Zach's Care PVT Ltd

Zach's Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Zach's Care provides personal care to people living in their own homes. The service provides care for people with diverse needs, including people living with dementia, mental health conditions and support needs relating to mobility. 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. At the time of our inspection, 22 people using the service received a regulated activity.

People's experience of using this service and what we found
People did not always receive their prescribed medicines safely. Risks to people, such as falls, health conditions and emotional distress, were not always safely managed. People were protected from abuse, staff were recruited safely, and enough staff were deployed to meet people's needs.

People were not always supported to have maximum choice and control of their lives as the provider had not always ensured they worked in line with the principles of the mental capacity act. People were not always supported in the least restrictive way and in their best interests. the provider's policies aligned with the principles of the mental capacity act, however the provider had not always implemented this effectively.

Care plans were not promptly implemented when people started to use the service and did not always provide person-centred information about meeting peoples' needs and preferences. However, staff received training induction and supervision. People were supported to access healthcare services.

People told us staff treated them with respect and dignity. Staff promoted people's independence by ensuring people were offered choices. People told us the service was caring.

End-of-life care planning had not yet been considered for people. Information was not always available to staff about meeting people's communication needs. Systems were in place to respond to complaints effectively, and people felt confident about raising concerns.

The provider had not operated effective systems to monitor the safety of people's medicines and follow up on related concerns. Available sources of information were not used effectively to ensure risks to people were well managed. However, people and their relatives felt positive about their experience of the care provided. Staff were regularly engaged with and supported. The provider was open and honest and worked well in partnership with others.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. We considered this guidance as there was a person using the service who had a learning disability and or autism.

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

Rating at last inspection
This service was registered with us on 22 February 2022, and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We have identified breaches in relation to safe care, person centred care, consent and good governance at this inspection. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always 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.

Zach's Care

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
This inspection was carried out by 1 inspector. An Expert by Experience also spoke to relatives on the telephone about their experience of the care provided. 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 homes.

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.

What we did before the 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 sought feedback from the local authority and professionals who work with the service.

During the inspection
We spoke with 3 people who used the service and 7 relatives about their experience of the care provided. We spoke with 4 staff including the registered manager. We reviewed 20 people's care records. We looked at 3 staff files in relation to recruitment practices. We reviewed various records relating to the management of the service including training records, safety checks, incidents and accidents.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider did not manage people's medicines safely. Good practice was not always followed, for example, by recording people's allergies, details of prescribed medicines and completing medicines administration records. Staff had not always confirmed people had received their prescribed medicines. This meant there was an increased risk to people's health and medicines administration errors.
- There was an inconsistent approach to managing risks for people at increased risk of falls. While the provider had carried out falls risk assessments for some at-risk people, we found they had failed to do so for several others. This increased falls-related risks to people.
- The provider could not always monitor incidents and accidents effectively, as staff did not always report these. These included incidents involving a person being restrained and concerns about equipment relating to someone who needed constant oxygen therapy. Staff not always completing incident and accident reports meant the provider could not review this information to ensure risks to people were managed.
- Staff regularly used physical restraint to prevent a person from self-harming but had not received training to do so. The provider had not ensured staff had the physical intervention skills they needed as detailed in their agreed 'positive behaviour support plan' (PBS) written by external professionals. Although relatives and local authority professionals were aware staff were doing this to prevent the person from injuring themselves, the person was at increased health and safety-related risks due to their complex health conditions. Furthermore, whilst physical intervention techniques detailed in the PBS plan were approved by organisations such as The Restraint Reduction Network and the British Institute of Learning Disabilities, methods used by staff were not.
- The provider failed to assess risks to people. People's care plans noted they lived with conditions such as epilepsy, diabetes and mental health needs, however there was no guidance to staff on recognising and managing any associated risks. This placed people at risk of harm.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we found evidence people did not always receive safe care, people and their relatives spoke positively about people's safety. For example, a person told us, "Staff understand my medical needs." A relative told us, "All care provided is very safe."

Systems and processes to safeguard people from the risk of abuse

● People were protected from abuse. Staff had received safeguarding training. Staff we spoke with all told us they would report safeguarding concerns to their line manager and report concerns to the local authority's safeguarding team or CQC if the provider did not take action to protect people.
● People's records contained details of who they could report and raise safeguarding concerns to. In addition, the provider displayed contact details for the local authority and CQC in their office for staff to access.

Staffing and recruitment
● Staff schedules confirmed enough staff were deployed to meet people's needs. People and their relatives felt there were enough staff to promote people's safety. For example, relatives told us, "There are enough staff to give safe care." and "Yes, there are enough staff to be safe, [Person] has a regular carer."
● The provider had effective systems to ensure staff attended care calls at the right time and for the correct duration. Staff we spoke with told us they did not feel rushed and had ample travel time between care calls. One person told us, "They look after me very well and are always on time."
● Staff were recruited safely. There were robust systems in place to interview staff and undertake pre-employment checks. This included police background checks for staff recruited overseas by the provider. The provider also ensured staff had Disclosure and Barring Service (DBS) checks. DBS checks provide information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● Staff told us they always had access to enough Personal Protective Equipment (PPE). They told us they were given large quantities of supplies to keep with them, and they either went to the office to collect more or the provider arranged to deliver additional supplies wherever needed.
● The provider had an up-to-date infection prevention and control policy, and staff had been trained in this area. These promoted risks relating to infection being well managed. We found no concerns relating to infection prevention and control.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- The provider involved people with initial assessments about their care needs, but this had not always resulted in care plans containing information about meeting these needs. Several people's care planning documentation listed people's needs and health conditions but did not explain how staff should support them with meeting and managing these needs. In addition, two people had no care plans completed at all before staff delivered care to them. This meant there was an increased risk of people's needs and preferences not being met.
- There was not always guidance in place around supporting people who could struggle to eat due to their appetites or health conditions. Daily records evidenced staff encouraged people to eat, explained health benefits, offered people choices, and left drinks and snacks within reach. However, the provider had not ensured care plans guided staff on people's food preferences or what action they needed to take if they were concerned people had not eaten enough. This meant the provider did not always plan effectively to address and meet people's nutritional needs and risks.

The provider had not always ensured care plans were in place to meet people's needs and preferences. Peoples' nutrition and hydration needs were not always assessed to support their health and wellbeing. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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.

- The provider had not always ensured they worked within the principles of the MCA. The provider had not completed a mental capacity assessment about the regular and frequent use of restraint to prevent a person from hurting themselves. This meant there was no documented evidence the provider had considered the person's mental capacity or that the decision was least restrictive.

The provider failed to ensure they acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

● Staff completed an induction and shadowing shifts before providing care to people. A staff member told us, "I received induction training, I shadowed staff during my induction week who showed me what I'm supposed to do."

● Staff had received training to support them to have the knowledge and skills they needed to provide care for people. This included training such as moving and handling, basic life support and safeguarding. Staff spoke positively about the training they received.

● All staff had recently received supervision from their line manager and future supervisions had been scheduled. We saw goals and objectives were set for staff during these meetings to encourage their professional development.

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

● People's daily records evidenced staff had contacted external professionals such as NHS 111 when they were concerned about people's health. A relative told us, "They are definitely caring, my [relative] was not feeling well. [Staff] was feeling concerned, so came back and called 111. "

● Staff promoted people's health and wellbeing. A person's daily notes showed occasions when staff accompanied the person to go for a walk. A relative told us, "They encourage my [relative] to walk a bit more every day... [relative] gets plenty of exercise, and it's reaping its benefits. I have never seen [relative] looking so well."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were spoken to respectfully by staff. A relative told us, "They make [person] feel involved and speak to [person] in a calm and gentle way." Another relative said, "They are very caring, polite and always treat [Person] with respect."
- Staff received training in equality and diversity. This promoted staff being able to meet people's diverse needs.
- In response to asking staff members what values they bring to their role, a staff member told us, " Empathy, to understand where people are coming from." Another staff member told us, "Good communication, always make sure [people] understand what I'm going to do."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence by offering choices. For example, a person told us, "They listen and give me choice." Another person said, "They always ask me what I want.
- A person told us, "I have never had a bad carer. At my age, if I didn't like them, I would tell them to go away. They always ask me what I want and treat me with respect. They treat me with dignity and give me choice."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

End of life care and support; Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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.

● Care plans did not always contain information about people's communication needs. For example, there was no communication care plan for a person who could not communicate in English. This meant there was an increased risk of people's communication needs not being met.
● Despite the provider having cared for people who had passed away and people with terminal health conditions, they could not evidence they had considered people's end-of-life care needs or preferences. This meant staff could not always promote people's wishes and preferences for the end of their lives.
● The provider had systems to document people's preferences and what was important to them on an 'All About Me' care plan, however this had not been completed for several people. This meant staff did not always have information about people's preferences and what was important to them.
● People's care plans did not contain personalised information about their past histories or who they were as individuals. This meant there was an increased risk staff could not always promote and understand people's diverse values, interests and beliefs.

The provider had not always ensured person-centred care planning to meet people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite our findings, people and their relatives felt staff understood their needs. For example, a relative told us, " They understand [Person's] needs and support them well." Another relative told us, "Because of [person's] complex needs there are ways of communicating with [them] that incorporate sensory play and the five senses…this is very important to [them] and staff understand that."

Improving care quality in response to complaints or concerns
● People and their relatives felt able to raise complaints and concerns. A relative told us, "I've never had to complain but if we did, I would go to [manager]." The provider ensured people had details in their care folders about who to contact to submit complaints or concerns. The provider had also made this available in an accessible read format.

● We reviewed the provider's complaint folder and found the provider had appropriately responded to a previous complaint they had received.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to monitor the quality and safety of the service people received were not always established or operated effectively.
- There was no evidence of medicines audits or follow-up on medicines administration errors. This meant medicines safety could not effectively improve to ensure people received their prescribed medicines. Furthermore, this also meant staff practice issues concerning medicines administration could not be effectively identified and addressed.
- The provider had not operated an effective system to recognise, respond and manage risks to people. People's local authority assessments and daily records identified areas of risk to people, and this information had not always been used for effective risk management.
- Where staff used restraint to keep people safe, the provider had not operated effective systems to ensure staff had the training to do this safely. This increased health and safety risks to people and staff.
- Incident, accident and behavioural monitoring forms were not always completed where needed. Therefore, the provider could not always review these events and ensure care plans were reviewed to improve the quality and safety of people's care.
- The provider had taken on new care packages without meeting existing people's care planning needs. Throughout this inspection, we found concerns about the implementation of care plans. We discussed this with the provider, who recognised the service had grown too quickly in a short time and systems to ensure the completion of people's care plans had not worked effectively. They told us they would pause taking on new care packages until care planning had improved and review their staffing structure to provide more administrative support.

The provider failed to implement and operate effective systems to ensure the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Due to the concerns relating to care planning and risk management we found during this inspection, improvements are needed to ensure people receive a person-centred service.
- Feedback from people, their relatives and staff throughout this inspection indicates a positive culture in the service. Furthermore, people and their relatives had confidence in staff and their managers. A relative

told us, "They are friendly and easy to talk to. I have confidence in the staff."

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

● A staff member told us, "Yes, 100 percent," in response to us asking if they felt comfortable approaching their managers with concerns. All staff we spoke with felt managers were approachable and confident about raising concerns with them if needed.

● There were systems to seek feedback from people. The provider had carried out satisfaction surveys with people, and daily records showed staff sought feedback from people and their relatives. All feedback received had been positive.

● Weekly team meetings were held online. These meetings were used to discuss people's progress, set team targets and discuss policies and procedures. Staff told us the provider actively sought their feedback during these meetings.

Working in partnership with others

● A local authority professional told us the provider had been "Very receptive to our recommendations and findings following our visit." They told us the provider had good links to external professionals which promoted good outcomes for people.

● The provider was open, honest and approachable throughout this inspection. We found the provider noted our concerns during our inspection and started working on action plans for improvement.

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 provider understood their responsibilities to act on the duty of candour and had policies to promote them meeting their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not always ensured care plans were in place to meet people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure they acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement and operate effective systems to ensure the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We issued a Warning Notice.