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

Summary of findings

Overall summary

This inspection took place on 3 and 5 July 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service. At the time of the inspection Daryel Care provided domiciliary care and support for 57 people in their own home. The service worked primarily with older people living with dementia and a small number of people with physical impairments.

At our last inspection on 31 May and 1 and 2 June 2017 the service was not meeting the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found breaches of Regulations 12 and 18 which related to recording risk assessments and recording medicines provided as well as professional development opportunities not being made available for care workers. Each of these areas had been addressed and the provider was now complying with these regulations.

There was a registered manager in post. A registered manger is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of law; as does the provider. The registered manager was present during the inspection.

Risk assessments had improved and provided care workers with guidance on how to mitigate people's individual personal risks. Risks had been clearly identified and risk reduction measures were outlined.

People we spoke with told us they received their medicines safely and on time. The service was now keeping records of the assistance people received with their medicines or lists of medicines which each of these people took. These medicines records were being audited regularly to ensure that medicines were managed safely.

Care workers told us that they felt supported by the manager and other senior care workers at the agency and they were offered the opportunity to meet and discuss their work regularly through supervision. Care workers appraisals were taking place as well as training and development needs being offered for care workers.

New care workers completed an induction. The induction policy stipulated that all new care workers were expected to achieve the care certificate within twelve weeks of employment and this was being complied with.

The service operated safe staff recruitment procedures and ensured that all staff were suitable for the role before beginning any care work.

Procedures relating to safeguarding people from harm were in place. Care workers we spoke with understood what to do and who to report it to if people were at risk of harm. Care workers understood the systems in place to protect people who could not make decisions and were aware of the legal requirements outlined in the Mental Capacity Act 2005.

People were involved in planning their care and had regular reviews to gain their opinion on how things were. Care plans were person centred and included suitable information on how people wanted their care to be delivered as well as their likes and dislikes.

People and relatives were provided with information on how to make a complaint and their views were obtained and acted upon. People were treated with dignity and respect and trusted the care workers that supported them.

At this inspection we found that the previous breaches of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been complied with. There were no further breaches of regulation identified. Please refer to the main body of this report for further details.

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. Risk assessments had improved and now provided care workers with appropriate guidance on how to mitigate specific risks of falls and trips for some people.

The provider now kept records of assistance provided with medicines and details of medicines taken for all people that required assistance.

The provider followed safe staff recruitment practices.

Care workers were trained about keeping people safe from harm or abuse and those we spoke with had a good understanding of how to do this. People received a continuity of care and usually had the same care workers visiting them.

Is the service effective?

Good

The service was effective. Care workers supervision and appraisals had improved. The provider had recognised and acted on this since our previous inspection.

Care workers received regular training and an induction before commencing their work and all care workers had either completed, or were completing, the care certificate.

Care workers were aware of the Mental Capacity Act 2005 (MCA) and how this impacted on the care that they provided for people.

When required as a part of their care and support needs care workers supported people to eat and drink so that their dietary needs were met.

Is the service caring?

Good

The service was caring. People were supported and care workers knew people well and could tell us about the people they supported.

People were treated with respect and believed that care workers maintained their privacy and dignity.

People were encouraged and supported to have input into their care and their views were respected.

Is the service responsive?

Good

The service was responsive. Care was person centred and planned in consultation with them, which people and relatives confirmed.

Care workers were knowledgeable about people as unique individuals and knew about people's interests and preferences.

People knew how to make a complaint. There was an appropriate complaints procedure in place and the provider responded to complaints and provided full explanations and apologies as necessary to people.

Is the service well-led?

Good

The service was well led. Auditing of medicines management or people potentially coming to harm due to risk had improved significantly. The provider audited these, and other systems, to ensure that the service was working effectively.

Care workers meetings were taking place, which we confirmed by looking at care workers meeting minutes.

Care workers told us there was good support from senior colleagues and guidance was readily available from the manager and other senior care workers.

The service monitored the care provided to people. The provider had taken the necessary steps to improve the level of spot check monitoring to ensure continuity and appropriate care delivery.

People's views were obtained and were acted upon.

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 and 5 July 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector and an expert by experience that carried out telephone interviews with people using the service and a relative. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We looked at six care records and risk assessments, four care workers recruitment records, twenty-one medicines records and other documented information related to the management of the service.

During our inspection we received feedback from six people using the service and one relative. We spoke with four care workers, received e-mail feedback from five other care workers and spoke with the registered manager of the service.

Good

Is the service safe?

Our findings

People using the service told us, "One good thing, we have had the same carer for the last 8 days and they get to know where everything is." This person went on to talk about an issue with their electric wheelchair which their care worker knew about and had reported to the agency to get additional support to report this to their local authority to get this repaired. Other people told us, "They're fine, very friendly and make me feel safe and they make me feel good and they do what I ask, and they come in twice a day they don't cook for me I do that myself." We were also told, "The carer I have always comes on time and she's quite flexible if I have got to go to the hospital she will come earlier or later they only shower me and get me dressed and they don't have to make food for me." Others told us they were usually satisfied with feeling safe with care workers.

A relative told us, "The care workers at this agency are very good and I think [relative] is very safe. The care workers administer [relative's] drugs due to my relative having Dementia and having a stroke and now they're bed ridden."

We viewed six people's risk assessment and care assessment records. We found that in each care plan there were risk assessments and risk reduction measures in place. This was a significant improvement to what we had found at the previous inspection. The risk assessment policy stated that dependent on the level of risk the assessments would be reviewed every three months, six months or annually. This did not preclude risk assessments being reviewed sooner should a person's needs change and make a review necessary. This was occurring and the provider could evidence that risks to all people were assessed or mitigated against in order to prevent any harm to them, including if people were at risk of falls.

At the time of this inspection twenty-one people required assistance to take their medicines either fully or by prompting. The agency described this as "Total Support" or "Mechanical Support." The registered manager showed us audits of medicines administration charts (MAR) for these people for the previous six months. This demonstrated that the provider had acted to improve the way in which medicines assistance was monitored and people's medicines were being managed safely.

All care workers had undertaken medicines training in the last twelve months and care workers we spoke with who did provide this assistance told us how this was done, including completing MAR charts. All care workers who assisted people with medicines had undergone competency assessments to ensure they were able to manage medicines safely. Records showed that these competency assessments had been most recently updated in April 2018.

We looked at the arrangements in place to cover the care needs and call times that had been agreed with people. Care workers told us they usually supported the same people but would sometimes cover other visits if needed due to care workers leave or sickness. Care workers told us, and rotas confirmed, that care workers were provided with enough travel time in between care visits. People and relatives did not raise any concerns about late or missed visits.

The service had an electronic monitoring system in place. This is a system where care workers log in and out their care visits and therefore enabled the service to monitor any missed visits. In addition to the log books each care worker, regardless of their role, had a secure mobile phone application they had downloaded onto their mobile phone. This enabled care workers to quickly send secure messages, for example if they were running late, or to receive messages from the agency office. We were shown records which demonstrated that It was rare for any late or missed calls to occur. The electronic monitoring system in conjunction with the on-call out of hours contact number meant that any risk of missed or late calls was quickly responded to.

The service had a safeguarding policy that care workers had access to. Care workers were trained in safeguarding during their induction and had received this training prior to being able to begin to deliver care. Care workers we spoke with could tell us about keeping people safe and about different types of abuse people may face. A care worker told us, "I have never had any reason to think my clients were unsafe but if I did I would call the office, we are trained to do that." Another care worker told us, "I would let the office know if I thought there was something wrong, even at weekends there is always someone I can get in touch with."

Care workers understood how to report concerns if they needed to. Whistle blowing is where care workers can make any concerns known to an organisation external to their company, such as the local authority and CQC, without fear of recrimination. Care workers we spoke with were clear and expressed their determination and confidence to report anything of concern.

Four care workers had been recruited since our previous inspection. The service followed safe recruitment practices. Recruitment files showed pre-employment checks, such as two satisfactory references from their previous employer, photographic identification, their application form, a recent disclosure and barring service check and eligibility to work in the UK. Where care workers required home office permission to work in the UK this was documented and a system was in place to update these permissions as they became necessary. This minimised the risk of people being cared for by care workers who were inappropriate for their role.

The service recorded any incidents that had occurred. The service responded appropriately to incidents or other concerns that had been reported and we noted that few incidents occurred.

Good

Is the service effective?

Our findings

People using the service that we spoke with told us, "They always come on time and they always make sure that I have plenty to drink and to eat" and "They know I like my independence and I have my dinners delivered to me by meals on wheel that's why they don't cook for me."

A relative told us that they were very satisfied with the care service provided, and that the care workers or the agency listened to what they wanted. This person told us, "Yes, they do spend time talking to her even if she doesn't always respond they're very good with [relative]."

Care workers initial induction covered necessary core skills, for example medicines handling, moving and handling, food hygiene and keeping people safe from harm. Induction commenced with a three day classroom based introduction followed by shadowing a mentor [this being an experienced care worker]. The number of shadowing days depended on the skills and experience of care workers but at least one day. This could be extended depending on the experience of the care worker and the report of their awareness and knowledge made by the mentor. The provider induction policy stated that all new care workers were required to achieve the care certificate with twelve weeks of commencing in employment, which was being achieved. The manager could provide dates when all care workers had completed their induction.

Records of care workers supervision confirmed that the three monthly supervision frequency that we were told was being introduced at our previous inspection was now in place. The manager had identified the need to introduce planned quarterly supervision and had done so since our previous inspection. Care workers told us, "The supervision is wonderful" and "We get support phone calls and e-mails to see how we are and supervision too."

There were now records of an annual appraisal for all care workers who had been in post for a year or more. A six-monthly review of job performance was being rolled out to all care workers 'we had been told, that this would be implemented during our previous inspection. This process had commenced and we were told that this would replace annual appraisals over time.

The provider could evidence that care workers appraisal and professional development opportunities were suitable for care workers, which is a significant improvement on what we had seen at our previous inspection. Training was planned and included updates of core skills. Almost all care workers were maintaining the required training but for those that may be overdue the provider had a system in place to ensure that care workers would achieve the necessary training and updates. Any care workers who failed to do so were told that the provider would not be able to provide them with work if they did not maintain their skills and knowledge. This had not had to be acted upon as the provider was clear about this expectation and spoke with care workers who may have difficulties attending training to support them to do so. Care workers told us, "We are trained every month and updated if there are any new rules. We are supervised every week and checked upon our actions and dealings with the person being looked after. On induction, I was trained on everything that I needed to know, examples, include how to perform and deal with the actions correctly." Other care workers also confirmed they had training and updates including dementia,

medicines, health and safety and food hygiene.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Care workers understood their responsibilities in relation to meeting the requirements of the MCA and the service had assessed people's capacity and there were records of best Interests meetings where people may have lacked capacity. People's capacity had been documented on a specific assessment form which was included in their care plan records. Where people were unable to be involved in planning their care, a best interest's decision process was undertaken. Relatives had been consulted and this was referred to on people's care records. The details of who had been involved in best interest's decision making and their relationship to the person were also included. Training records showed that all care workers had received training in the MCA and records and new care workers received this training during their induction. The service was not involved in any activity that required the use of deprivation of liberty safeguards to be applied.

Care workers we spoke with described the needs of the people they cared for and what action they would take if there were any concerns about people's well-being. Care workers were all clear with us about the need to seek people's permission to provide care. One care worker told us, "I always ask, it doesn't matter if the person may not have capacity as it is important to communicate with people so they understand what you are helping them with."

The service usually only provided light meal preparation for people where this was required. This was heating food up for people or making a snack such as sandwiches. Care workers had been trained in food hygiene and nutrition. Where people required support with meal preparation or encouragement to eat, care plans documented people's likes and dislikes about food.

People and care workers told us that the service did not routinely attend healthcare appointments with people and that this was usually managed by people themselves with assistance from their family as needed. However, the manager stated that it is still the case that support would be considered carefully if there was a need to help if someone was unable to be assisted by a relative or friend.

Good

Is the service caring?

Our findings

People and relatives were usually positive about the attitude of the care workers. One person told us that they had previously had a concern about a care worker and had complained and the care worker had been changed. Other people told us, "They're fine, very friendly and make me feel safe and they make me feel good and they do what I ask" and "Yes, they always respect my privacy and my dignity they always make sure my curtains are pulled." This person went on to tell us that they had worked in care themselves and was very aware of what was required of care workers due to their own working life experiences.

Care records had a section with people's personal histories, likes and dislikes. Care workers could tell us about what people they worked with liked and enjoyed. The involvement of people, and their relatives was included in care plans and included decisions made in people's best interests. People were involved in planning their care. Although a couple of people could not recall if they had seen their care plan. People told us they thought their specific preferences were respected and a relative gave us an example by saying, "Yes, they always get my [another relative living with the person] to leave the room and they make sure the curtains are closed when they are doing anything personal for my [relative]." This person was referring to personal care.

We recommend that the provider ask people using the service about their awareness of their care plan and ask care workers to speak with people about this also.

Care workers had a good understanding of what dignity and respect meant to the people they were working with. Care workers told us, "[It's about] being caring and friendly at all times, being there when needed for people in the good and bad times" and "We care, it's not just about doing things. I know the people I care for very well and I really get along with them." Care workers we spoke with understood the importance of offering choice to people and communicating about the care provided, as well as recording what support they have provided.

Care workers understood the importance of respecting cultural, religious and sexual diversity. People's faith was noted in their care plan if they had chosen to express this. The agency took steps to match people with care workers that understood their heritage and this was working well. Diversity was taken seriously by the provider who had clear guidelines and expectations of care workers to respect this.

People we spoke with did not make any specific comments about respecting their heritage or beliefs but care workers were aware of their client's specific requirements regarding lifestyle, faith, culture and disability. In one care plan we saw that the very specific communication needs of the person were noted and care workers had been trained about how to ensure these were met. Other notes demonstrated that this worked well and care workers supported the person as needed to communicate well with them.

Good

Is the service responsive?

Our findings

Care plans were person centred and included people's individual likes and dislikes and the way they preferred to be supported. Information contained within care plans was specific to the type of support each person required. For example, help to wash and dress, company if the care workers were supporting a family to have a break, taking medicines or assisting with meals and light domestic duties. Care workers were provided with guidance about how any of the care activities they engaged in were to be carried out. Care plans were specific to the agreed care that care workers were required to provide, including times of day, number of visits and days of the week where care workers were required to visit and provide support.

People using the service told us about being offered the opportunity to make choices and getting care they needed. People told us about preferred gender of care workers and this was being respected. One person was very clear about saying they would complain if they were ever sent a male care worker and a relative told us they had made it clear that only female care workers should work with their relative. People had not encountered any issues about the agency not respecting these preferences.

There was a daily record for recording the care provided to people at each visit. These were returned to the agency periodically. We saw examples of six of these that had been completed in the last six months. The care logs contained details of the areas of care provided, for example with bathing, meals and medicines. This was a positive method of recording and tracking the care that people received and these were reviewed by senior staff at the agency to monitor care required and provided to each person.

Monthly phone calls to monitor the standard of care for people took place. People we spoke with told us that they were contacted by the agency and felt at ease with making contact themselves as and when they needed to. This demonstrated that the provider promoted open communication and included people in decisions about their care.

People and relatives were provided with information on how to make a complaint when they began using the service. Almost no one we spoke with said they had ever needed to make a complaint. One person had made a complaint about a care worker that visited them and this was resolved quickly. The provider had allocated an alternative care worker and the person had not had any concerns since. There had been a small number of complaints since our previous inspection, all of which had been fully resolved. The service also received compliments and positive feedback from people and relatives. One of the local authorities that commissioned the service told us they believed the service had made good improvements.

The service did not specialise in providing end of life care but did work with people that receive community based palliative care support.

Good

Is the service well-led?

Our findings

The registered manager had commenced in post on 10 April 2017, just prior to our previous inspection. Since our previous inspection there had been notable improvements to the management and oversight of the service.

Two people using the service told us they couldn't recall if they had ever met the manager but said, "I always speak to the care workers" and "The carers are very good." A relative told us, "It's very good the way it is now. I wouldn't want to change the care workers if you had seen some of the agency's my [relative] was with you would understand this agency is very good"

We were shown monthly medicines audits for all the people who required support to take medicines as well as quarterly care notes audit reports for six people. The manager had acted to ensure that since our previous inspection the care monitoring systems for the service had been developed and improved.

The manager provided us with an action plan for 2018 which was designed as not only a response to feedback received but also a plan to make further improvements. This plan was compiled because of a survey of people using the service in December 2017 and relatives in October 2017. This audit of responses and action plan acknowledged areas requiring improvement. This included improving visits made on time, the clear majority were but the aim was to reduce those further in terms of any delays. Additionally, some people thought care workers were sometimes in a rush and this too was being looked at. People's feedback was taken seriously and the provider recognised the areas requiring further improvement and developed plans to address these improvements.

The service carried out quarterly monitoring visits to check on care workers and ensure that they were delivering appropriate care. Monthly monitoring visits were made to people when they had just started using the service to check on their care. The registered manager had also introduced a telephone feedback system, averaging two to three monthly calls, to ask people about their views of the care provided. Examples of feedback we viewed showed this was working well and any action needed was taken, for example support with providing equipment such as hoists if people's care needs required this due to changes.

Care workers were positive about the manager and said that they felt supported. Care workers told us, "I have never had any concerns about other care workers or the managers", and "The managers are very flexible and supportive, they do seem to want to keep good care workers."

Care workers meetings took place, not just among the management team but for all care workers and these were advertised regularly to give all care workers the opportunity to attend a meeting. Care workers we spoke with confirmed this and felt that these opportunities were increasing as well as being contacted regularly about things that they needed to know.

The service operated an on-call system for any emergencies out of hours. This operated from 17:00 until 09:00 weekdays and all day at weekends.