

ZNC Care Limited

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Inspection report

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Date of inspection visit:
19 May 2023

Date of publication:
24 July 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

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.

About the service

ZNC Care Ltd is a domiciliary care agency located in the London Borough of Redbridge. It is registered to provide personal care to people in their own homes. At the time of the inspection, 1 person was receiving support with personal care. The service is registered to provide support to people with learning disabilities and or autism spectrum disorder, mental health and younger adults. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

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

Right Support

There were systems in place to keep people safe from abuse. The service supported people through risk assessments to monitor and mitigate risks to them. Staff were recruited safely and there were enough staff working at the service. Medicines were managed safely. Staff were trained in infection prevention and control. There were systems in place to learn from incidents and accidents.

Right Care

People's needs were assessed so the service could ensure their needs could be met. Staff received an induction, were trained and supervised in their roles. People were supported with eating and drinking if required. Staff recorded care effectively and worked with health and social care professionals to ensure people received good care. 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 did not support this practice.

People's needs were recorded in care plans which provided person centred information and instructions for staff. People's communication needs were recorded so staff were able to meet their preferences. People were supported to take part in activities they enjoyed. There had been no complaints about the service but there was a process in place for people and relatives to follow if they needed to raise concerns.

Right culture

Staff were caring; feedback from relatives and quality assurance processes showed this to be the case. People were able to make choices with their care. People were treated with respect and dignity and supported to be independent.

The service was person-centred and placed people at the heart of what they did. Feedback from relatives and staff was positive and systems and processes in place showed the service was well led. People, relatives and staff were able to engage with the service. Quality assurance measures ensured people were provided with good, safe care. The provider worked with other agencies to support people live healthy, safe and fulfilled lives.

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

Rating at last inspection

This service was registered with us on 7 February 2022 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture. 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

ZNC Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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 and specialist housing.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, and any notifications of significant incidents the provider had sent us. 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.

During the inspection

We spoke with 2 members of staff, which included 1 care staff and the registered manager. The registered manager was also the director/owner of the service.

We reviewed a range of records. This included 1 person's care plan and medicine records. We looked at 2 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.

Following our site visit we spoke by telephone with 1 relative about their experience of care. We continued to seek clarification from the provider to validate evidence found.

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 safeguard people from abuse.
- Staff were trained on how to safeguard vulnerable people from abuse and followed the provider's safeguarding policy. The policy informed staff about what abuse potentially looked like and what steps to take if they suspected it was occurring. One staff member said, "I would tell the manager. If they did not act I would tell the police, social worker or CQC."
- At the time of our inspection, there had been no safeguarding concerns or alerts raised. The registered manager was able to tell us what they would do if a concern was raised. A relative told us they felt the service kept people safe. They said, "Absolutely my [family member] has [health condition] and staff are amazing. They know how to take care of them."

Assessing risk, safety monitoring and management

- Risks to people were recorded and assessed to ensure people received safe care. The service had a risk management system in place to identify, assess, and manage risks associated with the person's specific needs. We saw a support plan and risk assessments which were personalised and covered specific risks the person using the service had.
- Health conditions were recorded as well as instructions to support carers with associated risks. For example, we noted specific health condition symptoms were tracked so as to seek better understanding of the person's condition and how best to support them. The service had also established, effective communication channels with other healthcare professionals involved in the service user's care to ensure a coordinated approach. This meant the service sought to mitigate risks to people.
- Risk assessments were regularly reviewed and updated to reflect any changes in the service user's condition or circumstances.

Staffing and recruitment

- Staff were recruited safely. We looked at 2 staff files and saw that checks had been made on the suitability of the staff member. All staff underwent thorough recruitment checks, including background checks, to ensure their suitability for the role. A relative told us, "They always recruit staff well and check I am comfortable with staff."
- There were enough staff to meet people's needs. Documentation and rotas seen indicated the service had a sufficient number of suitably qualified and experienced staff members to meet the needs of the person. A relative told us, "Yes, there is enough staff, and they are always on time."

Using medicines safely

- Medicines were managed safely. The service had robust procedures for the safe administration, and

management of medicines.

- Staff members responsible for administering medication received appropriate training and demonstrated a good understanding of the prescribed medicine regime. A relative told us, "Yes, they [staff] do [support people appropriately with medicines]. I check every so often if they are giving [person] their meds and I will check to see if they give it to them on time, or if they would spit it out and everything is always right, and they will tell me if medicines need to be replaced. They make sure we have the right meds. They are on the ball."
- There was a protocol in place to support staff administer medicine that should be taken as and when a person's health condition required it. Staff were aware of the protocol, which had been approved by a healthcare professional.
- Regular audits were conducted to monitor compliance with medication policies and identify any areas for improvement. The service user's medication records were accurate, complete, and regularly reviewed.

Preventing and controlling infection

- There were infection prevention measures in place. Staff wore Personal Protective Equipment (PPE) when required and records indicated they had been trained in infection control. One relative told us, "During COVID they all wore PPE."
- We saw PPE supplies within the office and the provider had a policy on infection prevention and control. Infection control measures were monitored at spot check and discussed in staff supervisions. One staff member said, "We use PPE to protect from infection; gloves, masks and aprons."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Staff at the service followed policies and procedures which were in place to support potential incidents. One staff member said, "If a person banged their head, or were badly hurt we'd call the ambulance and we'd inform the manager. We need to fill in an incident report and we have a folder for that."
- The registered manager tracked the symptoms of a person's health condition, which if severe could require emergency healthcare professional support. Staff discussed incidents and accidents with management and actions were taken to safeguard people from further harm.

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

- People's needs were assessed before they began using the service. An initial assessment of people was completed by staff before they began using the service to ensure their needs could be met. This included recording their health care needs and their social activities.
- People's needs were regularly reviewed through meetings with people and their relatives. Assessments were in line with the law, ensuring people's protected characteristics were recorded.

Staff support: induction, training, skills and experience

- Staff were supported to fulfil their roles. Staff received inductions when they began working for the service. This was so they could be properly prepared to fulfil their roles. Inductions included training, shadowing, meeting people and relatives and also reviewing policies.
- Staff received training to further complement their work roles. Staff members received regular training on medicine administration, safeguarding and infection control as well as other courses. These courses equipped them with the necessary skills to provide safe and effective care.
- Staff members received specialist training for people with specific needs, such as learning disabilities and or autism. They applied this knowledge effectively to provide the necessary support and promote the person's well-being. A relative told us they were content with staff skills and knowledge and said, "Their training on [specific health condition] is amazing. They know how to take care of [person] and they have regular training with their manager, and I am blessed. They care for [person] like their own."
- Staff were supported through supervision. The management team held regular supervision with staff where they could discuss work related concerns and or identify development goals. One staff member said, "We have 1 to 1 meetings with the manager."

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

- People were supported to maintain a balanced diet. People's dietary needs were recorded to ensure staff supported them correctly. People's food preferences were recorded in their support plans.
- Staff had been trained in basic food handling. A relative told us, "Staff support [family member] by asking what they want and then they cook it or we [family] do it, and staff cut up the food very small [to support person's health conditions]."

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

- Staff worked with other agencies to provide consistent and effective care. Staff recorded care notes which the management team and the family could review. These types of notes, and other records of people's

symptoms the service kept, could also be used by social and healthcare professionals if required. A relative commented, "They [staff] turn up early and they get proper handover. They go through care notes and what's been happening."

- The service supported people with their health care. People's health care needs were recorded in their care plan and risk assessments. The service worked with guidance and instruction provided by healthcare professionals.
- The service has established effective communication channels with external professionals involved in the person's care, ensuring a collaborative approach that enhances the overall support provided.

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.

- Consent to care was in line with law and guidance. Care plans and care plan review documents contained areas for people to sign to indicate their consent to care. Where people were unable to consent to their own care, the service involved others, such as relatives, to act in their best interests.
- People's capacity to make decisions was recorded in their care plans, as well information about whether others had power of attorney to make decisions.
- Relatives told us, and staff confirmed, people were offered choices with their care. One relative told us, "[Person] lacks capacity in most areas of their life. Everything is still explained to them [by staff]." A staff member said, "We give choices for everything. [Person] chooses them self; food, shopping, and clothes. They pick their selves. We don't force them to do anything."

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

- Relatives told us people were treated well by staff. One relative told us, "They are very caring." The service completed spot checks to ensure staff worked well with people. Spot checks provided an opportunity for people and or relatives to provide feedback. Feedback we saw was positive.
- People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity.
- Care plans recorded people's cultural needs. For example, we saw people's faith was recorded as well as how this may dictate their dietary requirements. This meant the service took people's diversity into account when supporting them.

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

- People and relatives were able to express their views and be involved with decisions about their care. One relative said, "I'm very vocal and I can tell them what I want and what I need. [Person] can also make choices and decisions."
- Care plans were signed to document people's or relative's involvement. Care plan completion and reviews, as well as spot checks, provided different means for views to be expressed and feedback received. This meant people and relatives could be involved in decision making around care.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy and dignity was respected. One relative said, "[Person] lives at home. They have their own space but they [staff] are in our home and they are aware of boundaries, and we feel comfortable." A staff member told us, we do give [person] privacy in the toilet and we will sit outside and talk with them and make sure everything is ok."
- People's confidential information was stored in locked cabinets at the site office and or on password protected electronic devices. Staff also told us, "We wouldn't talk about [service users] outside of work."
- People's independence was promoted. Staff told us they promoted people's independence and encouraged people to be as independent as possible. One staff member said, "We encourage [person] to be independent."
- Care plans provided relevant information for staff so they could empower people as much as possible and do what they could for themselves.

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 of 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 received personalised care. People's needs and preferences were recorded in their care plans and risk assessments. Documentation about people was personalised and informative. Anyone reading a care plan or care plan review, such as staff, would find out what people liked and preferred.
- Care plans were reviewed regularly or as and when necessary, such as when people's needs changed. People's health conditions, potential risks to them and how they liked and or wanted to receive care was recorded clearly. This meant anyone providing care would know how to support someone in a way they liked.

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.

- The service met people's communication needs. Care plans contained information about people's communication needs and preferences. Care plans provided guidance on how staff could communicate most effectively with people.
- The registered manager told us they would be able to provide documentation in different formats to support differing communication needs should it be required.

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 be involved in activities they liked and or maintain relationships with friends and families. Care plans recorded the types of activities people liked to do and who was important to people.
- Documentation and photographic evidence showed people undertaking activities cited in care plans. Often photos showed a person smiling whilst completing activities, which included being with relatives. A staff member said, "[Person] does lots of activities. They go to the park to feed the ducks. They pick [what to do]. They sit on the swings, they go [horse] riding and bowling and also cycling in good weather. They like their music too. and they love visitors! They like the shops too; they'll tell us what they want." A relative confirmed, "Yes, they do [person gets to do things they like to do]. [Person] has a timetable but they get a choice, they might want to go for a drive instead of bowling. Their choice comes first."

Improving care quality in response to complaints or concerns

- Relatives told us they felt they would be able to raise complaints and concerns. One relative said, "I would complain. I would go straight away and [I] know what to do."
- There had been no complaints at the service. The registered manager told us they had a complaints policy which they would follow if they received a complaint. They also told us they would use it to improve care where possible. The complaints process was available for people and relatives.

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.

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

- The service promoted a positive person-centred culture. A relative told us, "[Registered manager] is very caring and rings me up and always asks me about [person]. They put them first." One staff member said, "[Registered manager] is a really brilliant person. They are amazing. They are a very good person. They listen; They are calm, they are helpful. If we ask them something, they are willing to do it."
- Documentation and the policies at the service focused on being person-centred and people were placed at the heart of their own care. Care plans were comprehensively personalised, and policies aimed to ensure people were cared for in a way which championed their needs and preferences.

Continuous learning and improving care

- The registered manager expressed a desire for the service to continuously learn and improve care. They utilised quality assurance measures to check whether systems and processes at the service were working and or whether improvements could be made.
- The registered manager, and their deputy, completed audits to check on the quality of the service provided. Audits included medicine administration chart checks, spot checks and documentation reviews. One relative said, "Yes they have come and done spot checks and we can provide feedback and fill in feedback forms."

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

- Relatives and staff told us they felt able to engage in the service. Relatives told us they were able to provide feedback and also receive feedback from staff. They said, "They [staff] communicate really well with us. We get feedback from the staff and when they are leaving I get reports and they tell me what [person] has done and how they have been." Positive feedback was reflected in the spot checks we reviewed.
- The service held staff meetings to review how people's care was provided and whether staff required support. Meeting minutes showed discussions about topics such as people's wellbeing, policies and COVID-19. Staff told us they had input in decisions about how the service was provided.
- People's equality and diversity characteristics and or needs were recorded, the service supported people with their cultural needs.

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

- Staff roles and responsibilities were identified through their job description. These were available to staff in their staff files. There was a management structure in place which staff knew.
- The registered manager, who was also the nominated individual, had a qualification in health and social care. They knew and understood regulatory requirements and their duty to share information to both the local authority and CQC with respect to certain matters.

Working in partnership with others

- The provider was willing and happy to work in partnership with other agencies. The service was small and was still forging links within the local community. They worked alongside a range of health and social care professionals sharing information where required. These relationships were in place to enhance people's care.