

Zephyr Care Ltd

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Inspection report

Higham Hill Business Centre
313 Billet Road, Walthamstow
London
E17 5PX

Tel: 02085271464

Website: www.homeinstead.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service:

Zephyr Care Limited is a Home Instead Senior Care franchise holder. They provide personal care to people living in their own homes. At the time of our visit, they were providing personal care to six people. 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

Risk assessments were designed to keep people and staff safe while allowing people to develop and maintain their independence. However, we noted some risk assessments could be more comprehensive. People said they felt safe and would talk to staff if they had concerns. Staff demonstrated good understanding of the service's safeguarding policy and knew how to ensure people were protected from abuse. People were protected from the risks of unsafe or inappropriate care. There were systems in place to make sure people received their medicines safely. Background checks had been carried out on staff to ensure they were suitable to work with vulnerable people. There were sufficient numbers of staff to meet people's needs.

People were supported to have their nutritional needs met and there was guidance in care records as to how to meet these. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. Staff were supported through training, supervision and appraisals. They felt supported to carry out their roles. We have made a recommendation about end of life training.

People received individualised care that met their needs. They were supported to attend health and medical appointments, and staff sought medical assistance when people were unwell. The service worked in partnership with other health professionals to ensure people received effective care and support.

People and relatives told us they were satisfied with the care and support provided by the service. They said the staff were caring and treated people with respect and dignity. They felt able to make a complaint and were confident that complaints would be listened to and acted on.

People, relatives and staff spoke positively about the service and said it was managed well. There were systems in place to manage, monitor the quality of the service provided. The management team had regular contact with people using the service and their representatives. They welcomed suggestions on how they could develop the services and make improvements.

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

Rating at last inspection:

At the last inspection the service was rated good (published 25 January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Zephyr Care 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 Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service did not have a manager registered with the Care Quality Commission. The manager was in process of submitting their application to be registered with us. The registered manager 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 visit because we needed to be sure that the provider or manager would be in the office to support the inspection. The inspection took place on 27 June 2019.

What we did before inspection:

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our inspection:

We spoke with the manager and nominated individual. The nominated individual is responsible for

supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and three staff files in relation to recruitment and staff supervision records. We checked multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records.

We spoke with three people using the service and three relatives by telephone to obtain their views of the service. We also contacted four members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People had risk assessments to identify risks to their wellbeing and safety. One relative told us, "They[staff] make sure [person] is safe when doing any task." Where risks had been identified, there was an action plan, which set out guidance for staff about how these would be managed.
- We noted some risk assessments could be more comprehensive, for example, where people were at risk of not eating well. This was discussed with the manager. We saw the manager had already reviewed some risk assessments and they contained more details.
- Staff knew people who used the service well and were aware of how to keep them safe and minimise any risks to them.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. People said they felt safe when staff visited them. One person said, "Yes, I do feel safe". Relatives told us that they had no concerns about their loved ones. One relative said, "I am very happy with the carers, I don't have any concerns."
- Staff knew how to identify abuse and report any concerns in order to protect people from harm. One staff member commented, "I will report any abuse to the manager." Staff were clear about their responsibilities in this area and were able to describe the different types of abuse. There had not been any safeguarding concerns since the last inspection.
- The service had a whistle blowing policy and staff felt they could raise concerns in confidence that they would be dealt within an open and professional manner. One member of staff told us, "If the manager does not do anything, I will contact social services."

Staffing and recruitment

- The service undertook safe recruitment procedures.
- New employees underwent relevant employment checks before starting work. Staff files contained a checklist, which clearly identified all the pre-employment checks the provider had obtained for each member of staff. This ensured that people were protected from the risks of unsuitable staff being employed by the service.
- There were sufficient numbers of staff to meet people's needs. People told us they were normally supported by the same staff members unless the staff were not well or on leave. They also mentioned staff were usually on time for their visits, however, if they were going to be late the office staff would call them to let them know.
- A relative told us, "There is a small group of carers that come, we always get the same person."

Using medicines safely

- Medicines were managed safely.
- People were supported by staff to take their medicines as prescribed by their doctor. People told us that they received their medicines where they were due and did not have any concerns.
- There was information in people's care plans to inform staff how much support people needed with their medicines.
- One person said, "The carers make sure I take my medicines in the morning and at night." Staff had received medicines training to ensure people were safe with regards to medicines management.

Preventing and controlling infection

- The provider had systems in place to prevent the spread of infection and ensure people as well as staff were safe.
- Staff had received training in infection control and knew what their responsibilities were in this area.
- People and their relatives told us staff always wore gloves when carrying relevant tasks such as providing help with personal care.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence.
- There was evidence that learning from incidents/investigations took place. One relative told us how a member of staff called for emergency services when their family member had a fall. Action was taken afterwards to minimise any further risk of fall.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's health, care and support needs were assessed to ensure staff could meet them.
- Before a person started using the service, an assessment was carried out to identify what their needs were and to see if staff would be able to meet those needs. We saw that people and their representatives had been involved in the assessment process.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. People and their relatives told us that they felt the staff had the right skills to carry out their roles.
- Training records showed staff had completed training in essential areas, such as on safeguarding adults, medicine management, infection control and health and safety. Staff commented the training courses were good.
- New staff received an induction, which included working alongside a more experienced member of staff and familiarisation with the service and the policies and procedures of the organisation. One person told us, "[Provider] came to see to introduce a new carer to me."
- Staff were given appropriate supervision and support, which helped to ensure they were able to provide effective care. We looked at a number of supervision records and these showed that a range of issues were discussed, including staff training needs. The manager informed they were going to increase the frequency of supervision for staff and had recruited a senior staff to help them. Staff told us they were able to discuss anything during their supervisions.

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

- People's nutritional needs were being met.
- When people required assistance with eating and drinking as part of their package of care, staff supported them to eat and drink enough in accordance with their care plans.
- People were involved in making decisions about the food they ate. One person told us, "The carers come and help me with my breakfast."

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

- The service supported people to maintain good physical and mental.
- The management team worked closely with other health and social care professionals. One person said, "The ladies[staff] help me to go to my appointments." People's changing needs were monitored to make

sure their health needs were responded to promptly.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The manager told us if there were concerns about people's capacity, they would refer it to the appropriate professional for an assessment.
- Before people received any care or support staff asked them for their consent and they acted in accordance with their wishes. One person told us, "The carers would check what I would like to do."

Is the service caring?

Our findings

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

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

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

- Staff were kind and caring when they supported people.
- Comments from people using the service were positive, indicating that staff were kind and helpful in meeting their care needs. One person said, "The carers are very good." Relatives told us that staff were kind and caring and did their best for their loved ones.
- The staff team ensured people had the same opportunities regardless of lifestyle, ability, background, beliefs, values, cultures and lifestyles. One member of staff gave us example on how they cared for one person of a certain faith and made sure all their needs were being met.

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

- People were consulted and involved in all aspects of their care and support. People told us they had been involved in planning their care and support needs. This meant people had the opportunity to contribute and have their say about the support they would receive.
- Relatives told us they were always kept informed of any changes in the needs of their family members. One relative told us, "They[manager] will phone me to let me what's happening."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as far as possible. Care plans contained details of what people could do for themselves and where they needed support from staff. One person told us, "I can do a lot for myself, but I need help with other things." One member of staff said, "I always encourage the clients to be independent, if they can make a cup of tea, I will let them do it."
- Staff knew that they should not share people's personal information with anyone, unless they had the right to have that information. Staff were aware of the importance to maintain people's confidentiality. The provider had policies and procedures around confidentiality. One member of staff told us, "I will not discuss information about the clients with someone who does not have the right to know."
- Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed. For example, one member of staff told us, "[Person] likes porridge for breakfast."
- Staff respected people's privacy and dignity. One member of staff told us, "Before helping someone with personal care, I will always make sure I cover the person."

Is the service responsive?

Our findings

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

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

End of life care and support

- The manager informed us that none of the people using the service required end of life care at the time of our inspection. However, we noted staff had not received training in this area. We recommend the provider seeks advice from a reputable source regarding staff training in end of life care, so they have the knowledge and skills to care for people who are approaching the end of their life.

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

- People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. People's care plans gave sufficient instructions for staff to deliver the care each person needed.
- People were happy with the way staff supported them. One person said, "The carers are very, very good to me." Relatives also spoke positively about the care and support provided by staff. One relative told us, "I am very happy with the carers."
- We saw evidence that care plans were regularly reviewed to identify if the care and support being delivered continued to meet people's needs.

Meeting people's communication needs

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

- We saw support care plans had information about people's communication needs. The manager ensured people received all the necessary information about their care and support. Staff had a good understanding on how to communicate with people who required assistance with their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage with meaningful activities and social interests relevant to their individual needs and requirements. Staff encouraged people to do things they enjoyed doing or things that were important to them.
- One member of staff told us, they regularly supported one person to go out for a walk. People confirmed staff helped them to remain active and to do things they liked, such as reading or going out in the community.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising concerns with the management team. One person told us, "I have never had to make a complaint, but I know I can speak to someone in the office." A relative commented, "I will contact [registered manager] if I need to make a complaint."
- The service had a policy and procedure for dealing with any concerns or complaints. People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues and they would be dealt with accordingly. We saw recent complaints has been dealt with appropriately.
- The service had also received some compliments from people and their relatives. One relative wrote, "I have three carers. They treat my [family member] with great care, respect and I couldn't be without them."

Is the service well-led?

Our findings

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

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

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

- People and their representatives felt the service was managed well. One person told us, "I have been with this agency for nine months, they are good." One relative said, "I am very happy with this agency, I have recommended it to two people, they do a very good job."
- The manager took their post in August 2018. They operated an 'open door' policy and were in regular contact with people, relatives and staff to ensure the service ran smoothly. They had worked for the service for a long time as a carer and knew all the people that used the service.

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

- Staff were clear about their roles and responsibilities and had a good understanding of the ethos of the service.
- Staff told us that the manager was very supportive to them. They said they were able to discuss any issues they might have with them. One member of staff told us, "I recently had a bereavement and the manager has been very understanding."
- The manager had informed us of reportable incidents as required under the Health and Social Care Act 2008. Relatives told us the manager kept them informed of what was going on at the service. One relative told us, "They [manager] let me know what's going on with my [family member], they do visit too."

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

- The provider worked closely with a number of different health and social care professionals. The manager kept themselves up to date with best practice and legislation. They were currently undertaking a professional qualification.
- The provider used satisfaction surveys to gain the views of people and their representatives about the care and support offered by the service.

Continuous learning and improving care

- There were quality assurance systems in place to monitor and drive service quality improvements.
- The management team carried out audits to ensure the service was operating to the required standards. For example, they checked if people had received their medicines as prescribed. They also carried out spot checks on staff to monitor their competencies. Where any issues were identified, these were addressed.

Working in partnership with others

- The management team worked closely with other health and social care professionals to ensure people received the care and support they needed. We saw where the needs of people had changed, the manager had contacted the relevant member of the multi-disciplinary teams to discuss people's on-going needs.
- The provider attended regular networking meetings, and workshops to keep themselves up to date with the latest regulations and practices.