

Zinnia Care Ltd

# Zinnia Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Zinnia Care Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection, 50 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People, relatives and staff told us the service was not well-led. They were not always notified of staff being late and, at times, staff were missing visits. Three people told us they would not recommend the service to others. However, eight people told us the care staff were nice and they would recommend the service.

People and relatives told us if they called the office to raise concerns of late or missed visits, they received poor excuses and no changes made to improve the service. The registered manager had been away from the service for a period of time but was contactable by office staff via phone. The deputy manager and care manager were managing the service in their absence.

Staff told us they received no support from the management and if they raised concerns they were labelled as not being a 'team player'. They felt under pressure to work additional hours and told us staff rotas were planned only a few days ahead. In addition, rotas were not always planned to allow enough time for staff to travel between visits which meant they were late arriving to some people. Staff told us the training they received from the service was not effective in preparing them for their role. We have made a recommendation about staff competency and skills.

People told us they usually had a core staff team and they built up a relationship with them. They felt safe in the presence of their regular staff. People told us all staff members were kind and caring, however due to poor organisation and rota planning, at times, they had to receive care from staff who were not familiar with their needs. People's dignity and privacy was promoted by all staff.

Risk assessments were in place to give guidance to staff in how to mitigate risks and support people safely. People were happy about how staff administered their medicines. Staff involved health or social care professionals in people's care when there was a need for it.

Care plans were in place to guide staff in how to meet people's needs. Care plan reviews involved people and their relatives where appropriate as well as any professional input where there was a need.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service at the previous premises was Good, published on 25 December 2018.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

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?

Good 

The service was 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.

# Zinnia Care Limited

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience. 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager or a senior member of staff would be available to support the inspection.

Inspection activity started on 22 April 2021 and ended on 09 June 2021. We visited the office location on 28 April 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We also spoke with two local authority commissioners who are regularly in touch with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I prefer the carers to be there when I get up as I am unsteady; I feel very safe with them." A relative told us, "My [family member] feels safe with the carers being there."
- Staff received training and were clear about what would need to be reported, and the systems in place for them to do this. One staff member told us, "Abuse can come in many forms (physical, psychological, financial etc.) therefore, we have a duty of care to safeguard those vulnerable adults and to report poor practices."
- The provider had a safeguarding policy and procedure in place to help them identify and report to local safeguarding authorities any concerns they may have had.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place to help staff mitigate risk to people and provide support safely.
- People told us they were happy how staff supported them and felt that their regular care staff were proactive in identifying risk and act appropriately. For example, one person told us they had a fall before staff arrived at their home and staff immediately contacted emergency services to ensure they had no injuries.
- Accidents and incidents were reported by staff through the office, where staff then recorded what action they took to mitigate risks. For example, one staff member reported when a person struggled with their mobility. A request for an occupational health therapist was made by office staff and the person's family informed.
- Care plans had risk assessments for identified risks such as mobility, falls, skin integrity and environmental risk assessments. These were regularly reviewed or when any changes occurred. One staff member said, "If I notice anything that needs adding to the care plan [risk or other changes], I can phone the office and they do it."
- People told us they were happy with the way staff supported them with their medicines. One person said, "There have been no problems with staff giving my medication, they make sure I take it."
- Staff were trained, and checks were in place to ensure they administered people's medicines safely.

Staffing and recruitment

- People told us their visits were mainly on time. One person said, "The carers usually arrive about the same time and I have not had missed calls." Another person said, "I am happy with timings of the calls and they have not missed any." However, one person told us they recently experienced a few missed visits and they had to contact the office.

- Staff told us they received a rota a few days in advance and they spoke to people to inform them of their arrival. This was because, at times, rotas were not effectively planned to include enough travel time between visits. One staff member said, "They only give me five minutes travel time between [visits]. That's just not possible. I tell my clients myself which order I will visit so that I am not backwards and forwards."
- Recruitment procedures were robust with appropriate checks undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references were in place for all staff before they started working with people.

#### Preventing and controlling infection

- People told us staff were wearing appropriate personal protective equipment (PPE) when they visited. One person said, "They wear an apron, gloves and mask over their mouth and nose."
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and actions taken. Staff were informed of changes or improvements needed to people's care. However, there were no formal lessons learnt meetings or other evidence to demonstrate how the service was constantly looking for ways to improve people's experiences.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role, including topics such as safeguarding, moving and handling, medication and food hygiene. The provider had not offered training to all staff to better understand some health conditions people they supported were living with. For example, dementia.
- Staff told us they felt there was a decline in the quality of the training they received as this was mainly on-line. One staff member said, "I had lots of training at the beginning but now it's online. Most of it has been on the job and I have had spot checks." Another staff member said, "I cannot confidently say that I have received any proper training at this company. Almost everything I know, I learned on-the-job. They recently enrolled us on some 'back to work' online training course and I have no idea what this is even about. We were not given any prior information about this course, so I have no idea what the course objectives are."
- Staff told us they were not supported through regular supervisions or meetings. One staff member said, "I have not had any supervision or support since I joined this company."
- People told us that, in general, they felt that staff were knowledgeable and trained. However, two people told us they felt staff needed more training. One person said, "I feel more training is required in infectious disease control and cross contamination on hand contact surfaces and in changing gloves for different tasks."

We recommend the provider ensures staff are competent and skilled for the job they were employed to do.

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

- People were visited by staff prior to them receiving support. Their needs were discussed, planned and agreed if these could be met by the service.
- People and relatives told us they discussed changes and reviews of their needs when it was needed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where needed staff helped people with eating and drinking. One person said, "The carers do my food." Another person said, "The carers make my hot drinks and will do food if I ask."
- People told us staff encouraged them to drink sufficient amounts.
- People told us staff ensured the relevant professionals were contacted when needed. For example, where people's mobility needs changed, staff involved an occupational health therapist to ensure the person's needs could be met.

- The service worked with health services, district nurses and social work teams, when required, to ensure people had the support they needed.

#### 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 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. 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.

- People's capacity to make decisions relevant to their care and support were assessed and documented.
- Staff had some knowledge of the principles of the MCA. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

- People and relatives gave positive feedback about staff. They told us staff were kind and caring. One person said, "They (staff) are kind and caring and know what they are doing." Another person told us, "The staff are very caring and always have time for me. If time permits, we have a little chat. They stay for the half hour."
- People were involved in creating their own care plans and actively participated in the reviews. They told us staff listened to them, their voice was heard, and their choices were respected. One person told us, "They saw my needs, discussed it and put it in the care plan." A relative said, "We have a say in our care plan."
- Staff spoke about people in a kind and respectful way. They told us they built up a good rapport with people and they knew what was important to them. One staff member said, "I've been seeing the same clients for two years now and I know them."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they had no concerns about staff. They were respectful and protected people's dignity and privacy.
- One person said, "There are no problems with my privacy and dignity; they shut the curtain in the living room and cover me with a towel as appropriate." Another person told us, "They help me with a shower and wrap a towel around me for privacy."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us staff supported them the way they liked it. One person said, "They are all very kind. They do whatever I ask, and we have a little chat." Another person said, "[Staff] brought me a birthday present."
- Staff were able to detail what people liked and disliked, as well as their support needs. People's care plans described their likes, dislikes, preferences and the routines staff should follow when they visited.
- Relatives told us people's care plans were reviewed when needed for any changes in care and support.
- People told us staff were responsive to their needs and they could rely on their support.

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 documented in their care plans, with any adaptations or equipment needed recorded.
- The deputy manager explained that information would be made available in a different format, if this was required.

Improving care quality in response to complaints or concerns

- The majority of people and relatives told us they had no reason to complain. One person said, "I have not had to contact the office to complain as they are brilliant." Another person said, "I phoned the office as the carer was late, I got through okay, but the carer turned up, so the issue was resolved."
- The provider had a complaint policy in place for people or relative to use when there was a need for it.
- Complaints were recorded and investigated. Feedback was given to the complainant, however at times, this was completed over the phone and not followed up with a letter for future reference.

End of life care and support

- At the time of our inspection, one person who was being supported was nearing the end of their life. Plans and assessments were being developed for their future support.
- Staff were working together with staff from a local hospice to meet this person's end of life care needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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; 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; Continuous learning and improving care

- The registered manager was unavailable at the time of the inspection visit. The deputy manager and the care manager were managing the service in their absence. People, relatives and staff we spoke with told us the service was not always well-led.
- People and relatives had mixed views about the management of the service. Some people were happy because their staff were always on time and had no issues. However, people who had concerns did not find the support they needed from office staff to resolve these. One person told us, "I would not recommend the company. A month ago, the carer did not arrive which has happened a few times in the last six months. If I phone the office, they say they will get back to me, but don't. They also give poor excuses for no shows." A relative said, "I would not recommend the company because of the hiccups. We do not know what happens when we are not there. We think there is a problem with the system, not the carers."
- Staff told us they did not feel valued or listened to. One staff member said, "The manager is often hostile, verbally aggressive and has a habit of shouting and talking down to employees. When it comes to dissemination of information, this is handled poorly at best. Even within the management team themselves, information is not circulated properly, much less between management and field staff."
- Another staff member said they felt under pressure to pick up additional shifts. They said, "They [managers] will harass you to come in to work when you are sick and if you don't, then they blame you for neglecting the service users and take disciplinary actions against you."
- Staff told us they received their rotas at very short notice, and these were not planned effectively. Often, they called people and re-arranged their call times to ensure their time was not wasted with back and forth travelling between areas and visits. One staff member said, "While I appreciate that scheduling rotas can be a very challenging task, I believe the way rotas are being managed in this company needs a lot of improvement. So many different people have been involved in scheduling the rotas and this almost always results in chaos."
- Staff told us they learned on the job from more experienced care staff as the training provided was not fit for purpose. Newly employed staff told us they would have benefited from working together with a more experienced staff member (called shadowing) for more than two days. One staff member said, "Training I believe could be better as you only have a shadowing shift for 2 days and then expected to go in your own."

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

- People were happy with the support they received from their regular staff, which was personalised and met their needs. One person said, "The morning and lunch staff are excellent; they are kind and caring and know what they are doing." Another person said, "The non-regulars need more training as they do not know what the regulars do, purely because they are not regular to me."
- Staff told us, they and the management in the service understood the importance of providing people with personalised support. One staff member said, "As for the allocation of time to meet people's needs, they [management] do well in this area because whenever we have raised any concerns about insufficient time given to meet a client's needs, the company has always taken our concerns on board and tried their best to increase the time allocated for the service user."
- Feedback about the quality of the service provided was gathered from people and their relatives. One person said, "I had a questionnaire within the last year." Another person told us, "I have not had a questionnaire, but they have rung in the past for feedback."
- Staff often worked with other professionals to achieve good outcomes for people, for example, district nursing teams and health professionals, in order to provide joined up care.