed.

The registered manager had a good understanding of the needs of the people using the service and from the care records we saw there was evidence of good engagement with community health and social care professionals where needed. This was confirmed by a social care professional we spoke with who described a good working relationship between them and the service with cases that have been particularly challenging. They said the registered manager’s response had been very good and they had been involved in joint reviews offering insightful feedback.

Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place that had been devised from assessment information. They were reviewed every three months or when a circumstance around a person’s care and support needs had changes. Relatives told us there were care plans kept in people’s homes and also confirmed they had been involved in the development of them, usually at the start of the service and when they were reviewed. A relative told us “The manager came out with the care worker to do an assessment, it was good”. The registered manager told us that he placed great emphasis on the initial assessment and would sometimes tell commissioners that the service provided would not be able to meet a person’s need. He said, “We don’t say yes, we can provide a service to everyone; we have to be honest and say what we can and can’t do.”

People who used the service and their relatives were able to contact the office at any time. There was an on call system in place for out of office enquiries and contact details were provided in an information pack given to people using the service.

Feedback was sought through a variety of ways including weekly telephone calls by the registered manager, spot checks, and monitoring which was conducted regularly. People and relatives we spoke with described the managers as ‘helpful’ and ‘obliging.

Staff knew how to support people to make a complaint. One said, “I would always encourage them to speak to the manager first, as it may be something that can be sorted out quickly”. The service had a complaints policy and a copy of this was detailed in the information pack provided for people. There was a system in place for addressing any complaints and ensuring feedback was given to the complainant. There were no complaints recorded and no accidents or incidents.

Good

Is the service well-led?

Our findings

People we spoke with told us they thought the service was well run. The registered manager told us they were committed to ensuring the service was equipped to meet the needs of people using the service regardless of their backgrounds, culture and beliefs. He told us that present there were a high percentage of people using the service who were from Somalia but not solely. We had feedback from people and their relatives from all backgrounds who confirmed that the service provided was person centred and met their individual needs. The service promoted a positive, 'can do culture'.

A relative told us that the manager was approachable. Staff told us they thought the registered manager was very supportive and they received regular guidance and supervision through telephone calls and meeting face to face. They said they felt valued and were encouraged to attend training. Two care workers we spoke with told us they had their names down to start the new diploma in care level three and that the manager had encouraged them to do this. One care worker told us they had not stayed with a previous organisation as they didn't appear to care for the people they supported. They told us that they seemed more interested in you only doing what was on the care plan and nothing else. They said that Daryel Care was different and the manager encouraged her to do the 'right thing' and to be flexible and caring.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The also undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. One relative told us "The manager always checks to see if were alright."

The service had bought new software that included an electronic monitoring system which had the ability to prompt management to review care records and could also check the compatibility of a worker to a new person starting a service, for example someone who was Muslim could be matched with someone of the same faith. The new system also had the capacity to operate Electronic Call Monitoring (ECM) system which would alert management if a care worker had not arrived at a person's home at the scheduled time and there were plans to activate this over the next few months.

We saw that that the registered manager had audited care records to see that regular reviews of risk assessments and care plans had taken place. Care workers also brought daily record sheets back into the office regularly and these were checked by the registered manager. As the service had been operating for less than twelve months, we saw there were no annual surveys for people using the service and staff but plans were underway to get these started