

Zeno Limited

Zeno Limited

Inspection report

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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

Zeno Limited is a residential care home that provides accommodation and personal care support for up to seven people who have a learning disability and/or autistic spectrum disorder. At the time of our inspection there were three people living at the service. The service provided a 12-week bespoke rapid review and resettlement service. The service focused on developing person centred strategies that supported people to improve their quality of life and reduce behaviours that challenge others.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People were supported safely and protected from harm. Risks associated with people's care needs were assessed, planned for and monitored. Staff were knowledgeable about risks and had detailed guidance on the action required to manage and reduce risks.

Medicines were managed and stored safely. The service was clean and care staff followed good infection control practices to minimise the risk of infection.

Staff were recruited safely and had the appropriate skills and knowledge to deliver care and support to people in a person-centred way. There were no set meal times, people planned their own meal times in accordance with their own daily planner. Where needed, people were supported with their eating and drinking needs.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service encouraged this practice.

Care and support were planned and delivered in line with best practice and assessments of needs were comprehensive. Staff worked collaboratively across services to understand and meet people's needs. People's health needs were identified, and action taken by staff to address any concerns.

Checks of safety of the building were carried out to ensure people were protected from harm. During the inspection the management team were proactive at ensuring external contractors completed robust legionella and fire risk assessments.

There was strong leadership and oversight within the service. People's relatives, staff and professionals spoke positively about the management of the service. Quality assurance systems were effective to check people were receiving care that was of high quality.

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

Rating at last inspection

This is the first inspection of this service which registered with CQC on 25 October 2018.

Why we inspected

This was a planned inspection based on the date the service first registered with CQC. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

Zeno 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

Zeno Limited is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was announced. We gave the service 24 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 available to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We used information we had received through our ongoing monitoring of the service and feedback we received from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people living at Zeno Limited and two people's relatives about their experience of the care provided. We spoke with five members of staff including, the registered manager, deputy manager,

service manager and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records relating to the care people were receiving and the management of a care home. This included, two care plans, training and supervision records, audits, medicines, records of servicing and maintenance and a sample of policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were present and detailed how to reduce people's known risks. People had risk assessments in place for everyday situations and for activities of interest within the home and in the community. Plans included how to protect people from self-harm and encourage positive risk taking, enabling people to live life to the full.
- The service was proactive at managing people's known risks within people's short-term placement at the service and we found a general reduction in people's challenging behaviours once reviewed at the nine-week period of the placement. This was possible due to the consistent staff team safely managing people's behaviours.
- The internal and external environment met people's safety needs. There were ongoing checks of the environment, premises and equipment. This included risks associated with fire and legionella. However, we found both the fire and legionella risk assessments were not robust and required further scrutiny of the assessments. During the inspection the provider provisioned external contractors to complete new assessments. We have since been provided with the fire risk assessment, which identified additional works to be carried out, this was assessed at a medium risk. Medium risk means matters will require prompt action to alleviate the risk which may be serious in outcome but not creating an imminent danger. We were provided with assurances the identified works would soon be completed.

Using medicines safely

- We saw medication was safely administered to people by staff who followed clear routines and procedures.
- During the inspection we identified two people's boxed medication did not tally correctly. We found this was a recording issue and staff had not checked the balances of medicines for accuracy. The deputy manager provided assurances that further scrutiny of daily handovers and medication audits would be implemented as a result of these anomalies.
- Staff were trained to handle medicines in a safe way. Staff completed a competency assessment to evidence they had maintained their knowledge and skills.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse.

- Staff were provided with training in recognising the signs of abuse and were confident to identify and report any safeguarding issues if needed.
- Staff knew what action to take if they suspected abuse or poor practice. One member of staff said, "The service is very responsive to the needs of the clients. If I suspected any type of abuse I would raise it immediately."

Staffing and recruitment.

- Staffing levels were carefully assessed around people's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- The two people we spoke with at the service told us they were happy with the staff support. One person's relative also told us, "Always seem to have plenty of staff available, I can't find any faults."
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The service was clean and free from malodours. Staff at the service were involved in cleaning and ensuring good standards of cleanliness.
- Staff received training in infection control and there were governance systems in place to ensure the service was clean.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, learning outcomes had been recorded and action had been taken to minimise the risks of reoccurrence.
- The registered manager maintained an overview of reported accidents and incidents as part of the service governance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were provided with the skills and knowledge to perform their job effectively.
- Training was provided both on-line and face to face by qualified trainers. Training provided staff with the skills and knowledge they needed to meet people's needs. For example, training included the management of actual or potential aggression (known to people as MAPA), autism awareness, epilepsy and safe management of medicines.
- New staff received an induction. New staff completed the Care Certificate to understand the national minimum standards.
- Staff were supported in their work. Staff received regular supervision where they discussed their performance with the registered manager or supervisor and staff were also due to receive a performance appraisal.

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

- The service had a clear framework in place for new admissions to the 12-week rapid review and resettlement service. At the time of the inspection the service was only considering new admissions from the Greater Manchester area.
- Care plans and positive behavioural support plans were developed following admission based on the initial assessment of people's needs and input from third parties. Staff followed guidance in relation to people's identified health needs. During our discussions with the staff team it was evident they understood people's needs well.
- People's diverse needs had been assessed. This included any protected characteristics under the Equality Act 2010, to ensure people did not experience any form of discrimination.

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

- People were supported to have a healthy diet. Staff knew what people liked and people were involved in menu planning. We observed one person eating breakfast when we arrived on the first day, we were informed by a member of staff not to disturb this person as they preferred quiet time when eating. This showed the service respected people's wishes.
- Menus were planned with each person where possible and people were encouraged to say what they liked and wanted to include on the menu.
- Where people had food allergies or, required a specific diet, food information was clearly recorded in their care plans and well known by staff.

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

- Staff worked with other health and social care professionals to make sure people's needs were met. Care records recorded important involvement from healthcare professionals such as, psychiatrist, community learning disability teams, speech and language therapists, occupational therapists and GP's. We saw that advice given by healthcare professionals was acted upon and included in people's care records.
- The registered manager had made themselves aware of recently published national best practice guidance in oral health care. A copy of this guidance was available to the staff team and people had information on dental checks in their support planning.

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

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.

- The service ensured decision specific mental capacity assessments had been completed and best interest process followed in relation to people's care and treatment. The applications we viewed were comprehensive and went into great detail regarding the needs and capacity of the person they were making the application for.
- The service had also considered whether or not it was in a person's best interest to use restraint when least restrictive options had not worked. Records were held of best interest meetings and the involvement of relevant parties including family or advocates and health care professionals.
- Staff were knowledgeable about the principles of the MCA. During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.

Adapting service, design, decoration to meet people's needs

- The service is situated at Newall Green Farm in Wythenshawe. The building is a grade II listed 17th century building that has been refurbished to a very high standard throughout.
- The service was clean, tidy and homely. The provider had ensured that the decoration was suitable for people's sensory needs and the environment was calm and uncluttered.
- People living at the service had personalised rooms to their liking.
- Where required, adaptations had been made to ensure the service was accessible to people.
- People at the service were mobile and could easily navigate their way around the service. Hand rails were in place for people to move around the service safely.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Our observations showed people were supported by staff who were attentive to their needs, patient and compassionate.
- One person at the service said, "I am very happy, I like the staff."
- Where people could not express themselves verbally we could see staff had developed a positive relationship with them. We observed someone who had an epileptic absence seizure and we observed staff were quickly on hand to keep the person safe from falling and provided them with reassurance.
- Staff received training in equality and diversity. Staff did not discriminate against people at the service. Where someone may identify as lesbian, gay, bisexual or transgender staff advised they would not treat them any differently if they wanted to use the service. A member of staff told us, "It doesn't matter what the preference of the person or staff member is, we treat everyone here with respect."

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

- The service encouraged people where possible to make choices about aspects of their care where they had capacity to make that decision. We found people were given the opportunity to choose their meals. Activities tended to be planned by the service, however once people had made progress within the rapid review programme activities were tailored around people's choices.
- Where possible people and their relatives were involved in developing and reviewing their care plans and their views were respected.
- Staff worked with people and relevant health professionals to ensure people could take part in making decisions around their care.

Respecting and promoting people's privacy, dignity and independence

- Peoples, privacy and dignity was respected by staff at the service. Where people wanted time to be on their own this was respected by the service.
- A strong ethos of the service was promoting people's independence. Examples were provided by the staff team, one included a person becoming aware of their diet and wanting to be involved in the preparation of their meals. This had a positive impact on the person becoming healthier.
- All of the interactions we observed throughout the inspection between people and staff were dignified and respectful.
- Records within the service were stored in a manner that ensured people's confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support in a way that was flexible and responsive to their needs. Positive behavioural support principles were used to develop people's plans and the staff team had received specialist training in this area to ensure they safely managed people's needs.
- Care plans provided staff with descriptions of people's abilities, risks associated with their care and how they should provide support in line with people's preferences.
- Progress of people's care was reviewed on a weekly basis during the 12-week rapid review and resettlement service. Key milestone reviews were completed at three and nine weeks. These reviews were completed by a wide range of professionals including the providers' learning disability nurse.
- At week nine the service established the progress the person had made in that period. The service reviewed a wide range of areas, such as the staffing numbers required to safely support the person. The service produced a resettlement plan along with recommendations that would then be provided to the commissioners to ensure the person's new placement safely met the person's 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.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as easy read, and were aware of their responsibility to meet the AIS.
- There was information in pictorial forms, such activities and tasks to support people to communicate their wishes. Staff were encouraged to use Makaton signs and had developed individualised ways to communicate with people.

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

- Support plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs should be met to ensure people received the care and support they wanted and needed.
- The service had access to three vehicles and the majority of the staff team could drive these vehicles. This ensured people could take part in a wide range of activities they were interested in. The service ensured people's outings were risk assessed in advance, which meant potential risks were minimised.
- The service also employed an activity co-ordinator who also worked at another location connected to the

provider. The co-ordinator supported the staff team to design, plan and deliver external community-based activities. These activities were carefully considered, and risk assessed.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. There had been no complaints received.
- There was a complaints procedure in place which was made accessible to meet people's different communication needs. Staff were vigilant and understood people's behaviour which may indicate a person was not happy.

End of life care and support

- The provider was not supporting anyone at the end of their life at the time of the inspection. Due to the quick turnaround of the service it was not considered to be appropriate by the provider to discuss end of life care with the people or their relatives as future discussion would be better suited in their permanent home.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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 had created an open culture and demonstrated along with the staff a commitment to provide person centred, high-quality care. We found a person-centred approach was adopted at the service, which meant positive behavioural support principles underpinned all areas of care planning. The service was operating in line with Registering the Right Support best practice guidance.
- The management team were open and transparent throughout our inspection demonstrating a commitment to provide person-centred, high-quality care.
- We received positive comments regarding the management team from staff, comments included, "The management at the service are great in my opinion. [Service managers name] is always on hand to provide support," "I love working here. I feel the support we received from the managers is great."
- The service encouraged people and their families to be involved in day-to-day discussions about their care and support. People's family members told us that they felt reassured by the management team's expertise at running the service.

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

- The registered manager had a visible presence in the service and led very much by example. The registered manager was also supported an experienced management team, which included the deputy and service managers.
- Zeno Limited is a small domestic sized service embedded in a local residential area. Where possible, depending on people's preferences, people had opportunities to be active and be involved with their local community.
- Staff and people's relatives told us the service was well managed, and the care and support was meeting people's needs. One person's relative told us, "I have seen an improvement in [person's name] well-being. It's still early days, but so far from what I have seen it's been reassuring."
- The management team had a system for monitoring the quality and safety of the service. Audits took place in a range of areas such as support plans, incidents and accidents, and medication.

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

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with

everyone using the service and stakeholders.

- Records showed staff engaged with a range of health and social care professionals involved in people's care and treatment. One compliment recently received from a health care professional included, "[Person's name] has made excellent progress at the rapid review and thank your team for their excellent work."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, continuous learning and improving care

- Staff told us they felt listened to and the registered manager and higher management were approachable. They said they worked as a team to provide person centred care.
- The management team held meetings with staff where staff shared learning and good practice. This included updates of any changes in people's needs, guidance to staff about the day to day management of the service.
- During the inspection we discussed with the management team the service would greatly benefit with a review of people's progress post the 12-week rapid review and resettlement service. This would in turn provide greater clarity whether the care model had successfully worked for the people in their new placements. The registered manager acknowledged this observation and confirmed this was an area the service would be looking to implement.

Working in partnership with others

- The service worked proactively in partnership with other organisations which ensured they followed current legislation and good practice and provide a quality service to help keep the people they supported safe.
- The management team embraced the changes in care delivery and continuously looked at ways to develop the service. The 12-week rapid review and resettlement service officially started to support a small number of people in May 2019 and the service had quickly embodied the providers values of promoting a fair, transparent and open culture, ensuring the organisation was inclusive of all supported people.