

# Zenithcare Resources Management Services Ltd

# Zenith Care Recruitment

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Zenith Care Recruitment is a domiciliary care agency based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. 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.

At the time of our inspection, the service provided personal care to 6 people.

### People's experience of using this service

Risk assessments were in place to ensure people always received safe care. This included risk assessments for people with specific health conditions. Medicines were being managed safely. Systems were in place to manage accidents and incidents. Systems were in place to ensure staff attended care calls on time. Pre-employment checks were carried out to ensure staff were suitable to support people safely. Systems were in place for infection control.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care. Feedback was sought from people and staff to make improvements to the service.

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

The last rating for the service was Good, published on 9 October 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was a focus inspection. The report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Zenith Care Recruitment

## 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

The inspection was carried out by 1 Inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection site visit. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The registered manager was not available on the site visit. The nominated individual and service manager supported us with the inspection site visit.

Inspection activity started on 14 October 2023 and ended on 24 October 2023. We visited the location's office on 14 October 2023.

#### What we did before the inspection

We reviewed the information we already held about the service, this included their last inspection report

and notifications. A notification is information about incidents or events that providers are required to inform us about. 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 of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the nominated individual, service manager and the care coordinator. We reviewed documents and records that related to people's care and the management of the service.

We reviewed 5 staff files, which included pre-employment checks and 4 care plans which included people's support needs and risk assessments. We looked at other documents such as quality assurance records.

We also spoke with 3 relatives of people who used the service and 2 staff members.

# 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 remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents. A relative told us, "[Person] does feel safe around the carers. They are nice." Another relative told us, "[Person] feels safe. [Staff] are friendly and caring."
- Staff had received safeguarding training and understood their responsibilities to keep people safe and who to report to should they have concerns. A safeguarding policy was in place.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure people received safe care and support.
- Risk assessments had been completed in relation to people's health conditions such as on parkinson disease, high blood pressure and diabetes.
- Risk assessments had also been completed on areas such as falls, personal hygiene and skin integrity.
- Risk assessments included measures and actions staff should take to ensure people received safe care and support.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Consent had been requested from people that had capacity to make decisions to ensure they agreed with the care and support being provided by the service.
- Staff told us that they always request people's consent before doing any tasks. A staff member told us,

"Yes, always have to ask for consent. It's their choice on how they want to be supported." A relative told us, "They always ask for consent before helping person."

#### Using medicines safely

- People were given medicines safely.
- Medicine support plans were in place that detailed the support people required with medicines.
- Medicine Administration Chart showed that people received their medicines as prescribed.
- Staff had received training on medicine management and had completed a medicine competency assessment. Staff told us they were confident with supporting people with medicines, should they need to.

#### Staffing and recruitment

- There were sufficient numbers of staff to support people. Staff were sent rotas in advance and were given adequate time to travel between appointments to ensure missed and late calls were minimised. A staff member told us, "I can get to care calls on time. I am given enough time to travel to get to these calls." A relative told us, "They [staff] are always on time. There never has been any missed visits."
- The service had started using a digital call monitoring system to identify if staff had supported people at scheduled times. Staff had to log on to the system to verify they had attended calls and were there for the duration of the call.
- The management team monitored the call logs to ensure they had oversight and to ensure staff attended calls on time.
- The provider followed safe recruitment practice. Records showed pre-employment checks, such as criminal record checks and obtaining proof of staff's identity had been carried out. References had been requested and received. This ensured staff were suitable to provide safe care to people.

#### Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- Incidents had been recorded and action taken. Records showed that incidents had been analysed and lessons were learnt to minimise the risk of reoccurrence.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff had undertaken infection control training and were aware of infection control procedures.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons. A staff member told us, "I am supplied with PPE to wear. I have gloves, masks, aprons, and hand gels that I can use when I help people."
- Relatives confirmed that staff used PPE when supporting people with personal care. A relative commented, "They wear face masks, aprons and gloves to keep [person] safe."

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last comprehensive inspection, we found robust audit systems were not in place. Audits were carried out visually and the findings of these audits had not been recorded along with any shortfalls identified to ensure people received safe care. We made a recommendation in this area. We found improvement had been made at this inspection.

- Robust systems were in place for quality assurance of the service. Audits were being carried out on care plans, risk assessments, medicines, and staff files. The findings of the audits along with shortfalls had been recorded.
- There was also a 'Meeting Fundamental Standard' audit that focused on the overall running of the service such as care records, medicines, safeguarding, complaints, staffing and feedback from people to ensure they were consistently receiving safe person-centred care.
- The management team carried out audits to check staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff performance. The findings were recorded and fed back to staff.
- Relatives and professionals told us the service was well-led. A relative told us, "[Zenith Care Recruitment] have been brilliant. They have gone above and beyond on what they should really. They have been really good." A professional told us, "Zenith Care Recruitment as I have had experience working in collaboration with their service, always put service user's needs first. They even go beyond the scope of providing additional support for their clients outside the package of care."

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

- Systems were in place to involve and engage with people and staff.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of spot checks, the management team also obtained feedback from people about the service and staff.
- Peoples cultural and religious beliefs had been recorded on their care plans and the management team told us that support on peoples beliefs were discussed as part of pre-assessment and reviews.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and to be open and transparent to people should something go wrong.

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

- The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times.
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "The managers are good managers. I am supported."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with their concerns, and these would be dealt with.
- Relatives were positive about the service. A relative commented, "I have no concerns, I am happy at the moment. [Person] is happy." Another relative told us, "It's all good, no concerns."

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent to staff for feedback on the service. This was analysed to check for continuous learning and improvements on care. A staff member told us, "They ask for feedback from us every week on how things are going."
- Relatives told us that they were asked for feedback. A relative told us, "They do ask for feedback. They are regularly in contact." Another relative commented, "Yeah they ask how things are going."

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- Staff told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health. A professional told us, "Zenith has provided good quality care to the people that we jointly work with."