

Zara Care 786 Limited

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Inspection report

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Date of inspection visit:
04 January 2023

Date of publication:
08 February 2023

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

Zara Care 786 is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 2 people were receiving personal care and support to remain as independent as possible. 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

People were supported by regular and consistent staff, who had time to get to know them and how they liked their care to be provided. Effective systems were in place to organise and monitor care visits, minimising the risk of late or missed calls. Staff were recruited safely, and relevant checks had been carried out. People were supported by staff who had been trained and were appropriately supervised. 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 practice.

Right Care

People were positive about the care and support they received. People were treated with dignity and respect, and their independence was encouraged. Staff understood how to protect people from poor care and abuse. The provider had systems in place to ensure people were involved in decisions about their care. People had detailed personalised care plans in place which considered their desired outcomes and goals. The registered manager visited people on a regular basis and saw gathering feedback as an opportunity to improve.

Right Culture

The service was well managed, and the registered manager promoted a person-centred culture which was focused on meeting people's individual needs. The registered manager was focused on providing a quality service to people and was passionate about the continuous improvement of the service.

The service sought feedback and worked in partnership with others including health and social care professionals to ensure people received the support they needed.

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 service was registered with us on 23 August 2019 and this is the first inspection.

Why we inspected

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Zara Care 786

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to speak with. Inspection activity started on 4 January 2023 and ended on 6 January 2023. We visited the office location on 4 January 2023.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. 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 help plan our inspection.

During the inspection

We met and spoke with the registered manager and the 2 staff members. Following the office visit we were unable to speak with people due to communication difficulties however, we spoke with 1 relative to seek their feedback on the service provided. We reviewed a range of records including 2 care plans and care records, 3 staff recruitment records and staff training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring tools and audits.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or harm.
- A relative told us they felt safe with the care and support provided by staff. They commented, "They [staff] are very good, I feel my relative is very safe with them."
- Policies and procedures to help keep people safe were up to date and robust. Staff had received training in safeguarding adults and were aware of their responsibilities to report and respond to any concerns.
- The registered manager knew how to report allegations of abuse to the local authority and the CQC where required.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm.
- Relatives were positive about the support provided and told us they felt safe. Comments included, "They [staff] appear very well trained and take on board any recommendations. "The manager visits often to make sure they [staff] know what they are doing."
- Risks associated with people's needs and wishes were safely and appropriately assessed. Staff were provided with detailed information and guidance on identified risks to people which were documented within individual care plans to help mitigate risks.
- Staff knew people well and understood their needs and risks and how best to safely support them.
- Risks to people were regularly reviewed to ensure any changes in their needs were safely managed and met.

Using medicines safely

- Relatives were happy with the support their loved ones received for the management of their medicines. Comments included, "They [staff] give medication appropriately and on time. I am happy with support provided."
- People's care plans detailed how independent they wished to remain with their medicine's management. This ensured staff had a clear understanding of the support they required.
- The provider had a medicines policy. This included policies for the use of topical creams and homely remedies. This ensured staff administered people's medicines in line with best practice guidelines.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents and safeguarding concerns.
- Staff understood the importance of reporting and recording accidents and incidents and how best to

respond.

- Accidents and incidents were monitored by the registered manager on a regular basis to identify themes and trends as a way of preventing recurrence.

Staffing and recruitment

- Relatives told us they were happy with the consistency and timing of their care calls. Comments included, "They [staff] come promptly twice a day. If they were running late due to traffic we are always informed."
- The registered manager ensured staff had sufficient travel time between care calls. They told us these challenges were ongoing due to the amount of traffic in built up areas.
- The provider had safe recruitment processes. Appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.

Preventing and controlling infection

- The registered manager told us staff had adequate supplies of personal protective equipment (PPE) and explained the extra precautions staff would take when supporting a person who had tested positive for COVID-19. This included wearing additional PPE and limiting the number of staff supporting the person to minimise the risk of infection.
- Staff undertook regular testing in line with government guidelines.

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 of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments with people and others involved in their care, were undertaken prior to them using the service. This ensured all information and wishes were obtained to help plan and deliver the care and support people required. Information gathered and assessed included individuals' personal history and lifestyle choices, medical history, health conditions, social and emotional needs and their personal care needs and wishes.
- People's diverse needs were assessed and supported where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.

Staff support: induction, training, skills and experience

- Staff were supported to develop the necessary skills and knowledge to care for people appropriately. Relatives and their loved ones were pleased with their care workers. They said, "They [staff] are very good, they provide excellent care for my [family member]."
- Staff received an induction after being offered employment so they understood the organisation's ethos and values and how to support people. This included shadowing more experienced staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- After induction staff received training intermittently to refresh their knowledge in topics considered mandatory by the provider. Other training was provided so staff understood people's needs and the risk to them in relation to their medical conditions. All relatives who gave us feedback thought staff had received the necessary training. They told us, "New staff shadowed existing staff and the manager so they knew what care needed to be done."
- Staff received supervision on a regularly basis to give them an opportunity to discuss their work and to ask questions. This also enabled the provider to check on staff's performance and development.

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

- Relatives told us they were happy with the support their loved ones received from staff with eating and drinking. Comments included, "We, the family, prepare meals. However, when staff do prepare something to eat, it always reflects my relatives preferences."

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

- People were supported with making healthcare appointments. One relative said, "Staff are always available to make contact with other agencies such as social workers."
- Staff referred people to other healthcare professionals where people would benefit from additional specialist support.

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.

- Relatives told us staff always asked their consent before carrying out care tasks for their loved ones. Comments included, "The staff are totally respectful and always asking [for consent]."
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

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 of 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

- The provider ensured that people receiving a service were well treated and that their diverse needs were respected.
- Relatives were satisfied with the way their family members were treated. They told us staff were very good. One relative said, "They are very good and flexible. There is a consistent team."
- As part of staff inductions, they were taught about how they should be treating people. The registered manager monitored this when they carried out spot checks or when they ask for feedback from people.
- Staff were aware of people's diverse needs and these were addressed in people's care records. Staff told us they always respected people's cultural and religious customs and needs. They were also aware about recognising discrimination and reporting this.

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

- People were supported to make decisions and to express their views.
- When the care package started people and their relatives were asked about how the people wanted their care to be delivered and this was recorded.
- Staff told us that they always asked people how they wanted to be cared for and supported when they visited. This was in case there had been changes in people's conditions or their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by the provider.
- Feedback we received showed that staff respected people's right to privacy, dignity and independence.
- Staff were aware of how to show respect to people and what they needed to do to maintain people's privacy and dignity. This was included in their training, including their induction.
- The care plans we saw contained information about people's abilities and what they could do for themselves, so staff always supported people to remain as independent as possible. For example, how much people could do for themselves in relation to personal care and what support they needed.
- Relatives commented, "Staff encourage independence, particularly with eating, drinking and aspects of personal care."

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 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 care needs were planned, documented and delivered to meet their wishes.
- Care plans showed people and their relatives where required were involved in the planning and development. Care plans were reviewed on a regular basis and changed as people's needs and wishes changed.
- Care plans documented people's physical, emotional and mental health needs as well as their histories, lifestyle choices and the things that were important to them.
- People had choice and control over their day to day lives and staff respected and supported their decisions and wishes. Staff were knowledgeable about people's diverse needs and how best to support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and included in their care plans. The registered manager knew that the AIS needed to be incorporated into people's care when providing care and support to people. This meant the registered manager could make appropriate arrangements to help meet people's communication needs such as by providing appropriately matched staff.
- Staff we spoke with knew how about people's communication needs and how to meet these.
- The provider stated they could make arrangements to provide information in formats that met people's communication needs. For example where English was not people's first language or if they could not read small prints.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to meet their social interests and needs where this formed part of their plan of care. For example, support to attended social events. A relative told us, "[Family member] loves to go swimming with staff."
- Care plans documented people's social needs, interests, hobbies and networks.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage and respond to complaints in line with the providers policy.

- People told us they were aware of the complaints procedure and how to contact the manager if required. One relative said, "I am very happy with the care provided. However, I know how to contact the manager if I need to."
- There were systems in place to monitor and investigate formal complaints received. This was designed to ensure the service responded appropriately and in a timely way. At the time of our inspection no complaints had been made.

End of life care and support

- At the time of our inspection no one using the service required end of life care and support. However, care plans documented people's end of life care wishes, where they had chosen to share this information for staff reference. Staff received end of life care training to ensure they had the knowledge and skills to support people appropriately where required.

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager who was clear about their roles and responsibilities.
- Feedback from people's relatives showed they thought the service was well run. Comments included, "Yes, absolutely, no problem with the care company. They are good with communication and easy to contact. I am very happy with them."
- The provider was in the process of further developing the quality assurance policy and systems to monitor the quality of the service. These included a range of audits and checks.
- The registered manager told us and we were able to confirm during the inspection that care records were audited and appropriate action taken where improvements were needed.
- The registered manager was aware of their legal responsibility in relation to providing a safe and quality service to people. When required they had notified CQC of relevant incidents and events that had happened within the service.

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

- People and their relatives told us they would recommend the service to others. Comments included, "I really would recommend them without hesitation."
- People and their relatives told us the registered manager was very approachable and helpful when they contacted them. Comments included, "[The registered manager] is helpful, kind, understanding and responsive. They are doing a great job."
- The registered manager had a hands-on approach and a good understanding of people's needs. "I see the registered manager sometimes because she comes out to check if we are happy and everything is going well. She's very friendly and professional."
- Staff told us they enjoyed working for the provider and the registered manager had made improvements since starting their role. Comments included, "[Registered manager] talks to me with respect. If I went to her with an issue, she would listen. There is really good teamwork here. It's a great place to work."

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

- People and relatives told us the registered manager promoted an open and transparent approach, communicating when incidents occurred, or things went wrong. Comments included, "We had a conversation at the beginning as staff were sometimes delayed by traffic. It has never happened since. It was

a great response."

- The registered manager understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

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

- There were systems in place to seek the views of people, their relatives and staff. These included review visits of people's care, telephone monitoring, staff spot checks, satisfaction surveys and staff meetings and supervisions.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people received good care. Staff worked well with professionals such as, GP's, community nurses and the local authority to meet people's needs appropriately.
- One health and social care professional told us the service worked well with them to constantly improve and provided a good service to people.