Zion Domicillary Care Limited

Zion Domiciliary Care Agency

Inspection report

70a High Street
Slough
Berkshire
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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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Zion Domiciliary Care Agency provides care to adults living in their own homes who have a range of needs including learning disabilities.

The registered manager has been in post since June 2015. 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 and associated Regulations about how the service is run.

People said staff were caring, kind and knew them well. We heard comments such as, "Yes, the (staff) are definitely caring", "They (staff) care about me as a person. Knowing that they care is important", "Staff are very kind and ask if I'm okay" and "At the beginning there were some care workers that were not but now they generally seem to be caring."

We observed a staff member interacting with a person in a respectful way. There was a jovial conversation between them. The person told us they had developed a good connection with the care worker. People said they were involved in the planning of their care however, one person said they did not have a copy of their care plan.

People said they felt safe with Zion Domiciliary Care Agency and knew what to do if they felt unsafe. We heard

Summary of findings

comments such as, “Generally I am safe and quite secure.” Staff attended relevant training and knew how to protect people from abuse. Most people felt there were enough staff. This was because they always had the required number of care staff to attend to their care needs. A review of staff rotas showed there was adequate staff covering shifts.

People gave mixed comments in regards to staff being knowledgeable and skilled to do their jobs. Whilst most people thought staff were experienced and skilled, other people mentioned issues with care workers not understanding the English language. Staff received appropriate induction, training and supervision.

Spot checks were carried out to ensure staff followed the service’s procedures. Where areas of concern were identified, appropriate action was taken.

People’s care needs and risk assessments were not regularly reviewed. One person commented, “Since I was released from hospital they (staff) haven’t visited to review my care.”

Care records reviewed contained no information in regards to people’s preferences or wishes in regards to end of life care. People said the service had not discussed end of life care with them.

We have made a recommendation about the service seeking people’s preferences in relation to end of life care, base upon best practice.

People were supported to have sufficient food to eat and drink. Care records contained people’s nutritional needs; what their food preferences were and what support they required. The service worked with other health professionals to ensure people’s health needs were met.

Staff were aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). Where people were not able to make specific decisions, care records showed who had legal powers to make important decisions on their behalf. We noted the service did not carry out its own mental capacity assessments. This meant mental capacity assessments undertaken were not time and decision specific. We have made a recommendation for the service to seek guidance on undertaking mental capacity assessments based upon the MCA.

People said they knew how to make a complaint and felt comfortable to do this. Staff knew how to handle complaints and confidently spoke about the procedures they would follow. This was in line with the service’s complaints policy.

People gave positive feedback in regards to how well the service was managed but also spoke about where there could be further improvements. For instance, training for staff where English was not their first language and communication in regards to what was happening in the service.

Quality assurances systems in place to monitor and improve the quality and safety of the services provided was not being used effectively. There was no evidence of analysis and communication to let people and staff know the results of the surveys and any actions the service was going to take. Audits of care plans failed to pick up one person did not have a copy of their care plan and formal reviews of people’s care were not regularly being undertaken.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said they felt safe from abuse and knew what to do if they had concerns.

People were protected as staff had attended relevant training and knew how to protect people from abuse.

People were kept safe as there were enough staff employed to meet their needs.

Good

Is the service effective?
The service was not always effective.

People received care from staff who had the knowledge and skills to carry out their job roles.

People felt staff were knowledgeable and skilled but mentioned issues with staff not understanding the English language.

The service did not carry out their own mental capacity assessments. This meant mental capacity assessments undertaken were not time and decision specific.

Requires improvement

Is the service caring?
The service was caring.

People said staff were caring, kind and knew them well.

One person said they did not have a copy of their care plan.

People said the service had not discussed end of life care with them.

Requires improvement

Is the service responsive?
The service was not always responsive.

People's care needs and risk assessments were not regularly reviewed.

People said they knew how to make a complaint and felt comfortable to do this.

Staff knew how to handle complaints and confidently spoke about the procedures they would follow.

Requires improvement

Is the service well-led?
The service was not well-led.

People gave positive feedback in regards to how well the service was managed but thought further improvement could be made.

Requires improvement

Summary of findings

People and staff were not informed of the outcomes of surveys and any actions the service was going to take.

Quality assurances systems in place were not being used effectively.

Zion Domiciliary Care Agency

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 checked 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.

This was an announced inspection which was carried out by one inspector and took place on 8 & 9 October 2015. The provider was given 48 hours' that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. We also looked at all the information we have collected about the service.

The registered manager told us they had received the Provider Information Return (PIR) but did not return it to the Care Quality Commission (CQC) by the requested submission date. 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 visited two people in their homes. We spoke with two people and one relative by telephone; two care workers, a care co-ordinator and the registered manager. We looked at seven care records, five staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe with Zion Domiciliary Care Agency and knew what to do if they felt unsafe. We heard comments such as, “Generally I am safe and quite secure. I will speak to the office first if I had concerns and if nothing was done, I would contact social services” and “No, I have never experienced anything like that (abuse). I would report it to the office or council or get my son involved.”

Staff attended relevant training and knew how to protect people from abuse. A review of staff records confirmed staff had attended the relevant training. For instance, one staff commented, “We have done safeguarding adults training and learnt to look for signs of abuse. I will record and report any concerns to the manager.” The care co-ordinator supported this saying, “If a care worker recognises unexplained bruises, I will report this to the manager.” This was in line with the service’s safeguarding vulnerable adults policy.

A review of safeguarding incidents showed these were reported to the relevant agencies and appropriate action was taken.

Some people told us staff arrived promptly for their calls. Other people told us this was not the case as they were not always notified when a care worker was going to be late or was arriving early. We heard comments such as, "They (staff) come the time I want them to”, “It seems to vary. They (staff) don’t always call to say when they’re going to be late or going to be early”, “They (staff) come four times a day and sometimes they are delayed. They do let us know when they are going to be late” and “They can’t always get here on time. Sometimes they call me, it depends on how long the delay will be.”

We reviewed the service’s electronic call monitoring system which showed the majority of the calls were being made within the agreed times. The registered manager told us there was a 30 minute time period before a care worker would be considered late for a call. We noted this information was also in people’s service agreements. People we spoke were also aware of this and stated staff did not arrive later than the 30 minutes. Where care workers were going to arrive later than 30 minutes appropriate action had been taken to ensure people were made aware and alternative staff cover arranged.

Most people felt there were enough staff. This was because they always had the required number of care staff to attend to their care needs. For example, we heard comments such as, “Yes, I always have two care workers.” One person felt there was not enough staff and based this upon staff not attending their home promptly.

Staff said there were enough staff but talked about the challenges they faced due to the nature of their job. For instance, the care co-ordinator commented, “We do have enough staff however, we have challenges like staff going off work due to sickness. We’re in the process of recruiting additional staff.” During our visit, we observed people had visited the office to enquire about jobs or to pick up job application forms. A review of the staff rotas covering July and August 2015 confirmed there was adequate staff covering shifts.

The service operated safe recruitment procedures. Staff records included evidence of pre-employment checks including Disclosure and Barring Service (DBS). This ensured staff employed were suitable to provide care and support to people who used the service. One staff member commented, “I completed a job application form and had to wait for the DBS before I could start work.”

Risk assessments were undertaken and in place to ensure people’s safety. Care records showed where people were identified at risk appropriate measures were put in place. For example, we noted a detailed manual handling risk reduction plan for a person with limited mobility. The plan gave a summary of what action staff should take to minimise risks to the person when they were being moved.

People who received support from staff with their medicines said their medicines were managed safely. Medicine administration records (MAR) in people’s homes captured what medicines people were prescribed; the quantity that should be given and how many times a day. These were signed and dated by the staff who administered them. This was in line with the service’s medicine policy. One staff commented, “We have had medicines training, so I am able to administer medicines and record it on the MAR chart.” A review of the staff training matrix confirmed staff had received the relevant training. Care records contained people’s medical histories and what support was required.

We noted the medicines policy stated there must be documented consent for domiciliary care staff to become

Good

Is the service safe?

involved with people's medicines. We saw no evidence of this in all the care plans reviewed. This was brought to the attention of the registered manager, who could give no explanation why this had not happened.

People were safe from infection because staff ensured they used the appropriate personal protection equipment (PPE). The training matrix confirmed staff had attended the relevant training. We heard comments such as, "They (staff) do wear gloves" and "They (staff) always wear aprons and change gloves in between tasks." This was supported by our observations of staff during visits to people's homes. Staff explained how they applied their training in practice. For instance, one staff commented, "I wear PPE and wash my hands before I carry out care. I put my gloves on and change them in between care duties and safely dispose of them after care is delivered."

Requires improvement

Is the service effective?

Our findings

People gave mixed comments in regards to staff being knowledgeable and skilled to do their jobs. Whilst most people thought staff were experienced and skilled, other people mentioned issues with care workers not understanding the English language. We heard comments such as, "Generally, I wish they could speak better English, sometimes I have difficulty understanding them", "Most of them (staff) are experienced but some of them cannot understand the English language" and "Some of them speak good English but they can't understand my English."

We spoke with the registered manager who acknowledged the concerns raised and said they had supported staff to attend English language courses. This was supported by one member of staff who said they had seen an improvement with the staff they worked with, where English was not their first language. The registered manager stated an action plan was in place for the service to provide additional English classes to staff who required it. This support was due to start shortly but was not in place at the time of our visit.

Staff received appropriate induction, training and supervision. Staff records showed they had received thorough induction, training and supervision. Comments from staff included, "The training was very interesting and I was able to work independently after" and "Supervisions are carried out every three months, we talk about personal issues and our connections with clients. Management listen and respond to my concerns."

'Home Carers Induction forms' were completed by care workers assigned to work with people. These evidenced care to be undertaken; whether care workers understood the care plans and whether care workers were competent to do their jobs. These were signed by and dated by the assessor and the staff being inducted.

Not all staff were aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times.

Where people did not have capacity to make specific decisions, the service did not carry out it's own mental capacity assessments. The care co-ordinator explained this was because the Local Authorities had undertaken the necessary assessments before people joined the service. For example, one relative informed us their family had been recently diagnosed with a medical diagnosis which had an impact on their decision making ability. A review of the person's care records showed no mental capacity assessment had been carried out since the diagnosis. No changes had been made to the care provided in light of this recent change even though the registered manager and office staff were aware of the person's situation. This meant mental capacity assessments undertaken were not time and decision specific.

People said staff sought their consent and involved them in decisions. One person commented, "Yes they (staff) usually ask me what I want" and "Generally, they (staff) would seek my consent but on the whole I'm the one telling them what I want and they do it." Care records evidenced people signed and gave consent for various aspects of care.

People were supported to have sufficient food to eat and drink. Care records contained people's nutritional needs; what their food preferences were and what support they required. For instance, one person's nutritional plan instructed staff to ensure they prepared the person's meals; snacks and drinks of their choice. One person supported this by saying, "They (staff) ensure I eat properly." Staff used food and fluid intake charts to record how much food people ate or drank and reported any concerns to the office. A review of food and fluid intake charts supported what staff had said.

People were supported to maintain good health and had access to healthcare services. The care co-ordinator said staff would always contact the office if there were concerns in regards to people's health. They explained how through information received from a care worker in regards to a person, they were able to communicate with the person's family member in order for a referral to be made to the appropriate health professional. A review of the person's care records supported this. This showed appropriate referrals were made to health professionals when people who had identified health required it.

We recommended the service seek guidance on undertaking mental capacity assessments, based upon the Mental Capacity Act 2005.

Requires improvement

Is the service caring?

Our findings

Most people felt involved and supported in planning and making decisions about their care. They talked to us about every day decisions that concerned the support they received such as, food choices and personal care. One person commented, “I am involved but I don’t seem to have a care plan.” We noted the service did have a care plan for the person in the office and brought this immediately to the attention of the registered manager who stated they would ensure a copy of the care plan placed in the person’s home. The other person we visited in their home had a care plan.

People said staff were caring, kind and knew them well. We heard comments such as, “Yes, the (staff) are definitely caring”, “They (staff) care about me as a person. Knowing that they care is important”, “Staff are very kind and ask if I’m okay” and “At the beginning there were some care workers that were not but now they generally seem to be caring.”

We observed a staff member interacting with a person in a respectful way. There was jovial conversations between them. The person told us they had developed a good connection with the care worker. A staff member when talking about the people they cared for commented, “Caring is not just going to a person’s home and carrying out care tasks. It’s about understanding people’s life histories and interacting with them.”

Care records captured what people’s communication needs were and how staff were to support them.

People said staff respected their privacy and dignity. One person commented, "They make sure I am covered when I am being washed.” A relative explained how staff had ensured that care delivered to their family member was always carried out in private. They commented, “Staff always make sure the door is shut.” This was supported by staff we spoke with.

Staff promoted people’s independence and supported them to exercise choice. One staff member commented, “I encourage people to do things for themselves but will provide support in areas they are not able to. Another staff member commented, “When preparing meals, I always ask people what they want to eat and drink. For example, whether they want sugar in their tea.” This was evidenced in care records which instructed staff to ensure people are given the opportunity to choose their preferences.

The service provided care to people who required end of life care. Staff said they had received training and spoke about their experience carrying out this care. One staff commented, “End of life care is very important. I try my best to make the last few days very special for people.” Another care worker commented, “Dignity and care training covered this area and it helped me in a recent situation where a person was at the end stages of life.” Staff’s continuing professional development plans (CPD) confirmed staff had received the relevant training.

Care records reviewed contained no information in regards to people’s preferences of wishes in regards end of life care. People we spoke with said the service had not discussed end of life care with them.

We recommend the service finds out more about people’s preferences, based upon current best practice, in relation to end of life care.

Requires improvement

Is the service responsive?

Our findings

People's care needs and risk assessments were not regularly reviewed. One person commented, "Since I was released from hospital they (staff) haven't visited to review my care." We noted the person had recently been diagnosed with a medical condition but this had not been updated in the person's care plan. The person's last care review meeting was held on 3 October 2014 and was scheduled to be reviewed in June 2015. There was no evidence to show a review meeting was held in June 2015.

The registered manager told us reviews of care and assessed risks were carried out every six months but we saw no evidence to support this in the majority of the care records reviewed. The registered manager was not able to provide us with evidence or explain why they not had occurred. The service did not ensure people's care needs were reviewed for their effectiveness or changed to keep up with people's changing needs. This placed people at risk of receiving unsafe and inappropriate care.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were involved in the assessments of their needs when they first began to use the service. We saw assessments were comprehensive and evidenced staff had discussed people's support needs and the delivery of care; risk assessments; care plans; service user agreements; statement of purpose; complaint and compliments procedure. People were able to able to express their preferences and choices. For instance, people were given a choice of whether to have a male or female care worker.

People said care delivered was centred on their needs and gave various examples such as, staff knowing their preferences for how their meals were to be prepared. Staff told us how they put person-centred care into practice. We heard comments such as, "I focus on every person as individuals. Every person is different, with different needs and different choices" and "Every person is different and therefore our approach has to be different."

Care plans were person-centred and focussed on people's individual needs. These captured people's important relationships; social interests; spiritual and cultural needs. People's life histories were recorded to enable staff to know people's background and help them to establish good working relationships. Staff we spoke with demonstrated a good understanding of people's background. What they had told us about people's care needs and family background was confirmed by the people we spoke with. One person commented, X (named staff member) really knows me well."

People knew how to make a complaint and felt management dealt with them satisfactorily. Comments included, "I called the office, the manager will always respond to my satisfaction" and "We will call the office, I have mentioned a concern I had and have seen improvements." We noted a copy of the complaints procedure was available in people's homes. This provided people with relevant procedures to follow if they wanted to raise a complaint.

Requires improvement

Is the service well-led?

Our findings

People gave positive feedback in regards to how well the service was managed but also spoke about where there could be further improvements. For instance, training for staff where English was not their first language and communication in regards to what was happening in the service. We heard comments such as "Based upon the care received, it's great!", "I don't really know management. Generally, they do a good job but need to improve in communication", "I think it's well-led but they need to do something about care workers who can't speak English" and "There's no newsletters to inform us of any changes."

Quality assurances systems in place to monitor and improve the quality and safety of the services provided was not being used effectively. For instance, the staff training matrix was not always kept up to date to accurately reflect what training staff had undertaken or needed to refresh on. The staff supervision matrix was not up to date. For example, it was recorded that one staff member's last supervision was held on 7 April 2015, a review in the staff member's continuing professional development file showed the last supervision was held on 29 July 2015. Care plan audits undertaken were not effective as they failed to pick up that no formal care reviews had taken place and one person did not have a copy of their care plan in their home. Information was not always up to date; accurate; properly analysed and reviewed. This placed people at risk of unsafe care and support.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we had asked the provider to complete a Provider Information Return form (PIR). This contained information about the operation of the service. The registered manager confirmed senior management had received this but gave no explanation as to why it was not submitted within the deadline. Therefore, the PIR could not be used to inform our judgements in this inspection.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service sought the views of people and staff about the service. We reviewed the 'client survey' dated February/ March 2015. This was completed by 15 people and asked a variety questions about different aspects of the service. For instance, whether staff spent enough time on things that mattered to people the most; were people happy with the numbers of care workers they had and did people feel safe and comfortable with their care workers. The majority of the feedback received was positive with some people expressing their concerns about care workers not arriving on time. The staff survey completed in June 2015 was completed by 14 staff members. Staff gave positive feedback about the service. Some staff had commented they would benefit from attending communication courses, such as English. We saw evidence of individual responses to some of the comments made however, there was no evidence of analysis and communication to let people and staff know the results of the surveys and any actions the service was going to take.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said the service was well managed and they felt supported by management. "We heard comments such as, "It's very multi-national. It's open and flexible", "I am happy working here" and "I like the flexibility in terms of times and hours you can work."

Staff said they were kept up to date with changes. This was evidenced in staff team meeting notes reviewed. Staff knew how to report poor working practices and said they felt confident to do this. One staff commented, "If a member of the team was not carrying out correct working practices, I would report it. I will not put people's safety in jeopardy."

Spot checks were carried to ensure staff followed the service's procedures. Where areas of concern were identified, appropriate action was taken.

The service had developed another system to compliment it's current call monitoring system. This was to ensure calls were not missed and appropriate action was taken if care workers were unable to visit people's homes as planned.

The service provided 24 hour call out service. This meant people and staff could get additional support out of the normal working hours.

Staff team meetings occurred regularly. In one team meeting notes, we noted management gauging staff's

Requires improvement

Is the service well-led?

understanding of training courses they had attended and providing them with further support. Meetings were also used to encourage and remind staff about the importance of delivering high quality services.

The service had systems in place to capture complaints. A review of the complaints log showed all complaints received were responded to appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care plans and risk assessments were not being regularly reviewed. Regulations 9(3)(a)

Regulated activity	Regulation
Nursing care Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Care records were not up to date, accurate and properly analysed. The service did not send the PIR as requested by the Commission by the deadline. Feedback received was not analysed and used to drive improvements. Regulations 17 (2)(a),(e) and, (3)(e).