

Zinnia Care Ltd

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Inspection report

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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?

Good 

Summary of findings

Overall summary

The inspection took place on 17 November 2015 and was announced to make sure that the people we needed to speak with were available. At our last inspection on 11 July 2013, the service was found to be meeting the required standards in the areas we looked at. Zinnia Care Limited is a domiciliary care agency which provides personal care for older people in their own homes. It does not provide nursing care.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Arrangements were in place to ensure there were sufficient numbers of staff available to meet people's individual needs. However we found that some people had experienced late calls.

Complaints were addressed in line with their complaints procedures. However we found that issue had not been resolved around staff arriving late.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. However people's care plans were not person centred, the registered manager confirmed they would address this.

People told us they felt safe, happy and well looked after. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced to carry out their duties safely.

People were positive about the skills, experience and abilities of staff that provided care at their own home. Staff had received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with support to maintain a healthy balanced diet that met their individual needs.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained in the agency office.

The provider took appropriate steps to monitor the quality of services provided, reduce potential risks and

drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were enough staff to meet people's needs. However, people who used the service told us they received late calls.

People were kept safe by staff that were trained and knew how to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People and their relatives were confident to raise concerns which were dealt with promptly. However not all issues around late calls had been resolved.

Detailed guidance was made available to staff and enabled them to provide care and support.

People received care adapted to their individual needs.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, to manage risks and drive improvement.

People, staff and relatives were all positive about the managers and how they operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Zinnia Care Limited

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 17 November 2015 by one inspector and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with ten people who used the service, two relatives, five staff members the manager and the provider. We looked at care plans relating to three people and two staff files. We reviewed other documents including audits and the provider's improvement plan.

Is the service safe?

Our findings

People told us that they felt safe and had no concerns about the staff that visited their homes. One person said, "I feel safe because I know [Staff] so well."

People told us that they had received late calls. We looked at time sheets to confirm this. The provider told us that there was a window of 15 minutes either side of the call time before they were recognised as being late. We saw some calls that had been attended later than the 15 minute window. One person told us, "Staff were regularly late." We also saw that not all calls had been allocated travel time; the manager said that this was because the calls were minutes away from each other. We looked at this and travel time could be in some cases up to four minutes. This would only increase any delays further. Another person said, "I'm happy with the care, I have two kind and thoughtful staff. They don't always arrive on time but they get here within a reasonable time."

Some people we spoke with told us that their calls were always on time. However, five people of the twelve people we spoke with as part of the inspection confirmed that they had experienced late calls and this is an area that requires improvement. We spoke with the manager about this and they confirmed that they had been actively recruiting. They told us that they had enough staff but sometimes when staff were unable to attend their duties at short notice it could impact on the times that people received care. We found that there were adequate numbers of people although they were not always deployed effectively to meet peoples agreed call times. Most people we spoke with were happy with the care and we found no real impact to people's safety.

Staff were able to demonstrate verbally that they could recognise the signs of potential abuse and they knew how to report concerns. We saw that staff were up to date with safeguarding training. One staff member said, "If I had a concern, I would report it to the manager immediately." Another staff member commented, "I can report issues to the local authority and to CQC."

There were systems in place to allow staff safe access to people's homes. People who were not able to open the door themselves had key safes installed to enable staff access only. The manager told us that the codes were given only to the staff who required the access and that this was done verbally. One person said, "I feel safe because I have a key safe and I know the staff."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as: medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence. For example, we found that people's support plans had enough guidance to enable staff to provide safe care. We saw evidence where people's needs changed they received a review and their support plan would be updated accordingly. There were environment risk assessments completed and the provider had a lone worker policy in place to make staff aware of how to keep safe whilst working alone.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. We found that all relevant checks had been completed by the provider. One person said, "[Name] is excellent, they know how to look after me." Another person told us that they felt the staff were well trained. People we spoke with were happy with the support they received.

People received support with their medicines from a staff team that were skilled and competent. Staff told us, and records confirmed that they had been provided with training to give them the skills and knowledge to support people with their medicines. One person said, "Staff give me my medication to take." A staff member confirmed that they had completed medicines training. The provider regularly audited the medication administration records (MAR) to ensure that staff had supported people with their medicines and that the MAR charts had been filled out correctly. We saw that where problems had been found staff had received further training. This ensured people's medication was delivered safely and checks were in place to promote best practice.

Is the service effective?

Our findings

We found wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "Staff tell me what they are doing and they always ask if it's ok." A staff member said, "I respect people's choice and will offer alternatives."

Newly recruited staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines, and infection control. A staff member said, "I had my induction and I had shadowing. (This is where a member of staff is supported by an experienced staff member until the person is competent to provide care). I think the training was very good, we covered useful things." Staff told us they were supported to obtain nationally recognised vocational qualifications (NVQ) to develop further. The manager said, "We encourage all our staff to gain NVQ's." People we spoke with felt staff were well trained

Staff received training that enabled them to meet people's needs and to carry out their roles effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who lived with Dementia. One person said, "I am very happy with the care." Another commented, "[Staff] do what you want them to do, [Staff] are very good with me they look after me." The supervisor confirmed that they regularly attended care calls, unannounced to check staff competencies and to provide positive feedback where things required improving. This ensured staff were supported to promote effective care.

Staff understood the importance of choice. One staff member said, "Choice is a given right, I respect people's decisions." Staff explained that if someone did not want their shower for example, they would offer an alternative such as a hand and face wash to support them instead as they would respect the person's wishes. We saw that capacity assessments and best interest decisions had been made to support those people that required them. We found that people we spoke with felt listened to by staff that supported them. For example, one person said, "I can tell them [Staff] I don't want something and they [Staff] don't do it."

Staff had the opportunity to attend regular meetings and discuss issues that were important to them. On the day we inspected there were staff meetings held at two different times through the day to support staff to attend. The meeting agenda covered topics such as: Informing the office of change, safeguarding refresher and dates for staff supervision and appraisals. One staff member said, "I feel supported because they (provider and manager) always ask me what they can do to support me." Staff had regular supervisions with the manager or provider; where their performance and development were reviewed. One staff member said, "I have had supervisions and feel supported by the management."

People we spoke with confirmed staff supported them with their meals. We found this included preparing people's breakfasts and heating up meals. One person said, "I need to eat a banana every day and [Name]

always brings me a bunch of bananas each week, so I don't run out." We saw in care plans that staff had guidance on the support people required. Another person commented, "[Name] prepares my food for me and I feed myself."

People were supported to access healthcare services where required. Staff confirmed that there had been occasions where they had called for GP's or district nurses to attend to people in their homes. This showed that staff knew who to contact when other professionals were required. The manager said, "Staff know to report any concerns or incidents to the office."

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "Staff are caring and polite." A relative told us, "I am happy with the care."

People received care, treatment and support from staff that had guidance about people's health and care needs. People's identified needs were documented and reviewed to ensure that the care and support provided helped them to maintain good physical, mental and emotional health. We found that people and their relatives were involved with the care. One person commented, "I was involved with my care."

We were told by people that used the service that staff supported them with dignity and respected their privacy at all times. Staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person said, "Staff member is so good to us we have put them on our Christmas list." Another person said, "Very happy with the care staff can't do enough for us, whatever we ask for it's not too much trouble and they are always cheerful." Staff confirmed they always respected people's dignity. One staff member said, "I will close curtains or doors when required and when giving personal care will always cover the person."

All people we spoke with were positive about the kindness of the staff. One person said, "I feel I can trust them." One staff member told us, "I always make time to talk with people and enjoy having a laugh." One person said, "Staff is very good, they make me laugh. They come and see me on a Sunday and they help with my care. They are always talking to me Staff is a good listener I feel supported." Another person commented, "They look after my dignity; they always ask me if I am alright. One gives me a cuddle and says goodnight and I like that, it makes me feel wanted."

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided. One relative told us, "We were involved with the care planning". We saw evidence where people reviews had been signed to confirm their involvement. The provider confirmed that people's families were involved where appropriate and people confirmed they had been involved. One person told us, "I was involved with my care; they [Staff] are kind and caring." One staff member said, "We talk to people about what they want and what we can do to make things better."

The provider told us that where new care packages were in place the staff received an introduction to ensure the person knew who they were. Staff received guidance from the care plan as well as information from the provider. One staff member confirmed that this did happen but told us that sometimes if a staff member did not come in to work others may be required to cover so the introduction would not be in place. However they said the guidance in the care plans was good. One person said, "I am very happy with the care, They [Staff] can't do enough for you."

We found that confidentiality was well maintained and that information held about people's health, support needs and medical histories was kept secure. The service also provided information about local advocacy

services and how to access independent advice to people using the service and relatives. The provider confirmed that no one using the service required support from an independent advocacy service.

Is the service responsive?

Our findings

Care plans contained guidance for staff to meet people's needs, these were reviewed regularly and when people's needs changed. People confirmed that they were always given choice, for example, what they would like to eat. However, although the care plans contained good guidance for staff about the person's needs they were not very person centred. For example, people's hobbies and their life history were not always documented. We spoke to the provider about this and they told us that this would be reviewed. The manager said they would look at improving this aspect of care planning.

People had received relevant information that provided them with contact details and information on how to complain. The provider had a complaints procedure in place. We spoke with people and their relatives who used the service and one person said, "The provider has come to see me when I have complained and my complaints get resolved." Another commented, "I have no complaints." Other people told us that they had no concerns to complain about. The provider told us they would always respond to people's complaints and produced documentation that demonstrated complaints were addressed in line with their complaints procedures. However one person told us, ""Staff are regularly late and I have complained about this but it still happens." They also told us that their dentist appointment had been missed because of staff lateness." We found that there were issues around staff arriving late and this issue had not been resolved.

We were told by the provider that people were called as part of the telephone monitoring service. This was completed on a regular basis to gain people's views about the service. We saw where these had been completed, people views were positive towards the service. We also saw that independent surveys had been completed to gain people's views. One staff member said, "I always encourage people to have their say, it's important."

People told us that they were happy with the care they received. One person said the Staff were very good; they help with breakfast and the washing up. I find them very helpful." They also told us that they had requested female staff and that female staff always attend. This meant that people's preferences were respected.

People had their needs assessed prior to receiving a service to ensure that their needs could be met and people discussed what times they wished to have the care provided, however these times were not always met. People received personalised care and support that met their individual needs. Staff had access to information and guidance about how to look after people. This included detailed information about people's preferred routines and how they liked to be supported with personal care. For example, one person who required support to be repositioned had four calls a day attended by two staff. A relative confirmed that the staff were patient and supported their relative to be repositioned.

Is the service well-led?

Our findings

People and their relatives were all very positive about the care they received. They were complimentary about the registered manager who they described as being approachable. One relative told us, "The registered manager comes round to help with our care on Sundays."

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say. They felt listened to by staff. We saw where satisfaction surveys had been completed the response was positive. The provider had recently signed up to have independent surveys completed to support people's views.

The provider told us that they felt supported by the registered manager. They had links with other organisations that provided them with training and updates to best practice. They attended regular meetings throughout the year with other providers to keep abreast of best practices and ideas to help improve the service they provided. For example, they were given ideas for more effective recruitment practices and have now put these in place. The provider explained that they were continually recruiting.

The registered manager confirmed that telephone monitoring was done monthly to help ensure that people were happy with the service. We saw this documented in people's care plans. The supervisor told us that they always reminded people about contacting Zinnia Care if they have any concerns. They said, "I encourage people to talk about their concerns, I reassure people its ok to raise concerns. " People we spoke with confirmed they knew how to contact the office should they have any concerns.

As part of the staff's personal and professional development, they were supported with regular supervisions. Staff we spoke with confirmed they received supervisions and attended meetings they felt the provider and the registered manager were approachable. One staff member said, "I feel supported because they always ask me what they can do to support me." We saw that meetings took place regularly to update staff this also provided opportunities for staff to express their views. Staff were actively encouraged to have their say about any concerns they had and how the service operated.

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect. For example, we saw that where it had been identified that medicine administration records were not completed correctly staff had received further training.

We found that audits had been completed regularly. These were used to monitor performance, manage risks and keep people safe. These included areas such as medicines, staffing and care records. We saw that where areas for improvement had been identified action plans were put in place to improve these areas. For example, there had been improvements made to the training room and new equipment had been purchased to support training.