

Zander Mackenzie Care U.K. Limited

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Inspection report

7 High Street
Gravesend
DA11 0BQ

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07 July 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Zander Mackenzie Care UK Ltd is a Domiciliary Care Service providing personal care services to people in their own homes. The service provides support to local authority and private clients. At the time of our inspection there were 22 people using the service. We reviewed and rated care for 19 people as 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.

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

The registered manager did not have sufficient oversight of the risks to people's safety. Risks were not always effectively identified, monitored and mitigated to keep people safe. There were not effective systems in place to ensure the safe management of medicines or to ensure infection prevention control measures were adhered to.

We found systems and processes were not established and operating effectively to ensure the accurate recording, investigation and response to complaints.

The registered manager did not have effective processes in place to monitor the quality and safety of the service. Systems were not established and embedded into practice to ensure risks were identified and mitigated. However, staff told us, they enjoyed working for the service and felt valued.

Care plans detailed how people wished their care to be provided and support they required to achieved this. People told us staff were committed to meeting their relatives' needs.

Peoples needs were assessed before they moved into the service and staff were provided with training to support their specific care needs. Staff told us they worked with external agencies to provide reliable and consistent care to people. Consent of people was recorded.

People and their relatives told us staff cared about them. They also told us staff were reliable, polite and helpful and they had confidence in the service they provided.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff encouraged and supported people to maintain their independence and take part in activities including pursuing their interests.

Right care

Staff understood peoples' preferences and the importance of keeping to their daily routines. Staff supported people to communicate using preferred methods of communication such as Makaton and picture exchange.

Right culture

Care was consistently provided by the same staff. Relatives told us their family member valued having the same staff attend as they knew how they liked care to be provided.

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

This service was registered with us on 3 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of safeguarding, complaints and medicines. We also identified breaches in how the registered manager identifies, assesses, manages and mitigates risks to people through the environment, infection prevention and control and personal care.

You can see what action we have asked the provider to take at the end of this full report.

We will ask the registered manager to submit an action plan in response to our findings. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

This service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was not always responsive.

Details are in our responsive findings below. .

Requires Improvement ●

Is the service well-led?

This service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Zander Mackenzie Care U.K. 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 Health and Social Care Act 2008.

Inspection team

The inspector team consisted of two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced. We gave 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.

Inspection activity started on 7 July 2022 and ended on 14 July 2022. We visited the location's office on 7 July 2022.

What we did before the inspection

We reviewed information from on-going monitoring activities including information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We attended the head office, spoke with five staff including the registered manager, office staff and carers. We reviewed six care plans, training records, recruitment files and complaint records. We spoke to two people who use the service and four people whose relatives use the service.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager failed to report a safeguarding concern to the local authority. People told us they had reported concerns relating to the conduct of a staff member to the registered manager. The registered manager had not completed a thorough investigation into the incident and had not determined if the person was exposed to harm.
- Staff knew how to report concerns but not all were confident in identifying emerging risks. Some staff told us they did not routinely record where people declined to receive personal care such as washing. Thresholds were not established to ensure the timely escalation of concerns should a person stop engaging. This potentially placed people at risk of their health needs deteriorating.

Systems and processes were not established and operating effectively to prevent abuse of people. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A staff representative was available for staff to raise concerns independently of the registered manager or their line supervisors. Staff told us they had two staff members who they could approach if they had concerns.

Assessing risk, safety monitoring and management

- The registered manager did not have emotional support plans in place for people who needed them. Some people told us they did not have confidence staff knew how to manage their relatives' conditions to keep them and staff safe. They told us their relative may physically harm staff if they become anxious or distressed and "they don't know how it is managed" as it was not recorded within their care plan. When we spoke to staff, they described how they provided care and why. They also told us some information relating to how they achieved this was not recorded within care plans.
- People's individual health concerns had not been fully risk assessed. For example; people who needed a catheter did not have a risk assessment in place to inform staff how to support the person.
- Risk assessments and care plans were not up to date, complete or accurate. For example, staff had been given new tasks for some support calls, but the risk assessment and care plans had not been updated. We could not be assured people were receiving care and support appropriate to their needs.

Systems or processes were not established and operating effectively to maintain securely an accurate, complete and contemporaneous record of a persons care and treatment. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

- Environmental risk assessments to ensure staff and people's safety were not always in place. Assessment forms for peoples' homes did not always detail potential risks and how these could be mitigated. For example, the floor surfaces being uneven present potential trip hazards. However, staff we spoke to knew peoples' homes and how best to provide care safely.

Risks to the health and safety of people receiving the care or treatment were not consistently identified, assessed and mitigated. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew how to safely monitor and manage people's specific health needs. One staff member was able to describe how they supported a person who lived with epilepsy. "I know he has epilepsy, he has medication in the morning and at night, he also has emergency medicine.... Its written down what his seizures looks like."

Using medicines safely

- The registered manager did not have effective systems in place for recording medicines. An online system was used alongside MAR charts (medication administration records). It wasn't always clear when the medicine had been administered and if it hadn't been administered, the reasons why. For example, one person did not have an entry for one morning but there was no note as to why it was not administered.
- The service worked alongside another care agency. Paper MAR charts were being completed in the home; however, it was not clear which care agency was taking responsibility each time medication was administered.

There were not effective systems in place for recording medicines and ensuring the safe administration of them to people. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The registered manager had not ensured Covid19 testing for staff was completed and recorded accurately. People could not be assured staff were carrying out regular testing to help minimise the risk.
- Staff told us they tested daily and were "always negative before caring for the client."
- The registered manager had not ensured staff had been trained in food hygiene to ensure the safe and appropriate preparation and storage of food.

Systems had not been established to assess, monitor and mitigate risks of infections being caught or spread by staff to people. This placed people at risk of contracting an avoidable infection This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Systems and processes were not established and effective to ensure the recording, investigation and learning from incidents. Verbal complaints were not consistently recorded and addressed. For example, a staff member was accused of being unfit for work. Whilst this was investigated no records were retained and the staff member is no longer employed.
- People told us they had raised concerns relating to the conduct of staff and not received a response. They told us the staff members continued to behave inappropriately. Staff told us it depended on what the concern was to who dealt with it and how. Other staff told us they were unsure of what they could and could not do in circumstances such as when they may use their personal phones or leave the premises.

Systems or processes were not established and operating effectively to assess, monitor and improve the quality and safety of services. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered manager carried out safe recruitment checks for staff to ensure staff were able to support people. This included confirming their identity, training and qualifications, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us staff attended to their relatives on time or called them in advance, if there was a change to the call schedule.

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 for 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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Systems and processes were not established and operating effectively to ensure the requirements of Deprivation of Liberty orders were understood and adhered to by staff. People told us their relative had a deprivation of liberty order in place to keep them safe. The registered manager did not have a copy of the court order. A relative told us some staff were not always aware of the importance of closing windows to avoid the person leaving their home unaccompanied, placing them at risk of potential harm.
- We found the service recorded if people had capacity to make decisions and if they needed support, how best to provide this.

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

- People's needs were assessed before they moved into the service. This allowed the registered manager to assess if staff were able to support people in a safe manner or identify if they required further training. People told us the staff assessed the level of support their relative needed. Staff told us they received additional specialist training from a nurse to support a person's specific health concern.
- Staff told us they reviewed people's care plans either the night before or morning of the visit to know of any changes. They told us "I talk to the clients before I start asking what their day has been like" and confirm how they wish to be supported.

Staff support: induction, training, skills and experience

- Staff received induction training and worked towards achieving a care certificate within their first three months of employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us they worked

towards the qualification and intended to continue their training.

- Staff told us they received regular supervisions in person and on the telephone. They addressed staff performance in role and their welfare. Staff described their colleagues and the management team as a "good team, supportive."

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

- People told us staff supported their relative to maintain their independence by preparing food and encouraging people to drink to keep them hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they worked with external agencies to provide reliable and consistent care to people. Staff told us they worked with the same staff, their familiarity with one another enabled them to provide consistent care. People told us it was important for their relatives to have continuity of care reducing their anxiety.

Supporting people to live healthier lives, access healthcare services and support

- Care plans showed good engagement with interested parties and health professionals to understand and mitigate risks. For example, an occupational health assessment had been commissioned following the decline in a person's health and their ability to support their own weight. This provided them with information on how best to support the person and appropriate equipment to use to do so.
- Staff told us they had seen peoples' confidence improve since receiving care. They now went into their garden more and were visiting friends.

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 for 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

- People were supported to receive good care. Several relatives told us staff were polite and friendly and arrive on time to support them. One relative said, "nothing was too much trouble" for the staff to support the person and their families. They had confidence in the staff arriving and this made them feel safe and supported. They told us "there is a backup telephone number if we need help."
- Peoples individual preferences regarding the gender of the staff were facilitated. People told us they appreciated consistency in the carers attending their homes as it reduced anxiety.
- People told us, "the staff are good, they go above and beyond and take a real interest in me." They told us, "the staff care" and "I can't fault them (staff) give him as much time as he needs." They explained how friendly the staff were and how this had improved the confidence of the person and their ability to engage with staff.

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

- The Registered Manager told us regular meetings were held with people, their families/friends and care staff to ensure their care needs were being met. People told us they were provided with staff contact names and details should they have questions relating to their care and wish to make changes.
- People told us they knew which staff were attending their homes to provide care. If they had any questions, they would contact the staff. People could access the staff rota remotely by an app or a document was emailed to them.

Respecting and promoting people's privacy, dignity and independence

- Care plans detailed how people wished their care to be provided whilst maintaining their dignity. Care plans included details such as how a person wished to be supported to wash their own face and dress themselves.
- One staff member told us "he likes to cook his burgers and chips in the evenings as he could do it himself and we encourage him to be independent as possible." They told us "he likes playing on his tablet and listening to music."
- People told us, "Staff tell him what they are going to do before doing it, they talk through everything first." The relative told us their relatives' confidence had improved and they valued the support and encouragement from staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Systems and processes were not established and consistently operating effectively to ensure the accurate recording, investigation and response to complaints. People told us of concerns raised with the registered manager had not been responded to. People told us the registered manager had been unprofessional in correspondence and not acknowledged the seriousness of incidents. The registered manager confirmed he was aware of the incidents and had not maintained records of all verbal or written complaints and his enquiries. The registered manager had assessed them at the time and tried to resolve them.
- However, some people told us the registered manager had been "very responsive to the problem." They told us, staff were approachable and receptive to feedback, they "wanted to get it right."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Care plans detailed how people wished their care to be provided. For example; they detailed a persons daily routine.
- People told us having a live-in carer had enabled their relative to maintain their independence and have choices on how they spent their day. Relatives told us they felt assured their relative was safe and cared for.
- People told us staff would attend early if requested or even attend multiple times in a day to check everything was ok.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff supported peoples with their individual communicate needs. Staff told us people who experienced difficulties communicating verbally would communicate with them through their presentation and behaviours. For example, one person uses some Makaton signs to communicate. Staff had learnt the gestures, signs and body language the person uses to express what support they need. Staff told us, "We are going to have some Makaton training but he has taught us a few signs so we can communicate, we have also got a list in the house of what expressions he may use if he is happy or sad. If he is sad, he is withdrawn and curled up but if he is happy, he will be vocal and rock and smile."
- People told us staff used a picture exchange communication system to ensure people were able to express their choices and preferences.

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 told us staff supported their relative to maintain their independence, accompanying them to visit the town, go for coffee or take a walk.
- People told us the staff were "amazing, get on well with mum" and get up with the person if they are disturbed in the night.

End of life care and support

- End of life care and support needs were detailed within the persons care plans. They included advance statements (a written statement that sets down your preferences, wishes, beliefs and values regarding a person's future care). People told us they discussed the wishes of their relative with the service and regularly amended the care plan to reflect changes in their needs.
- People told us staff were caring and attentive when providing end of life care to their relative.

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 for this newly registered service. This key question has been rated as 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.

- There was a lack of managerial oversight of the service to ensure the timely and thorough documenting, assessing and mitigations of risks within peoples care plans. Care plans contained out of date information that did not always reflect the current needs of people. For example, reference to deprivation of liberty restrictions and where mobility aides were no longer appropriate, and a hoist was required to support the person safely.
- Audits were not embedded into practice to ensure risks were identified and mitigated.
- For example, there was not an effective process in place for auditing medicines over a long period of time. The registered manager told me they looked at the online medication daily to identify discrepancies. However, over a longer period of time the system was not effective at highlighting any trends and patterns without cross referencing the daily notes for each time a medicine was administered. Systems were not established to enable effective oversight of staff training. We found staff training records did not show the full extent of training undertaken by staff, including training in specialist areas of care or in safe and hygienic food preparation.

The registered manager had not ensured systems or processes were established and operating effectively to assess, monitor and improve the quality and safety of the service. There was little oversight of activities to ensure peoples' needs were being met and records were accurate. This placed people at risk of potential harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had failed to inform and submit notifications to the Care Quality Commission as required under their registration. The registered manager failed to submit a notification of alleged abuse by a staff member. A relative informed us of the incident. We raised this with the registered manager, who confirmed no notification had been submitted.

The registered manager had failed to consistently submit notifications to the Care Quality Commission. This was a breach of regulation 18 (notification of other incidents) of the (Registrations) Regulations 2009.

Continuous learning and improving care

- Systems were not established or operating effectively for staff to reflect on practice and learn and improve

the service delivered to people. Staff told us they contributed to team discussions at meetings and inputted into how the service was delivered.

- Staff told us they had received refresher training in manual handling or medicines management where a need had been identified. However, training records did not reflect the additional training provided.

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

- Reviews of care plans were held with people and those of interest to ensure documents reflected some of the persons current needs. Staff told us they regularly reviewed care plans with people and their relatives. People told us staff were approachable and receptive to changes to arrangements.
- Staff told us, "We have staff meetings, but I've not always been able to get them, especially if I'm working." If staff were absent learning was shared via an information sharing app or during personal supervisions.

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

- Staff told us if they had concerns regarding the health of a person, they would share it with the team and escalate to the persons GP or other health professional.
- The registered manager was visible to both staff and people who used the service. He took an active interest in what people were doing and how they were feeling. Staff told us they felt valued by the management and their colleagues and could approach them regarding any questions or concerns they may have. They enjoyed working for the company and felt valued, describing it as a family.
- Staff told us of social events including charity runs and a staff BBQ held to say thank you to staff for their commitment.
- Staff told us they were invested in and provided with opportunities to learn new skills.
- The registered manager advertised staff vacancies at local sporting events to attract applicants from a range of diverse backgrounds.

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.

- The registered manager was aware of their responsibilities under duty of candour. A duty of candour incident is where something goes wrong with people's care.
- When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. We did not identify any duty of candour events.

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

- Staff told us if they had concerns regarding the health of a person, they would share it with the team and escalate to the persons GP or other health professional.
- The registered manager was visible to both staff and people who used the service. He took an active interest in what people were doing and how they were feeling. Staff told us they felt valued by the management and their colleagues and could approach them regarding any questions or concerns they may have. They enjoyed working for the company and felt valued, describing it as a family.
- Staff told us of social events including charity runs and a staff BBQ held to say thank you to staff for their commitment.
- Staff told us they were invested in and provided with opportunities to learn new skills.
- The registered manager advertised staff vacancies at local sporting events to attract applicants from a range of diverse backgrounds.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had failed to consistently submit notifications to the Care Quality Commission.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of people receiving the care or treatment were not consistently identified, assessed and mitigated. There were not effective systems in place for recording medicines and ensuring the safe administration of them to people. Systems had not been established to assess, monitor and mitigate risks of infections being caught or spread by staff to people.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not established and operating effectively to prevent abuse of people. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Systems or processes were not established and operating effectively to assess, monitor and improve the quality and safety of services. The registered manager had not ensured systems or processes were established and operating effectively to assess, monitor and improve the quality and safety of the service. There was little oversight of activities to ensure peoples' needs were being met. Some records were inaccurate, incomplete and did not contain contemporaneous records of a persons care and treatment.