Zenithcare Resources Management Services Ltd

Zenith Care Recruitment

Inspection report

143 Upney Lane
Barking
Essex
IG11 9LF

Tel: 02038653998
Website: www.zenithcarerecruitment.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection of Zenith Care Recruitment on 3 September 2018. Zenith Care Recruitment is registered to provide personal care to people in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service provided personal care to two people in their homes. This was the first inspection of the service since it registered with the CQC.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Some risks to people were not always robustly managed. We found some care plans did not contain suitable and sufficient risk assessments to effectively manage risks. We made a recommendation in this area.

Audits had not identified shortfalls with risk assessments and information on care plans such as how to support people with meals and how to communicate effectively with people. Records had not been kept of the findings and the areas that had been covered during audits. This was important to make sure that any identified actions could be monitored to ensure this had been implemented and to keep people safe at all times. We made a recommendation in this area.

People were given choices with meal times. However, people's preferences and type of support people required with meals had not been included in their care plans to ensure all staff would be aware of this.

People's ability to communicate were recorded in their care plans. However, there was no information on how staff should communicate with people particularly how staff would make information accessible to people.

Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and externally.

There were arrangements in place to ensure staff attended care visits on time. Staff told us they had time to provide person centred care and the service had enough staff to support people.

Medicines were managed safely. We found that people's Medicine Administration Records (MAR) had been completed accurately. Medicines were being administered as instructed on people's MAR, or in accordance with the provider's policy.

Pre-employment checks had been carried out in full to ensure staff were suitable to provide care and

support to people safely.

Staff had been trained to perform their roles effectively. Staff had also received specialist training to help support people with complex care needs.

Pre-assessment forms had been completed to assess people's needs and their background before they started using the service. Reviews were held regularly to identify people's current preferences and support needs.

People were being cared for by staff who felt supported by the management team.

People were supported to access healthcare if needed. Staff knew if people were not feeling well and who to report to.

People's privacy and dignity were respected by staff. Relatives told us that staff were caring and they had a good relationship with them.

People, relatives and staff, were positive about the management team. People's feedback was sought from surveys.

No complaints had been received but complaint forms were available and staff were aware of how to manage complaints.

Formal one-to-one supervisions of staff had been completed regularly in accordance to the providers supervision policy, to ensure staff felt supported at all times.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and were aware of the principles of the act. Staff sought people's consent before supporting them.

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.

Some risk assessments had not been completed for people with identified risks. We were informed that this was completed after the inspection.

Medicines were managed safely.

Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing arrangements to ensure staff attended care visits.

Appropriate infection control arrangements were in place.

Is the service effective?

Good

The service was effective.

Staff received essential training needed to care for people effectively.

Staff had been trained on the MCA and requested people's consent before carrying out tasks.

People's needs and choices were assessed effectively to achieve effective outcomes.

People were supported with meals and given choices. However, people preference and type of support they required with meals had not been included on their care plans.

Staff were supported to carry out their roles and received regular supervision.

People had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people and were caring.

People and their relatives were involved in decision making on the support people received.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and included people's support needs.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints. People and relatives had access to complaint forms should they need to make a complaint.

People's ability to communicate was recorded. However, information did not include how staff should communicate with people effectively.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality systems in place had not identified the shortfalls we found during the inspection.

Records were not kept of when audits were carried out to ensure there was a culture of continuous improvement.

Staff, people and relatives were positive about the management team.

People's feedback about the service was obtained from surveys.

Zenith Care Recruitment

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.

The inspection was carried out on 3 September 2018 and was announced. We announced our inspection because we wanted to be certain that someone would be available to support us. The inspection was undertaken by one inspector.

Before the inspection, we reviewed relevant information we held about the provider. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We also sought feedback from health and social professionals.

During the inspection, we reviewed documents and records that related to people's care and the management of the service. We reviewed two people's care plans, which included risk assessments and four staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and supervision records. We spoke with the registered manager, the human resources manager and deputy manager.

After the inspection, we spoke to one person who used the service, one relative and two staff members.

Good

Is the service safe?

Our findings

People and relatives told us that people were safe. A person told us, "Yeah, very safe." A relative told us, "Yes, absolutely safe."

Assessments were carried out with people to identify risks. Risks that had been identified included that people had previous history of stroke, falls and some people found it difficult to walk. However, when risks had been identified, there was no information on what actions staff should take to minimise risks. For example, the registered manager told us that one person had a stroke previously and was close to having another stroke. However, as their family member knew the signs of stroke they were able to intervene and call emergency services. We found that the person did not have a risk assessment completed for stroke particularly the signs that may lead to a stroke and what actions staff may take to ensure the person was at best of health.

Falls assessments included why people may be at risk of falls such as one person could not bear weight for prolong periods and another person had a condition on their leg making it difficult to mobilise. However, there was no assessment on what staff should do to ensure falls were minimised. The registered manager explained that staff would ensure they supported people who were at risk when they were mobile such as supervising them and where required holding onto them to ensure people did not fall. This level of information had not been included on the risk assessment. Without this information, this meant that risks to people's safety were not minimised to ensure people received safe care at all times.

A relative told us, "[Person] goes up and down the stairs. They always watch [person] when [person] goes up and down to make sure he does not fall." Staff we spoke to were aware of what to do to keep people safe such as ways to minimise risk of falls and stroke.

After the inspection, the registered manager informed to us that they had completed risk assessments for falls and stroke. This meant people's risk assessments were completed and risks to them were minimised.

We recommend that the service always follows best practice guidance on risk management.

Staff were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. A staff member told us, "There is different types of abuse, physical, mental, emotional, verbal, neglect and financial. If someone gets abused, I will tell my manager." Staff also understood how to whistle blow and knew they could report to outside organisations, such as the CQC and the police.

We checked four staff records to see if pre-employment checks had been completed. This ensured staff were suitable and of good character before supporting people. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Pre-employment checks such as DBS checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment

process.

A person told us, "They help me with medication. They give it on time." A relative told us, "They give [person] medicine on time and regularly." Medicines were recorded accurately on people's Medicines Administration Records (MAR) to evidence people had taken their medicines. Care plans included the type of medicine people were on and consent had been obtained prior to supporting people with medicines. There were no gaps on MAR. Staff had received medicines training and told us that they were confident with supporting people to take their medicines. Staff were also aware on what to do if an error was made such as missing a medicine. They told us they would report this to the office and depending on the type of medicine then contact the GP for advice. The registered manager told us that medicines were audited as part of spot checks and audits. A spot check is a member of the management team observing care staff when they support people to check their performance.

People and relatives told us that staff arrived on time and carried out the required tasks. A relative told us, "They are always bang on time. They have never missed a day." Staff rotas were sent in advance and staff were given time to travel in between appointments to minimise late calls or missed visits. A staff member told us, "I am not rushed. You get time to travel in between clients."

The registered manager told us that staff were always on standby if staff could not attend appointments. There was an on call and emergency out of hours system in place, should people require support or emergency assistance. Staff had to complete time sheets on the time spent supporting people. This was reviewed by the management team to ensure staff attended on time and stayed the required time to support people. The timesheets were also reviewed with people to ensure it was correct. The service planned to purchase a digital monitoring system, which would enable them to monitor staff attendance and time keeping. This would alert them if staff did not check in on a visit after a certain time, which would allow them to investigate lateness or missed visits and arrange cover, if needed.

The registered manager told us that there had been no incidents or accidents. There were incident and accident forms available to record incidents. The registered manager told us that if there was any incident, they would analyse this to ensure lessons were learnt and to minimise the risk of re-occurrence.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. There was information in people's care plans on how to prevent the risk of infection when supporting someone to the toilet or with personal care. Staff were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE separately when completing personal care.

Good

Is the service effective?

Our findings

The person and relative we spoke with told us staff were skilled, knowledgeable and able to provide care and support effectively. A person told us, "They do their job right." A relative told us, "They do seem very knowledgeable about [person] condition and support."

Records showed that new staff members that had started employment with the service had received an induction. This involved shadowing experienced members of staff, meeting people and looking at care plans. Staff then received mandatory training to ensure they could perform their roles effectively. This was in accordance with the Care Certificate. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life such as safeguarding, infection control, first aid and health and safety. A staff member told us, "Training is good. I did an induction. It covered what the job entailed and what to do."

Staff were supported in their role. Records showed that staff received regular supervision. Supervision included discussions about training and development, responsibilities, goals and policies. Staff told us that they were supported in their role. A staff member told us, "I like the support the manager gives me." Another staff member told us, "[The registered manager] is supportive. She does supervisions once a month."

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 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 particular 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.

Staff had been trained on the MCA and were able to explain the principles of the MCA. The registered manager told us that people had capacity to make their own decisions. Staff we spoke with told us that they always requested consent before doing anything. A staff member told us, "You just do not help yourself on them. You have to get consent." A person told us, "They get my consent." A relative told us, "They always obtain consent."

Pre-admission assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required. This allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The service assessed people's needs and choices through regular reviews. Reviews included information on people's physical health and well-being, mental health, safety and risks and support needs. Records showed that changes in people's circumstances had been recorded and used to update people's care plans. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

The service supported people with meals, which included preparing meals and making meals from scratch. An eating and drinking care plan was not in place, which should include people's preference on food and

the type of support they may require. The registered manager gave us an example with one person, who preferred particular meals but through staff encouragement was on a balanced diet, which helped their health. This level of information had not been included on the person's care plan to ensure all staff that may support the person would be aware of the person's preference and ways to encourage the person to eat alternative meals. Meals were discussed with people and staff then shopped for the ingredients to ensure people always had choices. This level of information had not been included on people's care plan. We fed this back to the registered manager who informed that care plans would be amended to reflect this.

People were given choices by staff when supporting them with meals. A relative told us, "[Person] enjoys all [their] meals. They ask [person] what [person] would like when they do shopping. They then ask [person] what [person] wants to eat." A staff member told us, "Yes, I always give them choice on what they would like to eat."

Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. A relative told us, "They have contacted [person] GP when [person] was not feeling well." Where staff had more immediate concerns about a person's health, they called for a health professional to support the person and support their healthcare needs. There was information on people's care plan on who to call in the event of an emergency. Staff were able to tell us the signs people would display if they did not feel well. The service also worked with health professionals where possible. Records showed that the service had liaised with a person's GP as their medicines was running out. This meant the service supported people to access health services to ensure people were in the best of health.

Good

Is the service caring?

Our findings

The person and relative we spoke with told us that staff were caring. A person told us, "They [staff] are nice people." A relative told us, "They are very caring and friendly."

Staff told us how they built positive relationships with people. A staff member told us, "You try to talk to them about themselves. Listen to what they have to say to build trust." People and relatives told us that they had a good relationship with staff. A person told us, "I like them very much." A relative told us, "Very impressed the way [person] has bonded with them [staff]. [Person] is very fond of them."

The person and relative we spoke to confirmed that they had been involved in decision making on the care people received. A relative told us, "They listen to what I want. They listen to [person]. We agree on decisions together." There was a section where people and relatives could sign to evidence that they agreed with the contents of their care plan. People's independence was promoted. Where possible care plans included that people should be encouraged to support themselves. In one care plan, information included that a person should be encouraged to brush their teeth.

Staff ensured people's privacy and dignity was respected. They told us that when providing particular support or treatment, it was done in private. A staff member told us, "You would ask for permission before doing personal care and to come in. Before helping clients, I would then close the window and door if someone else was in the property to make sure they could not come inside." People and relatives confirmed this. A relative told us, "They respect [person's] privacy and dignity."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely in the office.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. This was confirmed by the person and relative we spoke to that people were treated equally and had no concerns about discrimination.

Good

Is the service responsive?

Our findings

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, and their health and support needs, which enabled them to provide a personalised service. The person and relative we spoke to told us that staff were responsive and knowledgeable.

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans is good. It gives you a guide on what you do." Another staff member commented, "Care plans is very informative and helpful. As a carer I grab the care plan and read it to find out what I need to do." A relative told us, "[Person] does have a care plan. I was able to have input on it and it is helpful." Care plans detailed the support people would require with personal care. They also contained people's family contact details as well as people's personal information such as their religion, ethnicity, gender and language people spoke. Care plans were personalised based on people's preferences and support needs. This also included the times staff supported people and the support people required. In one person's care plan, information included that a person left their door open when going outside and staff should be mindful of this. There was also a daily shower plan, which included people preferences when having a shower. The registered manager told us that one person's health had improved as staff were responsive to their person's needs. This included supporting the person with personal hygiene and encouraging them to access the community. This was confirmed by the person's relative. The relative told us, "They encourage person to go outside and mingle with the community. [Person] was reluctant to go to the bath so through gentle persuasion they managed [person] to have a bath."

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Staff we spoke to did not know what the AIS was in full but were able to tell us how they communicated with people. However, care plans did not include people's ability to communicate. In one care plan, we found that a person had a slurred speech. However, there was no information on how staff should communicate with the person. We fed this back to the registered manager, who informed us that they would include this information on the care plan. The person and relative we spoke to had no concerns with staff communication.

No complaints had been received since the service registered with the CQC. There was a complaint form available should people or relatives want to complaint. People and relatives knew how to make complaints. Staff were aware of how to manage complaints.

Records showed that the service had received compliments from relatives and professionals. Comments included, "[Person] is in good spirits and they are managing to keep [person] clean and have made progress with getting [person] out of the house' and 'I visited [person] yesterday and [person] was very thankful for your support."

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us that they did visual audits on care plans, medicines and staff performance. However, the findings and the areas that had been covered for the audits had not been recorded. Recording audits is important to make sure that any identified actions could be monitored and if any actions had been implemented, to ensure there was a culture of continuous improvement. Observations about staff performance had not been recorded and communicated with staff. This is important to ensure staff were aware of areas they were doing well in and if there were areas where improvements could be made such as training needs.

We recommend the service follows best practice guidance on quality assurance systems.

Records were not always kept up to date. We found some risk assessments, the support people required with meals and people's ability to communicate in care plans had not been completed in full to ensure staff had the relevant information to provide high quality care at all times. Keeping accurate records is important to ensure the service had oversight of the support people required and if support had been delivered effectively.

Quality monitoring systems were in place. The service requested feedback from people and relatives in the form of a survey. The survey focused on quality of care, staff approach, time keeping and staff knowledge. The results of the recent feedback were positive.

People and relatives were positive about the service and the management. One person told us, "I am quite happy with the service. [Registered manager] is quite good." A relative commented, "[Registered manager] seems to be very capable manager. She seems to be very good."

Staff told us that they enjoyed working for the service. One staff member told us, "I enjoy the job. I enjoy caring for people." Another staff member told us, "I feel great working for them."

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. One staff member told us, "She [registered manager] is a good manager. She is supportive. Another staff member told us, "She [registered manager] is very good."

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff held discussions on training, policies and infection control. A staff member told us, "We hold monthly meetings. It is very helpful. We discuss our problems and professional boundaries." This meant that staff were able to discuss any ideas or areas of improvements as a team to ensure people always received high quality support and care.