

Zander Mackenzie Care U.K. Limited

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Inspection report

7 High Street
Gravesend
DA11 0BQ

Date of inspection visit:
11 October 2023
13 October 2023
16 October 2023

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27 October 2023

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

Zander Mackenzie Care UK Ltd is a domiciliary service providing personal care to people in their own homes. The service provides personal care to people living in their own houses or flats who required support due to needs relating to their age or living with a physical disability. 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 there were 23 people using the service with 18 receiving support with personal care.

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

People were protected from the risk of harm and abuse. Staff understood the different types of abuse and told us how they would recognise these, report them and keep people safe.

Risks to people had been assessed and identified. Information for staff to minimise these occurring was available and guidance sheets on different health conditions available so staff could understand the impact these may have on people's support needs.

Medicines were managed safely, and the provider had systems in place to learn from any incidents or accidents which had occurred.

Staff were recruited safely, and feedback was positive with people telling us staff were on time and assisted them with the tasks they required. People and their relatives told us they had not experienced missed or late care visits and the care being provided was consistent.

Staff used personal protective equipment (PPE) appropriately when they undertook care visits, and the provider told us they had sufficient supplies for staff to use.

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 supported this practice.

Feedback on the service was positive from people and relatives we spoke with who knew who the provider was and how to contact them if needed. Care records showed staff worked with external agencies, such as healthcare professionals, to achieve positive outcomes for people.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 August 2022) and there were breaches of regulation. The registered manager 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 and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 7 July 2022. Breaches of legal requirements were found. The registered manager completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, Safeguarding service users from abuse, Good governance and Notifications of other incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Zander Mackenzie Care UK Ltd on our website at www.cqc.org.uk.

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

Zander Mackenzie Care U.K. 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 registered manager 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

This inspection was carried out by 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 48 hours' notice of the inspection. 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.

Inspection activity started on 11 October 2023 and ended on 17 October 2023. We visited the location's office on 11 October 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 3 people, 12 relatives who were nominated to speak on people's behalf and 7 members of staff including the registered manager, managing director, supervisors, office and care staff. We reviewed a range of care records. This included 4 people's care plans and associated records. We looked at 3 staff files in relation to recruitment, supervision, and training. A variety of records relating to the management of the service were also reviewed. We received feedback from 1 professional who works with the service.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems and processes were not established or operating effectively to prevent abuse of people. This was a breach of regulation 13 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 13.

- People were protected from the risk of harm and abuse. People and relatives told us staff make them feel safe and people knew who to contact if they wished to raise any concerns.
- We reviewed safeguarding records which showed when concerns were raised, these were shared with the local authority teams and investigated appropriately. The safeguarding policy was accessible to staff.
- Feedback included, "I really feel safe," and, "Completely. One of the staff lives locally, and they stayed longer than the agreed time to help, and they've also come in early to help."
- One relative told us, "We were one of [Registered manager's] earliest clients, and the care is excellent. I am going away on holidays today, and the carers have already sent me a nice long text to tell me how Dad is this morning to put my mind at ease. They've got to know him so well, and I have full confidence."
- Staff knew what the different types and signs of abuse were and how to recognise these to keep people safe. They detailed the recording and reporting process and told us they were confident to raise any concerns.

Assessing risk, safety monitoring and management

At our last inspection the registered manager had failed to robustly assess risks to the health and safety of people receiving the care or treatment were not consistently identified, assessed and mitigated. This was a breach of regulation 12 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.

- Risks to people being supported were identified and assessed appropriately. People had personal risk assessments which were relevant to the risks present to them as individuals.
- Risk assessments were regularly monitored and reviewed by the supervisor's and registered manager. Staff 'task lists' had been updated with changes, and included external guidance such as care for catheters

and specialist health conditions. This ensured staff had the most up to information so actions were taken to reduce the risks identified.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained information of the control measures for staff to follow to keep people safe.
- Actions were taken where risks had been identified and appropriate healthcare professionals such as community nurses or therapists were contacted to find ways of minimising the chance of risks occurring.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. People's ability to consent to care was highlighted on care plans and people had signed their care assessments to agree what the service was to assist with.
- Details of other persons involved in people's care, who could support with decision making or advocate on their behalf was recorded in care plans.
- Logs of visits completed by care staff had records of them seeking consent before supporting people's needs.

Using medicines safely

At our last inspection, systems in place were not effective for recording medicines and ensuring the safe administration of them to people. This was a breach of regulation 12 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.

- People were supported to take their prescribed medicines in a safe way. There was clear information in care plans for staff as to when people required support with their medicines and what level was required.
- People's medicines had been assessed and responsibility for ordering and storage of these were recorded where necessary.
- Staff were trained in medicines management and their competency was assessed by the registered manager and supervisors. Refusals or missed medicines administration had been looked into by the office staff and explanations were recorded, for example, Person 'was out and did not receive medicines' or 'family member had already administered medicines.'
- Feedback we received included, "They are cautious about the medications that they give to Mum, so that it's all correct." And "They changed my [pain] patch this morning, and they were very careful doing that."

Preventing and controlling infection

At our last inspection, systems had not been established to assess, monitor and mitigate risks of infections being caught or spread by staff to people. This was a breach of regulation 12 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.

- People's care plans held important information and guidance to minimise the risk of the spread of infection. Prompts and tasks had been included which care staff had to acknowledge each time they visited a person to confirm they had washed their hands, wore appropriate personal protective equipment (PPE) for example. These tasks were monitored by the registered manager and office staff to ensure any issues could be picked up and addressed immediately.
- People told us the staff wore appropriate PPE such as gloves and aprons when supporting them with personal care.
- The registered manager had an up-to-date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information. Guidance on symptoms to look out for and what actions to take were also included.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the office when required and had arranged to pick up and drop off to their colleagues.

Learning lessons when things go wrong

At our last inspection, systems or processes were not established and operating effectively to assess, monitor and improve the quality and safety of services. This was a breach of regulation 17 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 17.

- Concerns, incidents or accidents were recorded and investigated by the registered manager. These had been separated by urgency and nature of the concerns so they could be responded to as quickly as possible.
- Any lessons which were learnt from investigations were shared with staff via team meetings or in personal communication to minimise the risk of them reoccurring.
- Accident, incident and near miss policies and procedures were in place and provided guidance to staff about what they should report. Staff we spoke with confirmed the process and told us they were all confident action would be taken and they would receive feedback on what had happened as a result.
- People told us they were confident that when they raised concerns these would be listened to and actioned. One relative said, "We had an occasion when two new carers came without a more experienced person, and I don't think that should happen. I spoke with [registered manager] and that hasn't happened again." And "[Registered manager] is responsive and very helpful."

Staffing and recruitment

- People were supported by staff who had been recruited safely. Employment history had been checked, and gaps in this history had been discussed and recorded. References were obtained and helped the registered manager ensure staff were of good character and safe to support people in the community.
- All staff had an appropriate right to work and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

- There were sufficient numbers of staff to meet people's needs. Feedback on staff capability was positive. We were told staff arrived on time, stayed the duration required and supported people the way they wanted to be supported.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the registered manager had not ensured systems or processes were established and operating effectively to assess, monitor and improve the quality and safety of the service. There was little oversight of activities to ensure peoples' needs were being met and records were accurate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had failed to consistently submit notifications to the Care Quality Commission. This was a breach of regulation 18 (notification of other incidents) of the (Registrations) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 or regulation 18.

- The registered manager had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff had access to a 'Staff counsellor.' This was a member of care staff that was available for anything staff wished to discuss or raise whether that be professional or personal. This had been very successful in making sure staff were happy and well supported.
- Feedback on the management of the service included, "I think it is well managed. They are very supportive of their staff. And, "Yes, [Registered manager] has been very involved with us. They do a wonderful job – and they helped us set everything up, as we didn't have a clue. They have helped us get everything we are entitled to. They have been amazing to us. They even got us a GP, as we hadn't had one for the last 4 years. We've had no help, apart from [registered manager]."
- Governance systems were in place to ensure the service was appropriately monitored for the level of support being provided. This enabled to registered manager to ensure care delivery was meeting people's needs.
- The registered manager understood their regulatory responsibilities. They understood they had to inform the Care Quality Commission (CQC) and the local authority of important events in line with guidance. We found no evidence during inspection that notifications had not been submitted appropriately.

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

- There was a positive and open culture at the service and the registered manager had systems in place to provide person centred care that achieved good outcomes for people.
- Care plans were goal orientated and detailed what people liked to achieve by themselves and what they required support to achieve. These goals were monitored and updated and changed as necessary.
- People we spoke with told us they would recommend the service, Saying, "We found this agency by word of mouth from our neighbours, and we would definitely recommend it to others." And " Yes, I would highly recommend. The office people are all very nice too."
- Staff told us, "It's a really great place to work, I love it, I love supporting people and we all support each other. It's very much a family feel."

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 registered manager was aware of their responsibilities under duty of candour. A duty of candour incident is where something goes wrong with people's care and the registered manager must act in an open and transparent way and apologise for the incident. We did not identify any duty of candour events.
- Staff were encouraged to raise any concerns, report accidents or incidents and be honest when things had gone wrong. Staff told us the reporting structure and felt confident concerns would be recorded and investigated appropriately.

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

- People and staff were involved in the running of the service and considered people's protected characteristics such as people's religious beliefs, cultural needs or sexuality.
- Care plans had been reviewed regularly and any requests or changes were updated and reflected so staff had the most relevant information to support people the way they wished to be supported.
- Quality survey had been sent to people and their relatives to enable the registered manager to gather feedback. One relative told us, " We have had one in the past. We do get visits by the office staff, so they can see how things are. They have been very good at getting the care plan sorted out."
- Staff felt fully engaged in the running of the service and told us the registered manager keeps them up to date with changes within the service and its mission statement.

Continuous learning and improving care; Working in partnership with others

- Staff told us they contributed to team discussions at meetings and inputted into how the service was delivered.
- The registered manager was in process of improving records and documentation within the service and was open to suggestions in how to potentially streamline and improve documentation.
- The registered manager and staff worked closely with health and social care professionals to provide effective and joined up care and support. and also adapted the support when required.
- Feedback from a professional we received during inspection told us, "I use many care providers in the course of my work and this agency is one I would go to for a [situation] that might be slightly more complicated, having said that they do also provide a good standard of care for our more 'routine' [needs] too. They communicate well with me over the packages we jointly have and will actively work to find a solution to a situation i.e. providing a carer that was fluent in British sign language for a specific case I had."