Zephyr Care Ltd

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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

The inspection took place on 15 December 2016 and was announced. The provider was given 48 hours' notice as it provides a service to people in their own homes and we needed to be sure the manager would be available to speak with us.

The service was last inspected in July 2014 when it was found to be compliant with the outcomes inspected.

Zephyr Care Limited is a Home Instead Senior Care franchise holder. They provide personal care to people in their own homes. At the time of our inspection they were providing personal care to 12 people. They were also providing domestic assistance and companionship services to other people.

The service had a registered manager in post. 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service involved people and their relatives in assessing their needs and planning their care. Following feedback that care plans and risk assessments lacked the level of detail required to ensure care was delivered in a safe and effective way the provider updated care plans and risk assessments. The updated care plans and risk assessments were personalised and contained sufficient information to inform staff how to support people in a safe way that met their needs and preferences. This included the safe management of medicines where this was required by people.

The service followed safe recruitment practice and ensured they had sufficient staff to meet people's needs. The service established teams of care-givers around each person so they would receive care from care-givers they knew. People and relatives spoke highly of their care-givers and strong, positive relationships had formed between people and their care-givers. Care-givers understood the intimacy of care provision and told us how they supported people to uphold their dignity.

Where required by people the service supported them in a sensitive way with meal preparation and ensured they ate and drank sufficient amounts to maintain a balanced diet. People were supported to access healthcare services as required.

People signed to indicate their consent to their care. Where people lacked capacity to consent to their care the service did not have sufficient records about who was legally able to make decisions on their behalf. Staff we spoke with had not heard of the Mental Capacity Act (2005) and so did not understand how it applied to their work. We have made a recommendation about understanding and using the Mental Capacity Act.

The service regularly sought feedback from people and their relatives and made changes in response to the

feedback received. The service had a robust complaints policy and people knew how to raise any concerns they had about the quality of the service.

People, relatives and staff all spoke highly of the management of the service. The service had signed up to various best practice commitments and the registered manager and nominated individual demonstrated a commitment to providing a high quality service. The registered manager completed regular audits of the service and completed actions to continuously improve the quality of the service.

Staff told us they felt supported and valued by the provider. They received sufficient training and support to ensure they had the knowledge and skills required to perform their roles. The provider operated an incentive scheme where two staff members were recognised for their contribution as employee of the month.

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. People and their relatives told us they felt safe with their staff.

Staff were knowledgeable about how to respond to concerns that people were being abused.

Risk assessments were updated to ensure staff had the information they needed to mitigate risks people faced during care.

Medicines were managed in a safe way.

The service had enough staff to meet people's needs and staff were recruited in a safe way.

Is the service effective?

Good

The service was effective. People told us they thought staff were good at their jobs.

Staff received the training and support they needed to perform their roles.

People provided consent for their care. Where people lacked capacity to consent to their care the service did not have sufficient records about who was legally able to make decisions on their behalf.

People were supported in a kind and sensitive way to eat and drink enough and to maintain a balanced diet.

People were supported to access healthcare services as required.

Is the service caring?

Good

The service was caring. People and relatives told us staff had a caring attitude and relationships between staff and people were positive and caring.

People were supported to express their views about their care and were involved in making decisions about their care.

Staff demonstrated sensitivity and understanding of the intimate nature of care provision. Staff treated people with dignity and respect.

The service provided care in a way that was sensitive to people's religious and cultural needs.

Is the service responsive?

Good

The service was responsive. People and their relatives told us they were involved in planning their care and could make changes to their care easily.

Updated care plans contained personalised information about how staff should meet people's needs.

The service sought feedback from people and their relatives and acted upon feedback received.

The service had a complaint's policy and people knew how to raise concerns.

Is the service well-led?

Good

The service was well led. People, relatives and staff spoke highly of the management of the service.

The management of the service promoted a positive, person centred culture and sought best practice guidance for the sector.

Staff felt encouraged and valued by management.

The registered manager and the parent franchise completed a range of audits which identified areas for improvement for the service.

Zephyr Care Limited

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 15 December 2016 and was announced. The provider was given 48 hours' notice as they provide a domiciliary care service to people in their own homes and we needed to be sure the registered manager would be available to speak with us.

The inspection was completed by one inspector.

Before the inspection feedback was requested from local authority commissioning teams and the local Healthwatch. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we already held about the service, including statutory notifications we had received.

During the inspection we reviewed four people's care files including care plans, risk assessments and records of care. We reviewed five staff files including recruitment, training, supervision and appraisal records. We spoke with three people who received a service and three relatives of people who received a service. We spoke with six members of staff including the nominated individual, the registered manager and four care staff. The service called staff who were employed to provide care care-givers. We also reviewed various documents, policies and records relevant to the management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe while receiving care. One person said, "I feel safe, she [care-giver] is very good." A relative told us they were happy to leave their family member alone with their care-giver. They told us, "I often pop out. I'm confident my relative is safe." Another relative told us, "I'm definitely confident that my relative is safe. I had been worried he would slip but I can't fault the care-giver."

The service had policies regarding safeguarding adults from avoidable harm and abuse which included instructions for staff to follow if they had concerns that people were being abused. Records showed staff received training on safeguarding adults during their induction and this was refreshed annually. Three of the five care-givers we spoke with were confident in describing the different types of abuse people might be vulnerable to. Two of the care-givers were less confident in naming the types of abuse, but described how they would appropriately raise any concerns they had about people's safety. The service had not had any concerns that people they were supporting had been abused but the systems in place to escalate and investigate concerns were robust.

The service had a robust policy regarding incidents and accidents which included instructions for staff about how to report and escalate concerns. Incident forms were reviewed which showed care-givers had responded appropriately when incidents occurred and the service ensured that care plans and risk assessments were updated following incidents.

Care plans contained various risk assessments relating to care activities, including moving and handling, skin care, mobility and health issues. These lacked detailed instructions for care-givers to follow in order to support people in a safe way. For example, one person was identified as being at risk of falls due to their deteriorating mobility, however the measures in place to address this risk were not clear. The risk assessment stated to mitigate the risks associated with walking and various transfers the measures were "Using trolley." This did not tell care givers how to support this person safely.

Risk assessments were discussed in detail with the registered manager and nominated individual. They were able to describe the measures in place to mitigate risks in more detail than was captured in the written documents. Following the inspection, the registered manager submitted updated risk assessments which contained additional details of how risks were mitigated and included the information needed by care-givers. For example, the updated risk assessment provided details on when and how the person used their trolley and what support they required to use their mobility aids safely.

Care plans contained details of people's medicines. Care plans were clear that care-givers were checking that people had taken their medicines, rather than supporting them to take them. Care-givers told us they would report any concerns they had that people were not taking their medicines as prescribed to the office and to family members. Information about what medicines people had been prescribed and why was clearly recorded in care plans. This meant staff had information about people's medicines available to them in case they needed it, for example, if a person required emergency medical attention care-givers had the information to tell the emergency services. One care-giver described administering medicines to a person

they supported. This was discussed with the registered manager who arranged for a review for this person and put the required records in place.

People and their relatives told us they had regular care-givers who supported them and said they didn't feel rushed during their care. People told us their care-givers came on time, and if they were unavailable due to holidays or illness another care-giver was arranged. One person said, "We have a regular person who comes, and when they can't come they [the service] always offer cover." Staff told us they didn't feel under pressure to take on additional work and planned absences were covered from within the staff team. One care-giver said, "In care you can never say there's enough staff, but it's not a problem getting cover here and I never feel rushed." The registered manager told us they calculated staffing needs based on the needs of people they supported and they aimed to have a team of care-givers who could work with each person. The registered manager and nominated individual told us they were not currently able to take on new referrals as they did not have enough staff available to provide the staffing required. They were conducting recruitment to address this. This meant the service ensured they had sufficient staff to meet people's needs.

Records showed recruitment was conducted in a safe way in line with the provider's policy on recruitment. The provider conducted checks on people's employment history and any gaps in employment were discussed during interviews. Interview records showed applicant's answers were assessed and included discussions on care values. The provider collected references and completed criminal records checks before staff started work. This ensured staff were suitable to work in a care environment. The registered manager and nominated individual identified current delays in the criminal records checking process was having an impact on recruitment as some staff were unable to wait until their criminal records check had been completed before starting work. The service did not allow staff to work until they had received information about their criminal histories. This meant staff were recruited in a safe way.

Good

Is the service effective?

Our findings

People and their families told us staff were good at their jobs. One person said, "The carer that comes here is very good, she knows what needs doing." A relative said, "I can't fault [care-giver]. They know what they are doing." Records showed that new staff completed a comprehensive training programme when they joined the service. The training was assessed and topics included the social model of disability, various health conditions, legislation that applies to care, infection control, person-centred care, moving and handling, medicines and safeguarding. The topics covered and assessments were equivalent to the care certificate. The care certificate is a nationally recognised qualification that provides staff with the fundamental knowledge and skills required to work in a care setting.

Records showed and staff confirmed they attended annual refresher training on key topics to ensure their knowledge and skills remained up to date. The refresher training was assessed to ensure that staff had retained the knowledge delivered through training. Staff told us, and records confirmed, spot checks were carried out to ensure they were performing their roles as required. The provider's policy stated staff should receive individual supervisions at three month intervals and an annual appraisal of their performance. Records showed staff received annual appraisals but supervisions were not happening as frequently as the policy directed. This had been identified through an audit of the service and the registered manager showed us individual supervisions had been scheduled for staff. This meant staff received the support and training required to perform their roles.

Care plans showed and people and their relatives confirmed that the service did not provide support to people with eating and drinking. Care-givers did provide support to people with meal preparation, and they told us how they ensured that people were offered choices and encouraged to eat if they had concerns about nutritional intake. One staff member said, "I support one person where I have to check if they've eaten. I prompt and encourage them but sometimes that doesn't work. In the end I brought my own lunch along so we could eat together and that worked. It made it a more social thing." This meant people were supported in a kind and sensitive way to ensure they ate and drank enough and maintained a balanced diet.

People told us care-givers would support them to make health appointments and liaise with health professionals as they needed. One person said, "They would phone the doctor for us." A relative said, "The carers help with the clinic appointments." Care plans contained details of people's health conditions and how they affected people's support needs. Staff told us they would report any concerns about people's health to the office and would liaise with the provider and people's families to ensure health needs were met. Staff told us the office would inform them by text or phone of any changes to people's health needs, as well as updating the care plan. This meant people were supported to maintain their health and have access to healthcare services as they needed.

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. 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. We checked whether the service was working within the principles of the MCA.

Care plans contained consent forms that people had signed to indicate their consent to their care. Care plans also contained a section regarding whether the person had capacity to consent to their care and if they had a legally appointed decision maker. Where people lacked capacity to consent to their care, the service told us they had legally appointed decision makers and this was recorded on the care file. However, the service did not have copies of the documents that demonstrated relatives had the legal authority to make decisions on people's behalf. The registered manager told us they would request copies of these documents.

Although the MCA was included in the training completed by staff, care-givers we spoke with were not confident in discussing what it meant or how it applied to their roles. Three of the four care-givers we spoke with could not remember having training on the MCA and did not know what it meant for their work. This was discussed with the registered manager who told us they would include a refresher on the MCA in team meetings for staff.

We recommend the service seeks and follows best practice guidance on embedding the principles of the MCA into the service.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the attitude of the care-givers who supported them. One relative told us, "The care-giver stays and has a chat, he'll make us a cup of tea. When he first came we got the photos out and he showed a real interest." A person said, "The staff are so considerate. The lady we have is so good we've got really friendly with her." A second person told us, "My carer is definitely a nice person." Another relative said, "The carer is like one of the family now, I can't fault them and they cheer my relative up every day."

The nominated individual told us the model of support provided was based on a companionship model and the service valued relationships between care-givers and people receiving a service. This was reflected in the feedback from staff who spoke about the people they supported with kindness and affection. Staff recognised the people they supported as individuals who each required a different approach to relationship building with care workers. One care-giver described how they established relationships with people they supported. They said, "Everyone is a bit nervous when you first start, you have to be humble, open and flexible. Not everyone will want to talk at first, but when they are ready people will. I try not to be too forward too soon and find a shared interest which can lead to more open communication."

People and their relatives told us they were asked their views on their care and their views were respected. One person told us, "We [care-giver and person] have a chat, they check if I need anything else and offer to do it for me." Another person said, "She [care-giver] does what I ask her to do." The service collected information on people's religious beliefs and where this affected how people wished to receive care this was respected by care givers. One care giver said, "I treat people how I would want to be treated. We're in their homes and so respect their rules, little things like taking off our shoes. I treat the clients like they're my boss and do what they ask."

Staff spoke with sensitivity about the intimate nature of the care they provided and described how they ensured that people still felt dignified and respected while receiving care. One care-giver told us, "It's important that I check that people are comfortable with what I'm doing." Another care-giver said, "It depends on the client. Some people might want you to talk your way through what you're doing, but other people really don't. You have to watch what you are doing and see how they react and build up the way you work with each person."

The registered manager and nominated individual explained how they explored people's relationships with them during the assessment and care planning process. They told us this was done in a way that ensured that people were able to disclose their sexuality if they wished as they were careful to talk about relationships and partners in gender neutral terms to avoid assumptions that people were in heterosexual relationships. The nominated individual told us, "We have a reputation as being gay friendly because the service is so specific and individual."

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in agreeing their care plans and the service was responsive to requests to change their care. One relative told us, "The office check on everything and it's easy to make changes." Another family member said, "If I need to make any changes the office are very obliging." A person said, "We arranged it [care package] in advance and it was all very organised. She [care-giver] helps us with what we need, it depends on the day." Another person described how they had met with the nominated individual to discuss what they wanted from their support.

Both the registered manager and nominated individual knew the people who received a service and were able to talk about their needs and wishes easily and confidently. Feedback from people and their relatives confirmed people had individualised care packages. This meant people received personalised care.

Care plans reviewed during the inspection contained a high level summary of the nature of support people required. There was not enough detail to inform staff of the exact nature of the support they needed to provide. Staff told us care plans contained enough information for them to get started, but further details would be helpful. One care giver said, "The care plans tell us what we need, but there's a difference between reading the plan and knowing what the person really wants. Sometimes the small print isn't always there."

The lack of detail in care plans was discussed with the registered manager who submitted updated care plans which included a greater level of detail after the inspection. For example, before the update one person's care plan had advised staff, "assist [person] with a bed bath each morning and a hair wash once a week." After it had been updated the care plan contained greater detail regarding how the person liked to be washed, how to support them with changing their clothes and where the equipment needed for supporting them was located.

The provider's policy stated people's needs should be assessed before the service started and care plans should be reviewed every six months. Records confirmed the service was following the policy. Care-givers told us they would contact the office to request a formal review if they were concerned that people's needs had changed. Care-givers told us they were informed quickly by text or telephone call, as well as via an updated care plan, if there had been a change in someone's needs. This meant people received care that was responsive to their needs.

The provider had a robust complaint's policy which included details of the expected timescales for investigation and response. People and their relatives told us they would raise any concerns they had with the office, but they had had no cause to do so. One person said, "I've no concerns at all." Records showed the service had not received any complaints since 2014 and had received several compliments about the quality of the service.

People and their relatives told us the service sought feedback from them regarding their experience of the service. One person said, "I got a census form from them to provide feedback." Records showed the service completed an annual questionnaire for people and their relatives and this generated an action plan for any

areas where people were not entirely happy with the service. For example, the survey completed in September 2016 had identified that not all respondents were satisfied with communication from the office. The service had implemented a plan to improve communications from office based staff.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and nominated individual. One person said, "The manager is very good." Another person said, "The lady in charge checked it out and it was all as we wanted." Staff told us the registered manager and nominated individual were supportive managers. One care giver said, "I get the support I need from the office, they're really flexible around my other work." Another care-giver said, "If we [care-givers] need anything they help us out. They get straight to it if we ask for help." Two care-givers told us they found the atmosphere and culture of the service so positive they couldn't imagine working anywhere else. One care giver said, "I like working here so much I'll stay until I'm past retirement." Another care giver said, "I love it here. I can't find any fault with it. It's rewarding and I feel welcomed by the people we support and the employer."

The registered manager and nominated individual talked about their 'quality first' approach to providing care and support. They told us that despite having a waiting list of people who wished to receive a service they could not currently take new referrals. The registered manager said, "It breaks me to turn people down, but we can't compromise the service we are giving to the clients we already have." The nominated individual added, "We won't risk the quality of the care and we don't want to push the care-givers too hard. It's about a quality service." This meant there was a positive, person centred culture at the service.

The provider had signed up to a number of strategies and commitments relating to good practice in care services. The service was a member of the Dementia Alliance and staff were trained to be dementia friends. Dementia friends is a recognised scheme of dementia awareness training. The provider had also signed up to the care commitment. The care commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focusses on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. These commitments meant the service was seeking best practice guidance and implementing it in practice.

The registered manager completed a range of audits and quality assurance checks on files relating to people and staff. These included checks that staff had completed training or received spot checks, and ensured that care plans were reviewed and up to date. In addition, the parent franchise had completed an audit of the service in November 2016. This had identified the same issues as found on inspection with regard to the detail of care plans and frequency of supervisions for staff. The registered manager had completed a plan for completing the required work which was brought forward during the inspection. This meant the mechanisms in place for evaluating and improving the quality of the service were working effectively.

Records showed the service held regular staff meetings. These were used to inform staff of updates to people's care or changes to policy or legislation that were relevant to their role. The service also distributed a regular newsletter for staff which included details of the employee of the month. Two staff were awarded employee of the month each month and were given a gift voucher to recognise their contribution to the

service. Staff told us this was appreciated. One care-giver told us, "We have an employee of the month scheme. It's really good. The incentives show they appreciate you as a worker."

The provider completed an annual survey for staff. Records showed that in September 2016 staff had raised they did not feel their work was consistently valued and that their pay did not reflect their hard work. Following this feedback the service had increased the employee of the month recognition scheme by increasing the number of staff who received the award to two per month and had implemented a pay increase for all staff. This meant the service responded to staff feedback and showed staff they were valued by the provider.