

Care Worldwide (London) Limited

Zinia House

Inspection report

2 Lynton Avenue
London
NW9 6PD

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Zinia House is a care home that provides accommodation and personal care for up to five adults with a learning disability who may also have mental health conditions. At the time of the inspection, five people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The home had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed before they moved into the home. Staff were supported through induction, training, regular supervision and annual appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them.

The service applied the principles of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff were kind and caring and people's independence was promoted. People's privacy and dignity was respected. People and their relatives [where appropriate] had been consulted about their care and support needs.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People received person centred care which met their needs and preferences. People were supported to maintain relationships and engage in activities they enjoyed. The home had a complaints procedure in place. No one at the service was receiving end of life care.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The service took the views of people and their relatives into account through satisfaction surveys and meetings. There were systems in place to monitor the quality and safety of the service.

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

Rating at last inspection (and update)

The last rating for this service was good (published 21 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

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.

Zinia House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection Team

This inspection was completed by one inspector.

Service and service type

Zinia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with two people and one relative to gain their views about the service. We spoke with two members of staff and the registered manager. We also spoke with one healthcare professional.

We reviewed a range of records. These included three people's care plans, risk assessments and medicines records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. A relative told us, "Yes [person] is definitely safe."
- There were safeguarding and whistleblowing policies in place and staff received training on safeguarding adults from abuse. Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns. A staff member told us, "We need to protect them [people] from harm and abuse. I would tell the [registered manager]. I can also tell the other managers such as the area manager. I can also report to CQC, the council and the Police."
- The registered manager told us there had been no safeguarding concerns. However, they understood their responsibility in relation to safeguarding and told us they would report any concerns immediately to the local authority safeguarding team and CQC as required.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely. People's care records included risk assessments for areas such as kitchen safety, community access, physical abuse, choking, medicines and financial abuse. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed guidance for staff on how to support people safely.
- People had guidelines in place for staff on how to support them where they displayed signs of behaviour that presented a challenge. These identified the triggers and signs which may cause them discomfort and the support that was required by staff to help them to feel at ease. Records showed the service used positive proactive strategies to deal with behaviours that challenged such as giving people space and reassurance or diverting their attention to something they liked and enjoyed.
- Restraint was being used for a person using the service. There was detailed guidance in place including a risk assessment and restraint policy to ensure it was monitored and kept under review. The restraint used was very specific which ensured it was proportionate.
- Staff received training to ensure restraint was carried out safely. Where restraint had been used, details of this had been recorded. There was a strong emphasis to ensure restraint was used as a last resort and this was demonstrated by staff when speaking with them. Records also showed there had been a significant decrease in the number of occasions where restraint was used as positive proactive strategies in place were effective.
- Health and safety checks including fire, water temperatures, gas and electrical checks were carried out to ensure the environment and equipment was safe for use. People had personal emergency evacuation plans (PEEP) in place in case of a fire or an emergency.
- The service also had a Business Contingency Plan including an emergency contact list to ensure there were arrangements in place to keep people safe in the event of instances such as a power cut, adverse weather,

loss of IT and information data or other types of emergency.

Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The atmosphere was calm in the home and staff were not rushed or under any pressure when supporting people. Staffing levels were determined based on people's needs, including consideration of any healthcare appointments and community activities.
- We found staff had worked at the home for a number of years which ensured a level of consistency in the care being provided and familiarity to people using the service. This was evident through our observations. We saw that people were comfortable around staff. A relative told us, "It's a good service and they have good staff retention, the consistency is so important, and [person] has a good relationship with staff because of this."
- Staff told us there was enough staff to meet people's needs. A staff member told us "There is a rota in place and there is enough staff, so I know what shifts I am doing."
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they started work at the service.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. There was guidance in place for the administration of medicines that were prescribed to be given 'as required' (PRN).
- There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place which was secure and kept locked.
- Medicines checks were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.

Preventing and controlling infection

- The service was clean, and people were protected from the risk of the spread of infection. The provider had an infection control policy which contained guidance on infection prevention and control. Cleaning products and other substances that could be potentially hazardous to people's health were safely locked away.
- We observed staff maintaining the cleanliness of the home. Staff completed infection control training and wore personal protective equipment when needed.

Learning lessons when things go wrong

- Systems were in place to promptly respond to accidents and incidents. Records showed actions were taken in a timely manner when incidents occurred. This included notifying relevant healthcare professionals and CQC if needed. Measures were put in place to minimise the risk of reoccurrence of incidents.
- Accidents and incidents were monitored. Any lessons learnt were used to improve the quality of service which were relayed to staff through staff meetings and guidance to embed good practice.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Assessments were carried out before people started using the service to ensure their needs could be met appropriately. These involved people, family members and healthcare professionals where appropriate
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

Staff support: induction, training, skills and experience

- Staff spoke positively about working for the service and told us they felt supported by their colleagues and management. A staff member told us, "There is teamwork and we support and help each other. I learn from others. We know each other and ask each other and depend on team work."
- Staff completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Staff also completed training the provider considered mandatory in areas such as safeguarding, medicines, learning disabilities, infection control, health and safety and food safety. A staff member told us "Yes we have training and it helps me do my job."
- Staff were supported through regular supervisions and appraisals which enabled them to discuss their personal development objectives and goals. A staff member told us, "We talk about everything, the people, how I feel about the job and I am able to speak openly. It's like a family here. Staff here have been here a long time."
- Relatives spoke positively about staff. A relative told us, "Staff know [person's] needs very well. They are brilliant with communicating with anything I may need to know about."

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

- People received the support they needed to eat and drink safely. Care plans contained information on people's dietary needs and preferences and identified areas where they were at potential risk of poor nutrition and dehydration and/or had swallowing difficulties. The service also liaised with a Speech and Language Therapist (SALT) to ensure people received the appropriate support where needed.
- Records showed during resident meetings, people were involved in deciding what they wanted to eat and the types of dishes they would like included on the menu which were provided for them. The kitchen and dining areas were fully accessible to people and staff promptly adhered to people's choices and wishes.
- Staff were aware of people's dietary requirements and support people needed with their food and drink. A staff member told us "[Person] needs their food cut into small pieces. We have a resident meeting every month and we ask what they want to eat and compile the menu weekly."

Adapting service, design, decoration to meet people's needs

- The home was suitably adapted to meet people's needs and was fully accessible to people.
- People had en-suite bedrooms. They were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests. Bedrooms had been personalised with people's belongings, to assist them to feel at home.

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

- People were supported to access healthcare services when required. Care plans contained information about people's health and medical needs and the support they required with maintaining good health.
- The service worked in partnership with other services and a range of health and social care professionals to ensure people's health was maintained, including psychiatrists, GP, nurses, opticians and dentists. A healthcare professional told us the service reported incidents clearly, managed medicines well and always contacted them when there were concerns about the mental health of people using the service.
- Detailed hospital passports were in place which provided information on people's needs and likes and dislikes to ensure the care and support people received was consistent when using different services.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had capacity, records showed the service obtained their consent about their care and support. Where people lacked capacity, records showed the best interests decision making process has been followed which included involving relatives and healthcare professionals.
- Records showed the registered manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place and being met as it was recognised that there were areas of people's care in which their liberties were being deprived in their best interests such as needing support whilst out in the community.
- Care workers understood the principles of the MCA and told us they asked people's consent before providing care.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we observed people approached staff with ease and were able to express how they were feeling and what they wanted to do. Staff were patient with people and listened to and supported them appropriately when requested. Relatives spoke positively about the service. A relative told us "It's a really good service that considers the person and gets the family involved when needed."
- People's cultural and diversity needs were detailed in their care plans and accommodated for. For example, if they wished to, people were supported to attend places of worship according to their faith. Staff received equality and diversity training and demonstrated a good understanding of this area. A staff member told us "All the people are equal and we treat them equal."

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

- Records showed people, and relatives and healthcare professionals where required, were involved in decisions about their care. A healthcare professional told us the staff were kind and very dedicated to caring for people.
- People were supported to make day to day decisions for themselves and were provided with choices. During the inspection we observed staff respected people's choices. For example, people could choose where and how to spend their recreational time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. All bedrooms were for single occupancy. People were able to spend time in private if they wished to. A relative told us "They [staff] are looking after [person's] privacy at all times."
- Staff knew how to maintain people's privacy and dignity. People's preferences as to whether they wanted a male or female staff member to support them with their personal care was recorded and accommodated for. A staff member told us "I always close the doors, [person] does not want any male staff to support them. I always tell them and explain what I am doing."
- Care plans set out how people should be supported to promote their independence. During the inspection, we observed staff encouraged and prompted people to build and retain their independence where possible. A relative told us, "[Person] is encouraged to participate and behave as we all normally do. They [staff] are good like that."
- Staff understood the importance of promoting people's independence. One staff member told us, "We support people to hoover their rooms, to eat themselves and wash as much as they can first, I then ask, 'can I wash you and can you do that.' Each person has their own laundry day too."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. People told us they liked living at the home. Relatives spoke positively about the service. A relative told us, "[Person] is happy and loves it there."
- People's care plans were person centred. They contained detailed information on the support each person needed with various aspects of their daily life such as personal care, health, eating and drinking and oral health. People's care preferences were reflected in their care plans which also included information such as their habits, daily routine, likes and dislikes and things that mattered to them most.
- Staff were knowledgeable about people's personal and individual needs. Records showed there was a handover after each shift and daily records of people's progress were completed each day to ensure staff were aware of any changes to their conditions or support needs.
- Records showed care plans were regularly reviewed and when a person's needs changed, their care plan had been updated accordingly and measures put in place if additional support was 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 follow their interests and maintain links with the wider community. People enjoyed various activities such as going out in the community, arts and crafts, music sessions and holidays in accordance with their choices. A relative told us "There is a sensory room and [person] uses that and goes on the holidays, [person] loves them!"
- During the inspection, we observed a music session involving people and staff. People were very much involved and appeared to be enjoying themselves as they sang along with the music playing and danced.
- People were able to visit family and friends, receive visitors and were supported and encouraged to maintain relationships with people who were important to them.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how they communicated and how staff should communicate with them. Information was available in a pictorial format for people who required this. Some people were also supported to learn and were able to use sign language to enable them to communicate their wishes.
- During the inspection, we observed staff interacting well with people and communicated with them in ways that people were able to understand. A staff member told us "[Person] holds their nose when they

want a drink. [Person] also knows sign language and uses hand gestures that we understand and know what they want."

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. The service had a complaints policy and procedure and complaints log in place. Records showed complaints had been investigated and responded to promptly.

End of life care and support

- No one at the service was receiving end of life care at the time of our inspection. However, management staff told us, should the need arise, they would work with people, family members and other healthcare professionals to ensure people's end of life wishes and care was identified, and measures put in place to ensure these were met.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who knew of their regulatory responsibilities and had notified the CQC of any significant events at the service. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- Management staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. For example, the registered manager worked with the local authority to address areas of improvements and issues were promptly resolved.

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

- There was a system in place to assess and monitor the quality of the service. The registered manager and provider completed audits and checks covering areas such as care documentation, staffing, medicines and health and safety checks. Where issues were identified, action was taken to improve on the quality of the service where needed.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. Staff members spoke positively about the registered manager. A staff member told us "They are a good manager, always cares for the welfare of staff. You can always speak to them." Another staff member told us "The manager is very good, always available and whatever problem they listen."
- People and relatives spoke positively about the registered manager and staff. A relative told us "The manager is good, any issues he will let me know and they are organised as a service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The home received feedback from people and their relatives about the service through review meetings and surveys. Feedback from surveys was analysed and acted upon to ensure improvements were made where needed. Records showed positive feedback about the service had been received. Comments from people included, "I like this house" and "I like the activities here."
- Resident meetings were held with people which provided them opportunities to speak about the service and express what they wanted. Actions were put in place to accommodate people's wishes in relation to their care and daily lives such as which activities people wished to be engaged with.

- The service promoted an inclusive and open culture, and management staff recognised staff contributions in a positive way. Team meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us, "We talk about people and what they need. We do refresher sessions like on medicines. The manager always asks for our input for example, if something is wrong with a person, they would ask you what you thought the issue was and asks ideas from staff." Another staff member told us "We can speak out and share any ideas we have."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care. A healthcare professional told us they had no concerns about the service.