

# Zanta Healthcare Limited

# Zanta Healthcare

## 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

Zanta Healthcare is a domiciliary care agency providing personal care to 17 people aged 65 and over at the time of the inspection. The service can support more people if needed.

People receive support in their own homes. The provider manages the service from an office located in the local community.

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

People were protected from harm by staff who were confident in recognising and reporting abuse. People were supported by sufficient numbers of staff and risks to their safety were clearly defined. Staff had access to equipment to help them manage any infection control risks. Accident and incident forms were completed and analysed by the registered manager.

People's care needs were assessed and reviewed on a regular basis. Staff received training in subjects relevant to their role and worked with other professionals when needed. People were supported to access food and drink as well as, being supported to live healthier lives.

People's environment was assessed for safety risks and people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and respect and involved about decisions about their care. People told us that staff treated them with dignity and helped promote their independence.

People received care that was personalised to their needs and worked to ensure information was accessible. People were supported, alongside other professionals, when they approached end of their life. People had access to a complaint procedure. However issues were dealt with before they reached that stage.

People received positive outcomes and would recommend the service to others. The provider understood their duty of candour and their regulatory responsibilities. They ensured that they engaged with people, continuously sought to improve and networked with other relevant bodies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 04 August 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

## Follow up

We will continue to monitor information we receive about the service until we 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 

# Zanta Healthcare

## 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 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. They supported the inspector by making telephone calls to people who use the 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.

#### 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 registered manager would be in the office to support the inspection.

#### What we did before the 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. 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. We used all of this information to plan our inspection. We contacted the local authority to ask for their views on the service but unfortunately, we did not receive a response.

The expert by experience spoke with seven people and five relatives prior to the inspector completing the site visit.

### During the inspection

As part of the site visit we looked at three people's care files and three staff files. We looked at various records relating to the management of the service including audits, accident and incident forms, staff training records and risk assessments. We spoke with the registered manager throughout the site visit.

### After the inspection

After the inspection we contacted staff via telephone and email. We were able to speak with one member of staff on the phone and received feedback from three staff via email.

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe being supported by staff from Zanta Healthcare.
- Staff received training in recognising and reporting abuse. One staff member told us, "Zanta preserves safety. Any concerns or signs of abuse will be reported to the manager immediately, as well as the local authority and CQC."
- We observed that at the end of a home visit the staff recorded that the person was left safe in the lounge or in bed and that all tasks had been completed.

Assessing risk, safety monitoring and management

- Risks to people's safety were considered as part of the preadmission process and reviewed on a regular basis. Assessments included people's physical health, their emotional wellbeing as well as, any hazards seen in the environment.
- Risk assessments were completed by the registered manager and discussed with the person to ensure there was an agreement on risk reduction measures put in place. The registered manager informed us that they always completed the first care call to ensure consideration had been given to all factors before the staff commenced working with the person. The registered manager told us, "It is important I know what is expected of my staff so that if something happens I can advise them in the right way."

Staffing and recruitment

- People were supported by sufficient numbers of staff. People told us that staff would advise them if they were going to be late and we received no reports of any missed calls.
- Staff were recruited following the application of safe recruitment procedures. Staff qualifications, experience and background were examined as part of that process.
- Staff's right to work in the UK was considered by the registered manager. Visa dates were monitored to ensure staff had continuous legal status.

Using medicines safely

- People received their medicine as prescribed. Several people managed their own medicine and other people were supported by the staff to manage their medicine on a daily basis. One person told us, "Staff make sure you have your tablets in the morning and in the evening."
- Staff had clear guidance in place to support them when giving people their medicine and understood when and why, it was required.
- The registered manager reviewed people's medicine records as part of their audit process. They highlighted any concerns such as missing information or missed signatures and took steps to investigate and put right.
- A clear process was followed if staff were involved in a medicine error. If necessary, staff were supported to

refresh their training.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons which they used when supporting people with their personal care.
- The registered manager had a system in place to ensure staff had adequate supplies of PPE in order to reduce the risk of cross contamination occurring between the various people supported.

#### Learning lessons when things go wrong

- Accidents and incidents were considered by the registered manager. Trends were reviewed and if necessary care plans and risk assessments were updated to mitigate any further risks..

# 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 care was assessed, reviewed and monitored by the registered manager. The registered manager met with people when they were first referred to the service and gathered the necessary information. They then kept in regular contact with people and the staff team to ensure the care continued to meet expectation and delivered the agreed outcomes. One relative told us, "They set up the care plan at the outset. The manager comes out and talks it through and asks questions. They write everything down and then sends us an email."

• Within people's care files we saw examples of best practice tools being used to assess various needs such as skin integrity and nutrition.

• People's care plans documented what they could do for themselves and where staff needed to support them. Staff told us the care plans contained enough information for them to be able to do their job well.

Staff support: induction, training, skills and experience

• Staff received training in the compulsory subjects required for their role. One person told us, "Staff know what they are doing."

• Staff completed training which was a mixture of face to face, online and distance courses. One staff member told us, "The training was definitely helpful, it has given me the skills to work safely in the environment and ensure that clients experience is a good one." Another staff member told us, "The training is good, but I do wish some of the courses were over a longer period of time, as it is a lot to learn in one go."

• Staff were supported to develop a career path in health and social care and given support with additional English and maths skills when needed.

Staff working with other agencies to provide consistent, effective, timely care

• Staff worked with various agencies who were involved in people's lives. People were supported when returning home following a admission to hospital. Extra support was offered to ensure people had everything they needed.

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

• People told us that they, or their relatives, generally took care of managing their meals. People advised that staff make them a drink and/or a light snack, if needed. One relative told us, "If there is not enough food in the fridge, staff will flag it up to relatives."

• Staff recorded in people's notes when food or drinks had been prepared to ensure people could keep track of what they had.

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

• People's care was delivered within their own home and the standard of their accommodation was not the responsibility of the provider. However, as part of the initial assessment process a review of a person's environment was completed to ensure staff visiting were safe and able to complete their tasks in an effective manner.

• Any concerns raised via the assessment process were discussed with the person as needed. For example, the safe storage of continence pads.

#### Supporting people to live healthier lives, access healthcare services and support

• People were supported by staff to access healthcare services when needed to promote their mental and physical health. One relative said, "The carers let the manager know when they were concerned about [relative] skin in a certain area. One of the staff members spoke to the manager who then contacted the district nurse on their behalf."

• People were encouraged to improve their health and regain their independence. One relative told us, "Staff have been brilliant with [relative] mobility. They offered them an exercise package to help regain some independence. They do it as an extra in their home and they encourage [relative]."

#### 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

• Staff received training in understanding consent and the application of the MCA.

• Reference was made in care plans regarding consent and an agreement was in place. At the time of inspection people were deemed to have capacity and no one was subject to a DoLS.

# 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

- People told us they were well treated and felt respected by the staff that supported them. One relative said, "Staff are very caring and understanding of [relative]. They are really good with them. They always tell them what they are doing."
- People gave examples of where staff had gone that extra mile to make sure they were ok. For example, doing shopping for people when they cannot get out of the house or giving someone flowers on Mother's Day.

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

- People were supported to express their views on a daily basis. One person said, "They always listen to what I want. They do everything I ask and then ask if there is anything else to do. They are competent and treat me like a person. They make a point of chatting and that makes you feel better."
- The provider ensured that people's routines were clearly documented. This enabled staff to deliver consistent care and ensure the person did not have to keep repeating previous instructions. One relative told us, "Staff know [relative's] routine and they cope with that. [Relative] often gets confused because of the stroke and can be snappy but staff deal with it. They really do care and are not just doing a job."

Respecting and promoting people's privacy, dignity and independence

- People told us that their dignity was preserved and that they were supported with their independence. One person told us, "Staff come together when they shower me. It is all done properly." Another person said, "Staff encourage me with my mobility and they will always do something extra if necessary. I have become a little more independent now and I can rely on them a bit less."
- Staff completed dignity training and understood their responsibilities to the people they supported. One staff member told us, "People's needs, and preferences always come first. Caring for the clients includes respecting their dignity and beliefs to provide a high quality of care, which is Zanta's main purpose."

# 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.

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

- People received care that was personalised to their needs. The registered manager explained how they worked with people to ensure care plans were always reflective of their current needs and wishes. People's care plans were adjusted when their needs and wishes changed.
- Care plans contained information about people's history and personality. This helped staff develop a stronger relationship with people as they were able to engage in meaningful conversation.
- People had goals and aspirations that staff supported them to achieve.
- People told us the service was flexible with them when they needed to make a change. One relative said. "We have had hospital appointments. We have told the service, and they have fit in the visits around the appointments. We keep them well informed, in advance and they are flexible."
- People's care plans contained information about people's protected characteristics such as their race, religion and sexual orientation.

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.

- People were all given a copy of the service user guide which outlined all the information they could need about Zanta Healthcare and how the service operates. Within the document it was highlighted that if any information needed to be accessed in a different format that it would be facilitated. At the time of inspection no one had requested an alternative format.
- Staff told us they used a range of communication styles when speaking with people. One staff member told us, "I am very confident to communicate with the clients. It is very important to be a good listener as well as talking to them. I use various communication skills, such as pictures, writing and also body language."

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 in their own home and maintained their own relationships. However, people reported the staff spent time talking with them and building up relationships. One relative told us, "One of the carers that we already knew and with whom [relative] had built up a nice relationship now comes as an extra for two hours in the afternoon once a week."

Improving care quality in response to complaints or concerns

- People had access to a complaint procedure. However no formal complaints had been received by the provider in the past 12 months.
- The registered manager told us they speak to people frequently and staff will always ring if there is the smallest concern so that they can resolve things straight away. All the staff we spoke with said any concerns they raised were dealt with straight away.
- People confirmed that any concerns raised were dealt with. One relative said "Last week I was getting people coming too early in the afternoon. I had a word with the manager and it's better this week."

#### End of life care and support

- At the time of inspection there was no one in receipt of end of life care. Care staff had not received training in this area. However, previously they worked alongside the relevant professionals so that they could continue to support a person through this stage of life.

# 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 told us they would recommend Zanta Healthcare to other people due to the level of service they received. One person said, "I would recommend them because of the level of care they give." People were positive about the staff, the registered manager and processes in place.
- People were supported to maintain their independence and achieve any goals they set for themselves.
- Staff told us they felt well supported by the registered manager and were able to develop themselves in the role. One staff member said, "Working with Zanta helped me to gain experience, build up my confidence and learn new skills."

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 understood and acted upon their duty of candour. People, families and staff all reported information was shared when something went wrong.

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

- Staff and managers were clear about their roles and responsibilities. Areas where there might be concerns such as late or missed calls were closely monitored. Some people did report staff were occasionally late due to traffic or the previous call. However, all stated they were kept informed of delays and calls were never missed.
- Regular audits were completed on care plans, medicine records and staff practice. Any actions highlighted from the audits were actioned in a timely manner.
- Checklists were used in staff files to ensure the key information was included and that regulatory requirements were met.

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

- People told us that they were in frequent contact with the registered manager and engaged in conversations about the service. One person said, "I have spoken with the Manager. They come out to see me occasionally and asked how things are going." Another person's relative told us, "The manager visits or calls on the phone at least one a month. We never feel the need for a questionnaire."
- Within the service we saw that questionnaires were completed on a consistent basis and feedback was

analysed for trends and action taken, if necessary.

#### Continuous learning and improving care

•The registered manager was a member of various networks from both the social care and the business sector. They told us, "The networks provide me with support. It's good to get support from people in similar roles and as well as, stay up to date on best practice and changes in the sector."

#### Working in partnership with others

•The service worked in partnership with the local authority and any other stakeholders.