

Kaamil Education Ltd

Daryel Care Lambeth

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

About the service

Daryl Care Lambeth is a domiciliary care service which provides personal care to people in their own homes. The service provides support to adults with a range of support needs. At the time of our inspection there were 143 people using the service. 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

People received a service that was safe. Sufficient numbers of suitably vetted staff were deployed to meet their needs. People's medicines were administered as intended by the prescribing G.P. People continued to be protected against the risk of abuse, as staff knew how to identify, report and escalate suspected abuse.

Staff followed best practice guidelines regarding COVID-19 and the prevention and control of infection. Incidents and accidents were regularly monitored to minimise the risk of repeat occurrences.

People continued to receive support from staff who reflected on their working practices and received on-going training to enhance their knowledge and skills. 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.

People received support from staff who treated them with kindness, respect and maintained their dignity. People's independence was encouraged, and staff monitored people's health and wellbeing, seeking guidance from healthcare professionals when required.

The provider encouraged an open and inclusive service, where people were at the centre of the service. People, their relatives and staff spoke positively of how the service was managed. People's views were sought. The registered manager had oversight of the service through regular auditing systems and worked in partnership with other stakeholders to drive improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 December 2019).

At our last inspection we recommended that the provider review staffing hours to ensure they received adequate rest breaks. We also recommended the provider updated their auditing process to ensure issues identified were acted on swiftly. At this inspection we found the provider had acted on the recommendations and made improvements on staff rest breaks and auditing systems.

Why we inspected

This was a planned inspection based on our inspection scheduling.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type This service is a domiciliary care agency. 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 March 2022 and ended on 26 March 2022. We visited the location's office on 15 March 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six staff members including care workers, care coordinators, electronic monitoring officer, the deputy manager and the registered manager. We reviewed a range of records including ten care plans,

medicines records, electronic monitoring systems and complaints.

After the inspection

We continued to seek clarification to support our findings. We contacted 21 people who use the service and spoke with two relatives. We also spoke with the local authority to gather their views. We asked the registered manager to send us their policies and training matrix.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection we identified extensive hours worked by individual staff members meant there were not enough staff deployed and those working were at high risk of fatigue.
- At this inspection, we identified the provider had taken significant action to address our concerns.
- The registered manager sent us the planned and actual call logs for January and February 2022. We reviewed this information using our monitoring tool and identified there had been 28519 calls logged of which 91% were on time.
- People spoke positively about staff timekeeping. One person told us, "I have a regular carer. My carer is dead on time and she sometimes finish a little early if she's done everything, I want her to do. Sometimes she will just sit and chat to me." A relative said, "I'm not aware of any missed calls. I do know if they are running late, they will call my relative to let them know."
- Staff were safely recruited prior to starting work at the service. This included appropriate identification checks and Disclosure and Barring Service checks. 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.
- Staff completed suitable applications forms and were subject to an interview so that the provider was assured they had the knowledge to carry out their roles. Suitable employment references were sought prior to staff commencing work.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse, as staff were clear on how to recognise the potential signs of abuse and knew how to report these internally.
- However, we found that some staff were not clear on the external agencies they could contact should they need to whistle blow. We raised this with the registered manager, who after the inspection confirmed staff had been scheduled for a refresher training on 25 March 2022. We will review this at the next inspection.
- Notwithstanding the above one person told us, "My carer makes me feel safe." A relative said, "Yes, [my relative] is definitely safe."
- Records showed that where safeguarding concerns were raised the provider took timely and appropriate action to ensure these were reported and investigated.

Assessing risk, safety monitoring and management

- Risk assessments in place ensured people were protected against identified risks.
- Risk assessments were reviewed regularly and covered, for example, choking, falls, medicines, tissue viability and food and drink.

- Risk assessments detailed the potential risks and gave staff concise guidance on how to mitigate these risks. Staff confirmed they would raise any newly identified risks with the registered manager immediately.

Using medicines safely

- People received their medicines as intended by the prescribing G.P.
- Medicines administration records (MAR) were appropriately completed to record that people received their medications on time. MAR were clear in detailing people's prescribed medicines, the dosage and when they needed to receive them.
- Staff were clear on their responsibilities in relation to medicines and knew how to seek advice should an error occur or if they needed additional support.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Any incidents and accidents were recorded and investigated in a timely manner. Records showed that the provider ensured learning from incidents was recorded and that they liaised with appropriate agencies where necessary.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People's consent was sought prior to care being delivered. However, staff were not always clear in their understanding of the MCA and how it applied to their day to day work.
- We raised this with the registered manager who arranged to update staff training and discuss at the next staff meeting. We will review this at the next inspection.
- Notwithstanding the above, people and their relatives told us staff sought their consent prior to care being delivered. Comments included, "[Staff members] always seek my relatives' consent." And, "My carer always asks what I would like to do and if she can help me."

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

- People's needs were regularly assessed to ensure care provided met their needs.
- Upon commencement of using the service, a pre-admission assessment was carried out which looked at all aspects of support people required. This was undertaken to ensure the service could meet people's individual needs.

Staff support: induction, training, skills and experience

- People received support from staff that underwent training to enhance their skills and knowledge. Training provided covered for example, manual handling, health and safety, medicines, infection control and safeguarding.

- Staff spoke positively about the training they received and confirmed they could request additional training if they felt there was a need to do so.
- A relative said, "[Person's] main carer is very knowledgeable."
- Staff received regular supervision where they were able to discuss their performance, training needs or raise any issues. This enabled staff the opportunity to reflect on their practice.
- Records showed people were supported by staff who underwent an induction to ensure their competency for the role.

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

- People continued to receive access to food and drink that met their dietary needs and preferences. One person told us, "The staff will cook my meals for me." A relative said, "[The staff] monitor [my relative's] food intake and they let me know if there are any issues. [Then staff] have tried different things to make sure he likes them."
- People's dietary needs were clearly recorded in their care plans. Staff knew the people they supported well and offered them choices in relation to what they could make for them, in accordance with their care plan.

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

- People's health and medical needs were documented in their care plans and staff were aware of the changes to people's presentation should they become unwell.
- One person told us, "If I feel unwell, [staff] will call the G.P and then let my relative know."
- Staff told us they would contact the G.P or emergency services should someone's health deteriorate to requiring medical intervention.
- Guidance given by healthcare professionals was then implemented into the care delivery.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be treated with respect and had their diverse needs catered for.
- Comments we received included, "[My staff member] is so helpful and will even pop to the shops. Before she leaves, she asks me if there is anything else, she can do for me, she's fantastic I really do love her." And, "The main carer is amazing. She goes the extra mile and above and beyond. The staff are very positive and professional."
- People's cultural and faith needs were recorded in their care plans which enabled staff to ensure they could provide care that reflected their needs.
- Staff understood the importance of promoting people's privacy, dignity and independence.
- Staff gave us examples of how they encouraged people to do things for themselves wherever safe to do so. For example, supporting them to do part of their personal care.

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

- Support provided ensured people were encouraged to share their views and make decisions about the care they received.
- People confirmed staff offered them choices to enable them to make choices. For example, when to get up, what to wear and what to eat.
- Care plans detailed people's preferences and how they communicated, which meant staff were aware of how to ensure people could share their views in a way they preferred.

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. The rating for this key question 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

- People's medical, dietary and physical needs were clearly documented in their care plans. Care plans were reviewed regularly to ensure any changes to people's needs were documented and information shared with staff.
- A relative told us, "There is [a care plan] in [my relative's] home. The service always asks me for my views, and I ask [my relative] what he thinks."

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.

- People's communication needs, and preferences were documented in their care plans, enabling staff to ensure people understood information.
- The provider had an Accessible Information Standard (AIS) policy in place.
- The policy confirmed people's communication needs would be identified, recorded, flagged, shared and met whilst using the service. Sign language, easy read, braille, audio and large print communication styles would also be made available to those that required them.

Improving care quality in response to complaints or concerns

- People told us they were confident any complaints or concerns raised with the service would be investigated. People told us they had no need to complain but knew how to.
- Where any complaints were received the provider ensured these were responded to in a timely manner. Complaints processes were clear and staff knew how to support people to raise any concerns they may have.
- The provider did not currently have any open complaints.

End of life care and support

- People's end of life wishes were documented where they chose to discuss these.
- Staff were aware of the importance of providing care and support to people in the way they chose at the end of their lives.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care and support from a service that sought positive outcomes for people.
- People and their relatives spoke positively about the care and support provided and were complimentary about care and office-based staff.
- Staff were positive about the registered manager. Comments included, "She's a very good [registered] manager and she cares. When I call her, she is always there for me" and "She's very good. Can remember a lot."
- A healthcare professional told us, "I think [the registered manager] is fantastic and passionate about what she does, she really does want to improve. Overall, they are a reasonably good provider."
- Systems in place ensured people's views of the service were regularly sought through monitoring systems, for example spot checks and telephone quality monitoring. This meant issues identified could be actioned in a timely manner.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and Continuous learning and improving care

- The registered manager had a clear understanding of the Duty of Candour and apologised when things go wrong.
- The registered manager undertook regular audits of the service to drive improvements.
- The provider had signed up to an electronic quality monitoring system piloted by the local authority, to enable them to self-assess their compliance.
- Audits covered for example, staff training, care plans, medicines and spot checks.
- The registered manager had oversight of the service which they monitored daily. The registered manager was keen to ensure there was continuous learning and improvement of the service delivery. This was made possible by their systematic reviews of the audits and governance systems.

Working in partnership with others

- People benefited from a service that worked in partnership with other stakeholders to drive improvements.

- A healthcare professional told us, "Yes, [the registered manager] is always amenable, and she will do her the best to get us what we request."
- Records showed the registered manager worked in partnership with G.Ps, district nurses and the local authority.