

Zone Central Ltd

# Family Support @ Zone Central

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

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** ●

# Summary of findings

## Overall summary

About the service:

About the service: Family Support @ Zone Central is a domiciliary care service which provides personal care to children and young people with learning and/or physical disabilities in their own homes and in the community. At the time of the inspection, one child was receiving support with personal care.

People's experience of using this service:

Records were not always completed fully and accurately. Risks were not always identified. Detailed risk management plans were not in place in relation to personal care needs, safeguarding, environmental risks, being out in the community, sensory needs and activities to manage these risks. Medicines were not safely managed. Staff recruitment files were not maintained by the provider. Incidents were not analysed and learning from incidents was not shared with staff.

Pre-assessments were not carried out. All staff had not completed children's safeguarding training or training relevant to the person's medical needs. There were no records to show that new staff had shadowed a more experienced staff member. Support plans were not detailed or contained contradictory information. Regular reviews of support plans were carried out, but the shortfalls we found were not identified. Staff were not supported through an induction or regular supervisions. The support plan did not have detailed guidance on how the person needed to be supported in relation to nutrition. The provider's quality assurance systems were not effective.

People were protected from the risk of infection. 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.□

Rating at last inspection: This service was registered with us on 8 July 2020 and this is their first inspection.

Why we inspected: This was a planned comprehensive inspection.

Enforcement

We will continue to monitor the service. We have identified breaches in relation to safe care and treatment, staffing, and good governance.

We have made a recommendation about involving relatives in decisions about people's care.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are with our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Family Support @ Zone Central

## **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 carried out by a single inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and support to children aged 0-18 years with learning and/or physical disabilities in their own home and in the community.

At the time of the inspection there was no registered manager in place, There was a manager who had been in post since January 2022 and has applied to be the 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.

#### Notice of inspection

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

#### What we did before the inspection

We reviewed information we received about the service. We asked the registered manager to send us information relating to care planning and risk assessments. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We reviewed one person's support records. We looked at staff recruitment, supervisions, training and a variety of records relating to the management of the service including policies and procedures and quality assurance management records were also reviewed.

We spoke with one relative. We spoke with the registered manager and one care staff.

#### After the inspection

We continued to ask for records and seek clarification from the provider to validate evidence found. We looked staff and quality assurance records. We spoke with a representative from a local authority.

# 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 for 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.

### Assessing risk, safety monitoring and management

- Risks were not always identified in relation to autism, sensory needs, behaviours of concern and being out in the community. Detailed risk management plans were not in place for staff in relation to personal care needs, autism safeguarding, environmental risks, and what to do if the child becomes unwell.
- The support plan showed that the child lived with epilepsy, however, there was no risk assessment in place or up to date guidance for staff on what to do should the child become ill. We saw that there was an epilepsy protocol from a former care agency that had not been reviewed by the provider. We saw and the relative we spoke with confirmed, that there was no up to date epilepsy protocol or support plan in place on how to recognise a seizure and how to support the child during and following a seizure.
- The manager told us that all staff had received epilepsy training, but there were no records to evidence this. The relative we spoke with told us that all staff should be trained in emergency epilepsy medication, and they did not know if they were.
- The support plan for behaviour documented that '[Staff] are to ensure they record and report any concerns regarding behaviour without delay. ...' However, there was no guidance for staff on how and where to record this information. There were no behavioural and or monitoring tools in place, such as an ABC chart (an observational tool used to record information about particular behaviours) to record concerning behaviour. This meant that any risks associated with behaviours may not be safely managed or monitored by staff effectively.
- There was no hospital passport in place which outlined the child's health and medicines needs for professionals should the child need support to attend hospital.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the manager told us that they would ensure that there was an up to date Epilepsy risk assessment, risk management plan and protocol in place as well as ensuring that an ABC chart and hospital passport was put in place and make sure that the support plan was updated. We will check this at out next inspection.

### Using medicines safely

- Medicines were not always safely managed. Medicines risk assessments and risk management plans were not always in place. For example, there were no risks identified or guidance in place for staff as to what they should do if the child refused medicines.

- On the day of the inspection, we saw that there was no regular formal process to assess staff medicine competencies to review staff knowledge, skills and competencies relating to managing and administering medicines. Following the inspection, the manager sent us medicine competencies for two staff members. However, they had not been personally signed by the staff undertaking the competency assessment and one competency assessment was missing the signature of the staff member carrying out the competency assessment. There were no documents to show that all new staffs' medicine competencies were assessed before they managed or administered medicines.

Medicines Administration Records (MAR) were only available from January 2022 to March 2022. The manager said that they were unable to locate, MAR charts prior to these dates. MAR charts stated that if a medicine was not administered staff should record the reason why using specific codes. For one day in February 2022, the MAR for one medicine was left blank, so the provider cannot be assured that a medicine that was required on a daily basis was administered as prescribed on that day.

- An 'as required' medicine (PRN) for epilepsy was not documented on the MAR chart, so, should it be needed there was not a MAR chart to record administration of this medicine.

- MAR chart audits were not carried out, therefore the shortfalls we identified were not picked up.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager also said they would ensure that a risk assessment for refusal of medicines, a list of medicines currently administered, a PRN protocol and an ABC chart was put in place. We will check this at our next inspection.

#### Staffing and recruitment

- The service relied heavily on agency care staff and there were no permanent staff members. At the time of the inspection, agency staff members' employment profiles were not available. Following the inspection some agency staff profiles were sent to us. However, we saw that they had to be requested from the employment agency, this meant that the provider was not following their own recruitment process by maintaining staff employment information.

- Children and their parents were not always introduced to new staff members before they started work so that they could decide if they were happy with them.

- We raised call monitoring with the manager who told us there was no system in place to ensure that they were aware and acted on late and potentially missed calls.

- We received feedback stating that there was enough staff whilst supporting the child in the home, there was only a problem if one staff member was on leave or sick as then there was not always two staff members available to support the child out in the community.

The above issues amount to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the manager told us that they would ensure they would ensure staff profiles were maintained and that staff had direct access to inform them if they were going to be late. We will check this at our next inspection.

#### Learning lessons when things go wrong

- There had been no accidents, however there had been a recent incident which had not been recorded. The provider could not demonstrate how they were monitoring incidents behaviours and disseminate learning to staff. We also saw that following the incident the child's support plan and risk assessment had not been updated. We have reported on these concerns under the Well-Led section of this report.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard children from the risk of abuse. However, records showed that not all staff had undertaken safeguarding training.
- There had been no safeguarding concerns and the manager demonstrated they were aware to notify CQC or the local authority of any abuse allegations, in line with regulatory requirements.

#### Preventing and controlling infection

- Staff had completed training in infection control and food hygiene prior to joining the service. The registered manager told us that personal protective equipment (PPE) such as disposable gloves and aprons were provided to staff carrying out personal care and food preparation activities. Feedback we received told us that staff always wore gloves, masks and aprons.



# Is the service effective?

## Our findings

Effective – this means 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 requires Improvement. This meant that people's outcomes were not consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- There was no referral information from the local authority that commissioned the service, we could not establish whether this had not been provided by the local authority or if this record had not been maintained by the provider. This meant we could not be assured that this information was used to produce individual support plans so that staff had appropriate information to meet the child's needs effectively.
- We could not be assured that a pre-assessment had been carried prior to joining the service to ensure all of the child's needs could be met as this information was not available.
- Information of healthcare professionals involved in the person using the service was not recorded in the support plan, this meant that staff did not have immediate access to contact details of relevant healthcare providers, especially when two staff members were supporting the child in the community without a relative.
- There was no hospital or communication passport in place which outlined the person's health care needs, medicines and communication needs for healthcare professionals should the child need to attend hospital.

The above issues amount to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Support: induction, training, skills and experience.

- The provider did not have a robust induction programme in place for new staff. Staff training records did not show that all staff members had received an induction.
- There were no records to show that staff had shadowed more experienced staff until they were ready to work unsupported. We received feedback that some staff did not have experience with supporting children and were more used to supporting adults.
- Staff did not always have the appropriate training. The manager told us that all staff had completed mandatory and relevant training specific to the child's needs. However, staff training records showed that not all staff had completed training in safeguarding children, autism, positive behaviour support and epilepsy. We received feedback that staff required more specific training, especially in autism as the child's behaviour was different at home from that out in the community and staff did not seem confident to take

the child out.

- Records showed and we received feedback that staff were not supported through regular supervisions and some staff had only met the manager once.

The above issues amount to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We checked whether the service was working within the principles of the MCA.

- As this service was supporting children under the age of 16, this meant that the provisions of the MCA did not apply. However, there was no information about capacity to make decisions in support plans.
- Parents had not signed consent forms to show that they agreed with the support provided by the service.

We recommend the provider seek advice and guidance from a reputable source, to ensure the service is working within the principles of the MCA and involving people in decisions about their child's care, treatment and support.

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

- The manager told us and the relative confirmed that staff members sometimes supported the child with meals by prompting them to eat. However, information about the child's eating and drinking needs and preferences were not included in their support plan.
- The manager told us they would update the support plan in relation to preferences and eating and drinking needs. We will check this at the next inspection.

# 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 requires improvement. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- The child's support plan did not have any information about supporting and promoting the child's privacy, dignity and independence. The plan did not include what the child could do for themselves or the support that they required. There was also no guidance provided for staff on ensuring that care and support was provided in a respectful way. The manager told us they would update the support plan with this information.
- We received feedback that staff always explained to the child they were supporting what they were going to do before supporting as well as obtaining their consent.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- The child did not have any cultural needs, however, Information about individual preferences was not included in the child's support plan. This was especially important for new staff who were going to support the child. The manager told us they would update the support plan with this information.
- The manager and staff knew the child's day to day needs and had a good relationship with the child and their relative.
- The relative we spoke with told us, "Yes [staff] are kind and good and I trust the team of staff we have now." They also said that staff supported their child in a respectful way and had developed a positive relationship with them.
- Staff told us they always explained to the child what they were going to do and obtained their consent before supporting them
- The relative we spoke with said their child's privacy and dignity were respected and that they were involved in making decisions about how care was delivered.

# 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.

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

- There were no records to show that the relative had been involved in the support planning process.
- The provider had failed to ensure that the child's records contained personalised, up to date information about their care needs. They had not included details about the child's school, GP and any other healthcare or social care professionals involved with them.
- Staff had limited information provided to them in support plans about the preferences and wishes of the child they supported. This meant they may not be able to deliver care in a person-centred way.
- Staff did not have clear guidance in support plans to ensure they were meeting the child's needs. The plans mostly related to the management of risks, but we also found information regarding the child's preference around gender of staff they would like to support them was also not considered or included.

The above issues add to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- The child being supported was non-verbal and although their communication needs had been assessed, there was no clear information on how staff should support the child's communication needs.
- We were told by the relative that the child had a communication passport at school, but this had not been used by the provider to aid communication between the child and staff. Therefore, staff did not have up to date information on how to support the child's communication needs effectively.
- The relative told us at school the child used PECS (Picture Exchange Communication System) to aid communication. But we did not see that the use of PECS had been introduced to staff to help them communicate with the child, using a medium of communication they were familiar with.

The above issues amount to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff supported the child to participate in activities both within and outside their home this included after school, the weekends and holidays.
- The support plan did not record all the child's likes, dislikes and preferences in relation to activities or refer to their sensory needs.
- There was no information on how staff assisted and supported the child to participate in social activities at home and out in the community. We received feedback from staff that the child enjoyed colouring, rhymes, playing with a slinky, going on a swing, walking, going to the park and having their hands and legs massaged.

The above issues amount to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. We saw complaints were managed and recorded appropriately.

End of life care and support

- At the time of the inspection no one was receiving end-of-life care.
- The manager had not spoken with the child's parents about end of life wishes. But the manager said that they would discuss this with the relative and then update the support plan.

# 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 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

- The governance of the service was not effective or robust and there was a failure of leadership by the manager and the provider.
- The provider was not aware of most of the concerns we raised during the inspection as they did not maintain adequate oversight of the service.
- Records were not always completed fully and accurately. Relatives consent for care and support was not sought in writing. The lack of risk assessments, risk management plans, epilepsy protocols and behaviour charts did not demonstrate the provider always understood how to assess and manage risks. This meant that we were not assured that people were always receiving safe care.
- There was no risk assessment or guidance in place for staff as to what they should do if people refused their medicines and not all staff had completed medicines competency assessments to ensure they were competent to administer medicines safely.
- The provider did not adhere to their recruitment policy when recruiting staff and maintaining staff profiles. New staff did not receive an induction to the service and staff profiles were not maintained by the provider. Records showed that not all staff had received safeguarding children training and training specific to the needs of the child using the service.
- The provider did not have a system in place to monitor staff attendance and punctuality. The manager told us that presently agency staff contacted their agency manager instead of them.
- People's communication needs were assessed, but there were no clear records to show how staff communicated effectively with the child. There was no information recorded on the social activities the child liked to do both within the home and out in the community.
- Quality assurance systems were not effective and had not picked up issues we identified, such as lack of support plan and MAR chart audits.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care. Working in partnership with others

- Feedback from relatives was not recorded and analysed to drive improvements.

- Regular staff meetings were not held to share information or give staff the opportunity to raise any issues.
- The provider failed to carry out any analysis of incidents and disseminate any learning to staff on how to minimise these in the future.
- The registered manager did not liaise with the child's school to ensure that there was a 'joined-up' approach to supporting the child using the service.

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

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

- During our inspection we provided feedback to the registered manager and senior staff about issues of concern we found. The provider accepted that improvements needed to be made to how care was delivered.
- Relatives knew who to contact if something went wrong. A relative told us, "I can talk to the manager as they visit weekly".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have systems in place to assess, mitigate and review risk.</p> <p>Medicines were not always safely managed.</p> <p>Incidents were not analysed and learning was not disseminated to staff.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have established or effective governance systems in place to ensure they provided appropriate and good quality care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not have a robust induction and training programme in place.</p> <p>Staff were not supported through regular supervisions.</p>