

Zanta Healthcare Limited

Zanta Healthcare

Inspection report

The Savoy Centre
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Tel: 01384913223

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Our inspection was announced and took place on 11 July 2016.

This was our first inspection of this service since it had been registered with us on 6 October 2014. The provider did not deliver a personal care service until 2016. Therefore an inspection had not been needed earlier.

The provider is registered to provide personal care and support to adults of a variety of ages including older people. People who used the service received their support and care in their own homes within the community. Nine people received personal care and support on the day. People had needs that related to old age and/or a physical disability and mild dementia.

The manager was registered with us as is required by law and was present on the day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not gathered all of the required information to enable them to make a judgement about potential new staff to ensure that they would be suitable to work, and support, the people who used the service. Declared health conditions, gaps in some staff previous employment and the reasons they had left their previous employment had not always been explored to determine their suitability.

Medicine management systems needed some improvement so that people would be consistently assured that they would receive their medicine safely and as it had been prescribed by their doctor.

The provider had processes in place that they and staff could follow to prevent people experiencing any mistreatment or abuse.

Risk assessments were undertaken and staff knew of the actions they needed to take to keep people safe and minimise any potential risk of accident and injury.

Staffing ensured that people were supported by staff that they were familiar with and knew of individual preferences and needs.

Staff received induction training and the day to day support they needed that ensured that they did their job safely and provided support in the way that people preferred. Staff training records showed and staff confirmed that they had received the training they required to meet people's needs and to keep them safe.

People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered.

Staff understood that people have the right to refuse care and that they should not be unlawfully restricted.

Staff supported people to have drinks and meals that they enjoyed and to prevent the risk of ill health.

People were cared for and supported by, staff who were kind and caring. Staff supported people to be as independent as possible.

Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

A relative and staff confirmed that the manager and the service provided was good.

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 consistently safe.

The provider had not gathered all of the required information to enable them to make a judgement about potential new staff to ensure that they would be suitable to work with the people who used the service.

Medicine management systems did not always have the safeguards in place to ensure that errors would not occur.

Relatives felt that the service provided was safe and secure and staff knew of the processes they should follow to prevent harm and abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

A relative and staff confirmed that people received effective care and support in the way that they preferred.

Staff felt supported and had the training they needed to meet people's needs.

The registered manager and staff understood that people should not be unlawfully restricted and that care and support must be provided in line with people's best interests.

Good ●

Is the service caring?

The service was caring.

Relatives confirmed that the staff were kind and caring. Staff felt that people were given attention and listened to.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People's needs were assessed regularly and their care plans were produced and updated with them and their family.

Relatives and staff felt that staff were responsive to their preferences regarding daily wishes and needs and accommodating if they required changes to call times.

Complaints procedures were in place for people and their relatives to access if they had a need to.

Is the service well-led?

The service was well-led.

Relatives and staff told us that the management of the service was open and inclusive.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Some processes were in place to ensure that the service was run in the best interests of the people who used it and the manager told us their plans to strengthen these.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2016 and was announced. The inspection was carried out by one inspector. The provider had a short amount of notice that an inspection would take place. This was because we needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We asked the local authority their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

Although we tried numerous times we were not able to speak with any people who used the service. We spoke with two relatives, two staff members and the registered manager. We looked at two people's care records and medicine records, three staff member's recruitment, supervision records and looked at staff training records. We looked at the systems in place to monitor the quality and management of the service and provider feedback forms that had recently been completed by people who used the service and their relatives.

Is the service safe?

Our findings

A staff member said, "All my checks were done before I started work". The registered manager confirmed that no new staff could start work until all their clearances had been completed and were satisfactory. Records that we looked at confirmed that before staff started to work checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also saw that references from previous employers had been obtained. However, we found that one new staff member had declared a health condition but the registered manager told us that they had not risk assessed this or explored this further. We also found that gaps in employment history had not always been explored and that some staff had not confirmed why they had left their previous job. This meant that the provider had not gathered all of the required information to enable them to make a judgement about potential new staff to ensure that they would be suitable to work and support the people who used the service.

We saw that medicine records were handwritten but they lacked two staff [or a second person's] signature to confirm that what had been written was correct to prevent errors. We saw that there were medicines that had been prescribed on an 'as needed' basis and protocols were not in place to advise staff when the medicine should be given. Records that we saw highlighted that staff had supported people to apply topical medicines (creams). The registered manager told us that they had not used body maps to highlight to staff where the creams should be applied. Body maps can be used to show staff where the creams need to be applied to prevent any error. This meant that there was a potential that medicines may not be given as they had been prescribed.

A relative said, "We have not had any problems with the tablets. They are in a blister pack and staff give them". The registered manager told us that some staff were new and had not yet received medicine management training. They further told us that not many people needed their medicine to be given to them by staff. They gave assurance that where there was a need, and staff had not received medicine training, they went themselves and gave the medicine. A staff member told us that they had received medicine training and felt competent to undertake the task. They said, "Until I had training the manager used to come and give the medicines with me. They [the registered manager] sometimes come now to watch me to make sure I do it correctly". We looked at two people's medicine records and saw that they had been fully completed to show that they had been supported by staff to take their medicines as they had been prescribed by their doctor.

A relative told us, "No bad treatment. The staff are kind". Staff told us and records confirmed that safeguarding training had been delivered. Staff we spoke with were aware of the definitions of abuse and what they should do if they had a concern. A staff member told us, "I would report anything that worried me to the manager". The registered manager told us about an allegation that had been made the previous day and what they had done to address this. They told us that they would refer to the local authority safeguarding team for their attention and action to ensure that the person was protected from harm and abuse.

A relative told us, "The staff are careful when caring for them [person's name] so that they do not get injured. I feel they are safe". A staff member told us, "I think we [the staff] provide care correctly and that because of this the people are safe". The registered manager told us that staff wore identity badges to confirm who they were to prevent people who used the service allowing unauthorised staff into their homes. This was confirmed by a relative and a staff member we spoke with. Records highlighted that no falls, risks and injuries to people had occurred when staff were present or providing care. We saw that risk assessments had been undertaken to prevent potential risks that included falls, skin damage and environmental hazards. Staff told us and records confirmed that where risks were identified action had been taken to reduce these. Records highlighted that where there were environmental hazards these were discussed with the person and/or their relative for the situation to be rectified. Staff and records confirmed that where people could not stand a hoist was made available for staff to use to move the person from one place to another safely. Staff told us that they had received hoist training and felt competent to use the hoist safely. Records that we saw confirmed this. We saw that care plans were in place instructing staff about changing people's position regularly to prevent a risk of sore skin and staff told us that they followed these. This showed that processes were in place to reduce a range of potential risks to the people who used the service.

A relative said, "The staffing is alright". The staff always turn up to give their [family member] care". A staff member told us, "I think there are enough staff hours to provide the care". The registered manager told us that on one occasion they had to cancel a care call but they informed the person's relative so that the person would not be placed at risk. The registered manager highlighted that there had not been any other incidents of missed calls and this was confirmed by staff. The registered manager told us that they were recruiting staff regularly to ensure they had adequate staffing. They told us that if staff were on leave then calls would be covered by staff if they had sufficient time between other calls, staff working days off or they would provide the care themselves.

Is the service effective?

Our findings

A relative said, "We had a terrible time with the previous company. They did not turn up or were late. This one is good. We have never had any problems". Completed provider feedback forms that we saw highlighted people and relative satisfaction. One read, "Thank you for all your help" and other positive comments. A staff member told us that they felt that the service provided was good.

A relative said, "They [person's name] generally have the same staff. It is good as they would have difficulty relating to too many different staff". Another relative we spoke with told us that it was generally the same staff who provided their family member's care and support. A staff member said, "I work in one area with one person and know them well". This meant that people received their care and support from staff that they were familiar with.

A staff member told us, "I had an induction I did mandatory training at a hospital, looked at care plans and was introduced to people. I worked with the manager until I knew what I had to do". The registered manager told us that they had not yet introduced the Care Certificate. They said, "A number of staff are new and we are trying to secure the training". The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member told us, "I feel I have been supported by the manager and other staff". Another staff member said, "The staff get the support and help they need". Staff we spoke with told us that they received supervision sessions and the registered manager told us about the observation sessions they had undertaken on staff. Records that we looked at confirmed this. A relative told us, "I think the staff do a good job". Staff we spoke with told us that they had the training they needed to enable them to be effective in meeting people's needs and to keep them safe.

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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA.

A relative said, "The staff explain what they are going to do and ask if it is alright. They [person's name] are happy to accept the care". Although staff had not received training they were familiar with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). The staff handbook read, "You must gain consent before starting any care". Staff confirmed they knew that they should ask people's permission before providing care and that is what they did. They also knew that they should not restrict people in any way. The registered manager told us that they were looking to secure MCA and DoLS training for staff to ensure people continued to receive safe care in line with their best interests.

In general people or their families managed any healthcare needs. Other people needed support from staff. A relative told us, "The staff would tell me if they were concerned". We reviewed the questions staff were asked in their interview and we saw that they gave appropriate answers for dealing with illnesses. The registered manager and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's and district nurses. This ensured that the people who used the service received the health care support and checks that they required.

A relative said, "They [person's name] always have the food and drinks they like". Records that we looked at highlighted what each person liked to eat and drink and if they had an allergy or any special dietary needs. Staff we spoke with knew of people's individual food and drink likes and dislikes and foods people should not eat to prevent any risk to their health. Staff told us that they knew it was important that people had sufficient diet and fluids to prevent illness caused by malnutrition and/or dehydration. Records that we looked at confirmed the food and drink that had been offered to each person during their care call. They also confirmed that people had been left a drink that they could access later in the day.

Is the service caring?

Our findings

Relatives we spoke with told us that in general the staff were nice. One relative said, "All of the staff are very pleasant. Very caring". A staff member said, "I think the staff are good and caring". Completed provider feedback forms that we saw highlighted that the staff were, "Friendly" and "Had a caring attitude".

A relative confirmed that staff were polite and showed respect to their family member. They said, "The staff have a small area to work in but make sure they [person's name] are always covered". Completed provider feedback forms stated that the staff were, "Polite" and "Respectful". Comments made by a relative included, "Your [the provider] staff have ensured my father's dignity is protected and he has self-respect". Staff told us how they ensured privacy and dignity. They told us they closed window blinds and doors when they provided personal care to people. These actions promoted people's dignity and boosted their self-esteem.

A relative said, "I think the staff are well suited to meet their [person's name] needs. They get on well and they [person's name] like the staff very much". The registered manager told us how they decided which staff member they 'matched' to a new person when they started to use the service. They told us that they took culture, gender, personality and interests into account. The provider ensured that where possible people had a choice of the gender of staff that provided their care and this was confirmed by a relative we spoke with. A male staff member told us that they provided care to male people who used the service. The registered manager also told us that staff were introduced to new people who were to use the service before they started to provide their care and support. This was confirmed by relatives and staff we spoke with. This showed that the provider knew the importance of providing a service where people would feel comfortable being cared for by their staff.

The registered manager told us that staff were trained to maintain independence rather than decrease it. A staff member told us, "I and the rest of the staff always try to make sure that we maintain people's independence. I ask people what they would like me to do and what they need help with each day as it can change. What people can do independently I encourage that".

The registered manager told us that no person at the present time was using an advocate. They said that all people lived with, or were supported by, a family who would speak on their behalf. However, they had contact details if people wished to access this service in the future. An advocate is an independent person who may assist people who have difficulty voicing their views, or who need support to make informed decisions about their life.

Is the service responsive?

Our findings

A relative told us, "Their [person's name] needs were asked about. The staff have met their needs to date". The registered manager confirmed that they undertook an assessment of each person's needs before a service would be offered. This was to ensure that the staff could meet the person's identified needs. This was confirmed by staff we spoke with. We saw that the information gathered during the assessment of need had been included in people's care plans. A relative informed us that they knew what was in the care plans, as they had been involved in the process. They told us that the care plans reflected their family member's needs and was used by staff to ensure that the support they provided was appropriate.

A relative told us that the service was reliable. They told us that they felt comfortable to ask for their family member's care call to be changed if they had an appointment. They said, "If we need to change the time it is arranged for us".

A relative told us, "I am involved in review meetings, asked my views and feel I am listened to". The registered manager told us that reviews with the person who used the service and/or their family were held soon after the service started and then regularly thereafter. Staff we spoke with and records that we looked at confirmed this. This showed that processes were in place to regularly determine if any changes to the care and support offered were needed and to ensure that appropriate safe care was provided.

A relative of a person who used the service said, "I have not made any complaints. I have not had a need to. There were a few 'hiccups' at first but these were sorted. I would feel comfortable to complain if I had to. The manager is lovely". We saw that a complaints procedure was available. The complaints procedure gave the contact details for the local authority and other agencies they could approach for support to make a complaint. This demonstrated that a system was in place for people to access if they were not satisfied with any part of the service they received. We had not heard about any complaints and the registered manager confirmed that they had not received any.

Is the service well-led?

Our findings

A relative we spoke with told us positive things about the service provided. They said, "The service is good. Much better than the previous one we used. It is organised". Staff we spoke with told us that they felt that overall the service was good.

The provider had leadership in place that relatives and staff knew of. There was a registered manager in post. Both relatives we spoke with knew who the registered manager was and were complimentary about them. A relative said, "The manager is very kind and approachable".

Providers are legally required to inform us of incidents that affect a person's care and welfare these could be medicine omissions or accidents and injuries. The registered manager knew of the processes they would need to follow to report any incidents. The provider completed their Provider Information Return (PIR) and returned it within the timescale we gave. This meant that the provider knew the importance of complying with what was legally required of them.

Records that staff completed to confirm the care and support provided and medicine records were returned to the office regularly for the registered manager to check. The registered manager told us that formal quality assurance processes were yet to be implemented. They said, "As staff are new and I am working alongside them, giving them support and showing them [the staff] how they should work so effectively I would be auditing myself. I think the important thing at present is that I am working with staff, observing them and making sure they are working as they should and that is what I am doing". The registered manager told us that they were going to implement more robust quality monitoring systems in the near future and were considering securing an independent person to undertake the monitoring role. The registered manager had included in their PIR that in the next 12 months they were going to attend a governance course that would also help them appropriately audit the service.

A relative confirmed, "I am asked if the service is satisfactory". The registered manager told us that they used provider feedback forms to gain people's, relatives and staff views on the service. We found that feedback was positive in that the service was reliable and flexible. However, one person had highlighted that staff did not always turn up for their care call at the time they wanted. We spoke with the registered manager about this. They told us that the time the staff called was the time the person and the funding authority had agreed. They told us that they discussed this with the person and plans were in place to change the care call time.

A staff member said, "When I started work the manager worked with me until I was competent and felt comfortable". Another staff member told us, "I like my job. I feel adequately supported and guided. The registered manager works with us [the staff] and we can telephone them at any time we need to". The registered manager told us at present there were no staff meetings. They said, "The office is a long way away from where people live and staff work. We use email and text or telephone to communicate. The registered manager told us that they were looking at different information technology systems so that staff meetings could be held without the need to travel.

We saw that the provider had a whistle blowing policy in place and staff we spoke with was aware of this policy. A staff member we spoke with said, "I know of the whistle blowing policy and would follow it if I had any concerns".