

Zion Care Services Limited

# Zion Care Services Limited

## 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

Zion Care Services Limited is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of our inspection, the service was supporting 44 people with personal care.

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. Where they do, we also consider any wider social care provided.

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

People told us their care calls were not always on time. People were not always supported by staff who had the language skills to communicate effectively with them which caused frustrations for people and relatives. Assessment records did not always contain appropriate language to describe people's backgrounds.

Staff did not always support people in a way that reduced the risk of infection to them. People told us staff did not always have the skills to do basic household tasks. Assessments were not always detailed and did not always contain sufficient information to guide staff on how to meet people's diverse needs. People were not always provided food and drink in line with their preferences. Staff did not always respect people's home environment. People's end of life wishes had not been discussed with them. Systems in place were not always effective in checking the quality of the service. Whilst improvements had been made to the service, systems failed to fully address concerns regarding late calls and a language barrier between staff and people they supported.

Risk assessments were in place to guide staff on how to mitigate risk to people. Medicines were administered safely. Staff understood the types of abuse and knew how to raise concerns. Accidents and incidents were recorded and analysed so patterns could be identified and action taken.

Staff completed an induction prior to supporting people and had access to significant training opportunities. The registered manager had implemented regular supervision and undertook competency checks. People were supported to access health professionals when needed.

People were supported by staff who were kind and caring. Staff respected people's privacy.

Care plans were personalised and provided staff with guidance regarding how to meet people's needs. Complaints were investigated, patterns were analysed and action was taken to address them.

The registered manager was approachable. People and relatives were given the opportunity to feedback regarding the service. The culture of the service had improved and staff and the registered manager were clearer about their roles and responsibilities. The provider had implemented a number of actions and improvements had been made at the service since the last inspection.

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 did not always support this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 January 2023). The service remains rated requires improvement. The service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made but the provider remained in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Zion Care Services Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to person centred care and governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Zion Care Services 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 inspection team consisted of 1 inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 January 2023 and ended on 2 February 2023. We visited the location's office on 24 January 2023.

### 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 (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 spoke with the registered manager during the site visit. We spoke with 1 person who received support from the service and 8 relatives by telephone following the site visit. We also spoke with 6 care staff. We looked at 7 people's care records and reviewed 5 people's medicine records. We also viewed 3 staff files, call log records and documentation related to the governance of the service. The provider sent us further documentation we had requested during and following the site visit including recruitment records and some medicine records and processes.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Using medicines safely

At our last inspection, systems had not been established to ensure medicines were being administered safely to people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, an electronic medicines administration system had been fully implemented and improvements had been made to medicines administration.
- Medicine administration records (MAR) were viewed by staff through an electronic application. MAR provided staff with guidance on the dosage and frequency of medicines to be administered and staff understood how to use the application.
- Where responsibility for administering people's medicines was shared between the provider and relatives, staff knew which calls they needed to administer medicines on as the electronic application provided them with clear specific tasks to guide them on each call.
- Where people refused medicines, staff recorded this on the MAR and escalated it to the registered manager.

### Staffing and recruitment

- People told us that although there had been some improvement, staff continued to be late for calls. One relative told us, "Timings are poor, occasionally they call us to tell us they're running late."
- The registered manager had taken steps to improve the English language skills of staff. However, relatives reported that the English language skills of some staff remained unsatisfactory to meet their relative's needs. We did not find any evidence of where this had impacted on people's safety.
- People were supported by staff who required satisfactory references and Disclosure and Barring Service (DBS) checks before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- Staff did not always support people in a way that reduced the risk of infection. One relative told us staff did not always use sterile water and clean equipment which was needed to meet their relative's needs. This

placed the person at increased risk of infection.

- An Infection Prevention and Control (IPC) policy was in place and staff had received IPC training.
- Staff wore Personal Protective Equipment (PPE) in line with guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- A safeguarding policy was in place. Feedback from staff regarding whether they had completed safeguarding training was mixed. However, the training matrix indicated they had completed the training and they knew the types of abuse and how to raise concerns. One staff member told us, "I've had safeguarding training. One type of abuse could be neglect. When I've seen neglect, we reported it to the office and then the office had to contact safeguarding."
- Safeguarding referrals were raised with the local authority when needed.
- Where accidents and incidents occurred, they were recorded and investigated. Action was taken to reduce the risk of reoccurrence. For example, where there had been a medicines error, this was investigated, a supervision was held with a staff member and they were required to undergo further medicines training and competencies.
- The provider had acted on concerns raised at the last inspection and had put an action plan into place that they continued to work through.

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff how to manage risk to people. For example, where one person had complex clinical needs, there was a risk assessment in place to guide staff how to mitigate this risk and meet the person's needs.
- Staff we spoke with understood how to manage risk to people. Staff told us about how they supported a person to be hoisted safely.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

At our last inspection, systems had not been established to ensure care and treatment was provided with the consent of people in line with the Mental Capacity Act 2005. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, further improvement was still needed.

- Mental capacity assessments had been undertaken where required and there was no evidence to indicate people had been unlawfully restricted. However, the assessments were generic and did not record which decision the assessment was in relation to. This was not compliant with the principles of the MCA which requires mental capacity assessments to be decision specific.
- People were asked for their consent before being provided with support.
- Staff told us they had received mental capacity training. One staff member told us, "I have had mental capacity training. This determines if someone is capable of making decisions themselves. If there are concerns they are not capable, then they need a mental capacity assessment."

Staff support: induction, training, skills and experience

At the last inspection, the provider failed to ensure staff were sufficiently trained, knowledgeable and

competent to meet people's care needs. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, further improvement was still needed.

- Relatives told us staff did not always have the knowledge to undertake every day tasks effectively. For example, one relative told us that staff disposed of kitchen roll down the toilet.
- One person told us, "Some staff need extra training, some are more able than others, shall we say. Generally, the care quality is patchy." However, relatives provided positive feedback and told us staff were adequately trained to meet people's needs.
- People were supported by staff who had received an induction prior to supporting them and who were provided with a broad range of training opportunities. One staff member told us, "I had training when I started and am still undergoing online training. Every day we have training updates, they have given everything we need and I am aware of what I need to do and how I do it."
- Regular staff supervision had been implemented since the last inspection which staff told us was useful. The registered manager also undertook regular competency checks of staff to ensure they were able to meet people's needs effectively.
- Staff were required to complete the Care Certificate. 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.

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

- People's assessments were not always detailed or personalised. For example, there was little background regarding people's life histories.
- People's diverse needs under the Equality Act 2010 were recorded on their assessments but failed to identify how staff should support them to meet those needs.
- Assessment documentation identified people's individual needs and clear guidance was in place for staff regarding how to deliver care to meet those needs.

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

- People were not always provided with food and drink of their choice. One person told us, "They don't listen to my relative with regard to their food requests and always try to persuade them to have toast or beans on toast as it is easy and quick."
- People told us staff did not always have the skills to prepare meals that they wanted. One relative told us, "Food choices can be problematic as they have no idea how to cook plain, simple food."
- Although people did not always receive food in the way they wanted it, people were supported to eat and drink enough to meet their dietary needs.

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

- People's health was monitored and concerns were escalated if needed. One person told us, "If there is a health problem, they will contact my GP".
- People were supported to access health professionals including occupational therapists, district nurses and tissue viability nurses.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us staff did not always respect their home. One person told us, "The staff are very caring, but the organisation is poor. Some tidy up after themselves, many don't."
- Relatives told us staff treated people well. One relative told us, "Staff are kind and caring towards them." Another relative told us, "The carers treat my relative very gently when moving them as it hurts (due to a medical condition)".

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

- People and relatives told us that call times remained inconsistent which meant that people did not always receive care at a time they wanted or were expecting.
- People and relatives were involved in decision making about their care but time restrictions meant their preferences could not always be delivered. For example, there was not always sufficient time to meet people's food preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff sometimes spoke in a language that people did not understand whilst providing care to them which people and relatives did not find respectful. The registered manager had taken appropriate action to address this when it had been brought to their attention.
- Staff respected people's privacy. One relative told us, "They respect my relative's privacy by closing the door". One staff member told us, "I will close the doors when I enter their house. I will close the curtains if they are open. I will never disclose what happened with the person to preserve their dignity."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At the last inspection, systems in place did not always ensure that the care and treatment of people was appropriate and met their needs and preferences. This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- At the last inspection, inappropriate language had been used in some care records. At this inspection, we found this had not always been reviewed and amended. For example, 1 document still referred to a person as having a 'normal' background.
- People continued to receive support from staff who were not always able to effectively communicate with them. One relative told us, "[My relative] has trouble understanding the carers, there is a language barrier. It is a mutual not understanding."
- People and relatives expressed frustration at the difficulties with communicating with some staff where English was not their first language due to the difficulties in making themselves understood. This meant people's needs were not always met in a way that people preferred.

Systems in place did not always ensure people received care and treatment that was appropriate to meet their needs. This was a continued breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, the registered manager had introduced English language training with staff who needed it. Despite concerns still being identified around the English language skills of some staff, relatives recognised improvements had been made. One relative told us, "Language difficulties seem to have lessened recently."
- The registered manager had taken appropriate action where staff spoke in a language that the person they supported did not understand whilst providing their care.
- Care plans had been reviewed and improved since the last inspection. They were personalised and provided detailed and consistent guidance to staff regarding how to meet people's needs.

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 had greater understanding of how to communicate effectively with people living with dementia since the last inspection.

End of life care and support

- People did not have end of life support plans in place and there was no evidence that people's wishes and feelings at that stage of their life had been discussed.
- People had RESPECT forms in place where appropriate. A RESPECT form is a person's Recommended Summary Plan for Emergency Care and Treatment.

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 by staff to engage in activities they enjoyed. Staff supported people to engage in activities in the community where this was an identified need in their care plan.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. Complaints were investigated and appropriate action was taken in order to address the complaints. One relative told us, "We've had one or two problems, but they've sorted them out. I complained and the carer apologised which was ok."
- Complaints were tracked and analysed so patterns and trends could be identified.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; 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

At the last inspection, systems had not been established to ensure the quality and safety of the service was assessed, monitored and improved effectively. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had implemented additional checks since the last inspection to try to reduce the number of late calls. Electronic records showed this had resulted in some reduction in late calls. However, not enough improvement had been made and people and relatives continued to raise concerns regarding call times. One relative told us, "There are frequent travel problems with the carers. They are dropped off and picked up because most of them don't drive. Timings do vary quite a lot, although this has improved recently."
- Systems in place to reduce late calls sufficiently were still not effective. The registered manager told us care staff were still attending calls in the same vehicle so if one staff member was late, all calls following that were late or cut short.
- The registered manager had taken steps to improve the English language skills of staff, including providing English lessons. However, people and relatives told us there were still some issues regarding communication and understanding between them and some staff.
- Quality checks did not identify where assessment documentation was not always consistent with people's care plans.
- Audits of medicine records had been implemented but they did not always identify where recording errors had occurred.

Despite improvements being made to the service, systems were not adequate to ensure the quality and safety of the service was assessed, monitored and improved effectively. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supervision and training systems had been improved and action was being taken to try to improve

staff knowledge and competence.

- The electronic records system had been fully implemented since the last inspection. Staff told us that it was easy to use and gave them all of the information they needed to guide them how to meet people's needs.
- The registered manager was open and honest. Where something went wrong, they communicated with people and relatives to keep them informed.

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

- The registered manager and staff had greater awareness of their roles and responsibilities since the last inspection. For example, staff were clear when it was their responsibility to administer medicines and on which calls.
- Relatives told us the registered manager was approachable. One relative told us, "They are helpful and approachable. I do question everything and they help me sort things out, we do it together. My priority is that my relative is well cared for and they do this well."
- The culture at the service had improved since the last inspection. The registered manager had improved their knowledge and was proactive in disseminating this to staff in order to improve outcomes for people.
- The provider was motivated to learn and significant action had been taken since the last inspection which had led to service improvements.

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

- The provider undertook regular telephone calls to people and their relatives to obtain feedback regarding the service. One person told us, "The managers seem keen to improve and ask for feedback regularly."
- Feedback received was analysed and action was taken to address any concerns and implement any suggestions put forward.
- Surveys were sent to people and relatives to gather further feedback regarding the service.
- Staff were given the opportunity to input regarding the service in regular team meetings and supervisions.

Working in partnership with others

- The provider worked positively alongside commissioners to try to improve the quality of care provided to people.

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 9 HSCA RA Regulations 2014 Person-centred care  Systems in place did not always ensure that the care and treatment of people was appropriate and met their needs and preferences.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems had not been established to ensure the quality and safety of the service was assessed, monitored and improved effectively.