

Zeno Limited

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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

This was an announced inspection which took place on 9, 10 and 14 January 2019. We had previously carried out an inspection in November 2017 and found that service was good in the domains of caring and responsive but requires improvement in the safe, effective and well-led domains. The service was rated as requires improvement overall. At the last inspection we identified three breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

The breaches we identified at that time were in relation to failure to deploy sufficient numbers of suitably qualified, competent persons to deliver care; a failure to ensure staff received appropriate support, training, professional development, supervision and appraisal; and quality assurance systems were not effective in identifying and generating improvements in relation to the shortfalls we identified. We also made recommendations about staff awareness of safeguarding protocols and record keeping for mental capacity assessments. Following the inspection, we asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions, is the service safe, effective and well-led to at least good.

At this inspection we found that improvements had been made and have rated the service good in all domains.

Zeno is registered to provide personal care to people in their own homes. The service specialises in providing support to people with a learning disability and complex needs. Support is provided both to individuals and to people living in small group settings. At the time of our inspection there were 46 people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. 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 service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to delivering quality care to people with complex support needs.

Staff had been safely recruited and there were enough staff to meet people's needs.

Staff received induction, training, supervision and appraisal to help ensure they were able to deliver effective care.

People told us they felt safe and there were appropriate safeguarding policies in place, and safeguarding concerns were fully investigated.

People's records demonstrated that the service was working within the principles of the Mental Capacity Act. People had individual capacity assessments which were detailed and decision specific.

Quality assurance systems in place were used to drive improvements within the service. These included audits of care records, staff training and development, medicines and environmental checks.

Information from accidents, incidents, safeguarding and complaints were analysed for themes and trends and action taken to minimise future risks to people.

People received support from consistent staff teams who knew them well and worked creatively to support their needs.

People who used the service, depending on their ability, were responsible for household tasks in their own homes with support from staff as necessary. Independence and choice was promoted.

Systems were also in place to reduce the risk of cross infection, dependent on individual needs, and the homes we visited were clean.

People's care records and risk assessments were person-centred and detailed and staff told us they provided them with all the guidance necessary to best support people.

People were supported to have daily access to a wide range of community activities.

People were supported to communicate according to their communication preferences which included pictorial exchange communication systems (PECS) and Makaton.

Adaptations to the environment had been made to ensure people's homes were safe and suitable for their individual needs.

Staff told us they enjoyed working for Zeno and felt well supported by the management team.

People, relatives and staff felt able to contribute ideas about the service and felt these were listened to and action taken.

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 ●

Risk assessments were in place which guided staff on how to manage a wide variety of risks.

Suitable systems were in place to enable the safe recruitment of staff.

There were appropriate safeguarding and whistleblowing policies in place.

Is the service effective?

Good ●

Staff accessed a wide range of training to support them in their job role and felt supported within their roles.

The service was working within the Mental capacity framework and appropriate assessment and consideration of capacity were in place and authorisation where restrictions were required.

The environment had been adapted to meet the needs of the people.

Is the service caring?

Good ●

People and relatives were very positive about the support staff provided.

We observed staff support people in a positive way.

People had choice within their daily lives and their independence was promoted.

Is the service responsive?

Good ●

People were supported to access the community and a range of activities which were person centred and based on their interests.

Care records were detailed, holistic and person-centred.

New technology was used to help support and promote independence.

Is the service well-led?

There were systems for auditing and oversight. Analysis of themes and trends was completed and subsequent lessons learnt.

Staff were very positive about working for the provider.

There were a variety of forums in which people, families and staff could give their views which including family forums, reviews and meetings and newsletters.

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Detailed findings

Background to this inspection

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 9, 10 and 14 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available. We visited the office location to review care records, policies and procedures and visited six of the services homes. The inspection team comprised of one adult social care 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 service. The expert by experience had personal experience of adults, children and young people who use health, mental health and care services both within community and residential settings.

Prior to our inspection we requested a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and local commissioning teams to obtain their views about the service. We contacted Healthwatch which is an independent organisation which collects the views of people who use health and social care services for any feedback they had received. This information was used to identify key lines of enquiry as part of the inspection.

During the inspection we obtained feedback from two people who were receiving support from the service, and spoke with 10 relatives on the telephone to gain an understanding of their views of the service and quality of support that people were receiving. We spoke with the directors of service, one of whom was the registered manager, the learning disability nurse and two members of the human resources team; four deputy registered managers; five team managers, and nine care staff.

We looked at 11 people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; eleven staff personnel files, staff training records, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At the last inspection we found that the service requires improvement in the safe domain. This was because we found that there were not always sufficient staff to meet people's care and support needs. At this inspection we found that the issues with staffing levels had been addressed, there were sufficient staff on duty to meet people's care needs and have rated the service as being good in this domain.

We spoke with staff about their view of staffing levels. Staff confirmed they felt there were enough staff on duty and told us, "There is enough staff, so when you are on duty you are able to focus on the individual you are supporting." Staffing rotas indicated that there were sufficient staff to meet people's needs, and that this was tailored to the individual's personal needs and activities and plans for the day. We saw that staff had access to a detailed document for each location and supported person which provided information about what level of staff support were required. This provided staff with clarity and helped provide as required, in the form of the team manager and deputy registered manager who were often available on-site, and through the on-call system which covered out of hours.

We looked at how people were protected from harm and found the service had suitable policies and procedures in place. We saw that each location had information about safeguarding and whistleblowing available within the unit for staff and people to access. Staff told us they had completed safeguarding training and received regular updates. Our conversations with staff demonstrated that staff understood different aspects of abuse and knew what action to take if they had concerns. Staff told us they felt able to raise concerns and were confident that these would be appropriately addressed by the management team. We received an anonymous concern regarding safeguarding following the inspection and shared this information with the registered manager. The registered manager was quick to investigate the information and act to reduce the risk of future occurrence. Records also demonstrated that when concerns in relation to safeguarding were identified these were fully investigated, action was taken and lessons were learnt.

People told us they felt safe and said, "Staff are always there when you need them" and "I'm looked after, I felt safe with staff and they help me." Relatives told us, "I know [family member] feels safe," "We have peace of mind knowing [family member] is safe" and "I think [family member] is safe, if I had any concerns I would let them know, you can ring them anytime."

We spoke with the registered manager about how they ensure they can safely support people prior to agreeing a package of care. We found that a variety of staff from the service were involved in the assessment and transitional process and that careful assessment, discussion and planning took place before people began accessing support. One person told us, "We came for a look around at the service and met with the company directors who showed us around."

There were a variety of risk assessments in places which included person specific risk assessment management plans (RAMPs) which were specific and provided staff with guidance on action to take to reduce risk. These helped staff to support people to safely access the community, promote independence, choice and offer opportunities for social and private activities. There were generic and environmental risk

assessments in place for areas including medication, moving and handling, fire and electrical safety and legionella.

There were suitable checks of equipment including electrical and firefighting equipment and we saw that risk in these areas had been fully risk assessed. Staff completed training in fire safety, and fire drills and evacuations were completed within each home. Each person had a specific personal emergency evacuation plans (PEEPs) in place to guide staff as to how to support them in emergency situations such as a fire. This included details of how to communicate with the person and how to support and reassure people who may struggle with such situations and the changes in routine,

We found the service had systems in place to protect people from the risk of unsuitable staff being employed. The provider had detailed policies and procedures to support the safe recruitment of staff. We spoke with staff who confirmed that these policies had been followed and they had completed an application, attended interview, completed a trial shift and that references and checks with the disclosure and barring service (DBS) had been sought. We viewed recruitment records which also evidenced that appropriate procedures and checks were made prior to a member of staff beginning to work with people.

We saw there were suitable procedures in place to promote good infection control practice. Staff had received training in infection control and supported people to be independent and maintain a clean environment when possible. One relative told us, "I'm so relieved they keep it clean, they are always cleaning...they encourage [family member] to keep their room clean." We visited six people's homes and found them to be clean and have suitable environment and adaptation to promote good hygiene and reduce the risk of people becoming unwell. This included specialist furnishings to meet the complex needs of the people living there whilst creating a comfortable and homely environment. One relative told us, "It's a really good environment, my [family member] has autism....It's a very good home environment."

Arrangements were in place to ensure the environment was deep cleaned on a regular basis and staff had access to personal protective equipment (PPE) such as disposable aprons and gloves to reduce the risk of cross infection when supporting people with personal care.

Prior to the inspection the service had sent us several notifications in relation to medicine errors and as a result we had spoken with the registered manager about how they were safely supporting people to take their medicines. The registered manager and staff team had undertaken analysis of the information to look for themes and trends and taken a number of actions to ensure that people were safely supported in this area. This included researching medicine administration systems and identifying a suitable bio-dosing system which had recently been introduced to several services. This was being rolled out throughout all the provider locations. We saw that there had been no medicine errors following the introduction of the new system and staff spoke positively about the new system. They told us, "The new system is much better", "Things have improved" and "This system is much better, more hygienic too." We saw that staff received training in the administration of people's medicine and had their competency assessed. Staff told us, "The medication training was sufficient."

We reviewed people's medicine administration records and found that these records were being accurately maintained. There were protocols in place for 'as required medicines' (PRN's) which provided staff with guidance as to when to administer these types of medicines. This included information about how the person communicates pain, how to monitor the impact of the medicine and what action to take if the person refuses this medication. PRN medicines are medicines that are given as and when required, such as paracetamol to relieve pain. An on-call system of delegation was in place to ensure decisions to provide additional medicine to people was appropriately and safely done. On-call staff had access to detailed

information regarding the needs of all the people who were being supported by Zeno.

There were suitable systems in place to ensure sufficient levels of medicine were available for people and that these were stored appropriately. We saw that daily checks of temperature were made to ensure that medicines were stored according to the storage guidance and ensure that people's medicine remained effective.

The service kept records of all accidents and incidents. These were analysed for themes and trends and subsequent actions and lessons learnt were shared through a variety of meetings and forums including; deputy registered manager meetings, team manage meetings and staff meetings.

Is the service effective?

Our findings

At the last inspection we found that the service was not always effective. This was because we found there were gaps in the training that staff members completed. At this inspection we reviewed the training staff completed and found that sufficient improvements had been made in this area.

Staff told us they completed regular training, both face to face and through e-learning. We looked at the training matrix and saw that staff had all received up to date mandatory training. The training matrix provided detail as to how frequently each subject area should be completed by staff. There were a variety of process to ensure the provider had oversight had of training and was able to plan to ensure staff training was always current. This included auditing and oversight from the human resources team, and allocated responsibilities for the deputy registered managers and team managers to have oversight for staff based in their allocated locations.

Relatives felt staff were well trained and said, "They seem to know what they are doing" and "The majority of staff are well trained...it's much improved."

Staff we spoke with were positive about the induction and training they had received us. They told us, "The training was useful, we focused on things like promoting independence and preparing for the job", "We do ongoing training such as on autism and mental health, we also learn from each other" and "Ongoing training is good, it keeps everything fresh." We looked at the systems for induction for new staff and found there were clear processes to support staff when they first began working for the organisation. This included a trial shift, full five days of training which covered medicines, safeguarding, mental capacity, first aid and management of actual or potential aggressions (MAPA) and the shadowing of staff within the home. One staff member told us, "I got to shadow for about two weeks, it gave me a chance to learn what to do." Another staff member said, "I shadowed more experienced staff, I got to read the files and care plans and get to know the supported people."

New staff were supported to complete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff progress was monitored and staff were supported to complete this as part of their probationary period of employment.

Staff members told us about specific training that they had received to enable them to understand the complex needs of a person transitioning to service, for example in relation to complex mental health issues and learning disabilities. However, one member of staff told us, "I would like to do a bit more training around mental health." We spoke with the registered manager about specific training and they were aware this was a gap for new staff and there was ongoing work in relation to training and information for staff.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedure for this type of support service is the through the Court of protection deprivation of liberties safeguards (DoLS).

At our last inspection we found that capacity assessments were not consistently in place within people's care records. At this inspection we found this issue had been addressed. We saw that people had detailed capacity assessments which were decision specific, such as capacity to consent to personal care, medication, restraint and finances. There was a detailed overview of restrictions in place for each individual and information about how least restrictive options could be escalated, such as the use of restraint, only when required. There were records that best interest meetings had been held and relevant parties including family or advocates and health care professionals had been involved. There was appropriate documentation from the Court of Protection in place to ensure restrictions were legal authorised as required.

Training records evidenced that staff had completed training in MCA and DoLS. Staff we spoke with had a good understanding of this and how to support people in the least restrictive way.

People we spoke with told us that staff promoted choice and sought consent before offering support when this was possible. One person told us, "They take me places I want to go...staff support me with anything that I need support with" and another said, "Staff always ask for consent... I get choice." People agreed that they were involved in developing their own individual goals.

We looked at how the service was working with other organisations and found that there were close working relationships. This included a wide range of community services and activities which were all fully risk assessed. One person told us, "[Staff] encourage me to try new things...they encouraged me to start going to the gym which I really enjoy" and another said, "Staff helped me to get on a [educational] course" and "The best thing is the freedom, I am able to do what I want within reason."

Relatives told us, "They have such a lot of activities" and "My [relative] had a cough, they contacted me straight away and they took us for a GP visit together." We saw support plans which demonstrated that consideration of people's health needs had been considered and health actions plans were in place to promote healthy lives. These covered a variety of health issues included optical and dental health.

Staff gave us examples of how people had been successfully supported to access health care settings, such as the eye hospital and dental hospital. They told us that in the past some individuals had not been able to access these due to their complex needs but through care planning appropriate support had been provided to enable success appointments. We saw the records which detailed how support in these setting would be provided, and staff told us they had all be able to contribute to this planning as part of a team.

We looked at how the environment was adapted to meet people's needs. People with a variety of complex needs lived in each of the homes we visited had and work had been undertaken to personalise and make each person's living space suitable. Some people's bedrooms were personalised and had murals and personal objects that reflected their personal interests whilst others required a more minimalistic environment with less stimulation, or a more robust environment which reduced the possibility of personal or property damage. The provider had sourced robust furniture, as required, within people's homes and vehicles to enable them to have independence where possible. There had been investment in a finger print scanner to enable people to have free access to their bedrooms, and in other homes we saw simple number

locks were in place to support people to have privacy and independence. In one home there was a hot water system rather than kettle which enabled one person living there to be able to make hot drinks independently.

The registered manager advised us that consideration was given to the environment prior to a person transitions to support with Zeno. This included consideration for the impact of the other people living with in the home, where a share home arrangement was being considered.

We looked at how people were supported to eat and drink safely. We found there were detailed records which guided staff in this area. These covered how to support people with weight, diet and risk of choking. For example, one record noted, 'I eat well but staff should support me with my portion size and encourage me take 2 or more fruits per day and a variety of vegetables' and 'remind me to slow down and cut my food into small pieces.' People and relatives told us that independence was promoted in this area and one person told us, "Staff support me to get my weekly food shop" and "They have encouraged me to start cooking." Care records reflected this and where possible people were supported to access the kitchen and help prepare meals. There were detailed care plans and risk assessments in place to guide staff on how to safely support people in this area.

The learning disability nurse provided senior staff with training to ensure any issues related to malnutrition and dehydration were quickly identified and addressed. People's food and fluid intakes were recorded and weight was regularly monitored to identify any risk or changes in people's needs.

Is the service caring?

Our findings

At the last inspection we found that the service was good in this domain and at this inspection we found evidence continues to support a rating of good in this domain.

People told us that staff were kind and caring and said, "The staff team is very chatty, which is a good thing and are very helpful and are always polite" and "I'm happiest here." Relatives were very positive about the care and support their family members were receiving. They told us, "They treat [family member] nice", "They are a bunch [of staff] that go above and beyond to make [family member] happy", "They are really good with [family member] ... definitely in the right place" and "We've had doubts about the care we've had in the past...but not with this company. They really do care."

We spoke with the registered manager about how the gender of staff was considered when allocating support tasks with people. The registered manager told us that generally people were supported by staff members of the same gender, particularly when out in the community in order to protect people's dignity. Through the inspection we became aware of a couple of examples where people had been supported by staff of the opposite sex whilst out in the community. We feed this back to the registered manager who advised this information was in care plans but that support from staff of the same sex was the common practice. The registered manager told us that following inspection they discussed this with the deputy registered managers and ensured that people's care plans were reviewed to reflect gender preference if applicable.

Our observations of care during the inspection found that staff treated people with respect and dignity. We saw that people were treated kindly and calmly even when displaying behaviour that was deemed to challenge the service.

The staff we spoke with demonstrated they are committed to the people they were supporting and committed to the Zeno ethos of supporting people to engage in a variety of activities. We saw people were supported to engage in a variety of activities daily. Staff gave us examples of how people supported by the service had developed and become more independent which included supporting people with continence and life skills. One staff member told us, "The team have done extraordinary work." Another said, "Staff are all very positive about people." The staff were positive about the job and told us, "We've a positive approach to risk, if we have ideas about something a person might like to do, we get to try it."

Staff told us, and people confirmed, that staff would always knock before entering a person's room. People were supported to have time and space alone, as well as being encouraged to engage with staff and access a range of activities.

People and relatives told us that independence and choice was promoted. Relatives told us, "[Family member] chooses their own clothes, they play music together" and "They support [family member] to do thing themselves". One person told us, "The staff team are absolutely brilliant" and "Staff are very friendly and interactive with [the people using the service]."

We saw that there were a variety of adaptations to support people to become independent and promotion of independence was reflected throughout people's support plans. Where possible people were supported to be involved in developing their care plans. One person told us, "[Staff] go through my care plans and risk assessments with me every time it needs changes or to go over it and explain it all to me so I understand. They ask me what I need help with and what type of help I would like from staff then it gets added to my support plan or assessment and staff are informed of any changes to this, so they know best how to support me."

People all had care records which detailed preferred communication methods and this was detailed within all care records including health action plans and individual support plans. During our observations we saw that staff used a variety of different communication aids which included Makaton (a sign and symbol language similar to sign language) and pictorial exchange communication system (PECS).

The manager advised us that the service would arrange for advocates to be involved in people's care and best decision meeting where appropriate. However, generally families were involved with people's care and acted in the role of advocate.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. Records demonstrated that staff had received training in equality and diversity and the service had investor in diversity accreditation. To be accredited the service was required to demonstrate fairness for all in the work place by embedding equality, diversity and inclusion. The service had suitable policies and procedures in place and staff were able to demonstrate how people were supported in this area. For example, the service celebrated a variety of religious festivals from different faiths and supported people to maintain their religious and cultural heritage.

People's care records were securely stored with in their home and people's confidentiality was protected. The service had processes in place to enable it to work within the general data protection regulations (GDPR).

Is the service responsive?

Our findings

The last inspection found the service to be good in the responsive domain and at this inspection we found the evidence continues to support a good rating in this domain.

We looked at how the service provided person-centred care that was responsive to people needs and saw that people had current and relevant care and support plans in place. One person told us, "[Staff] go through my care plan and the risk assessment with me every time it needs changes." Relatives told us, "They will contact me if anything had changed or anything has happened", "We receive a report each week its always clear on what [family member] been doing. We can raise anything we want and change things if we need them to" and "I ask any questions that I want and they'll act on it."

People had personalised and detailed plans of care which included health action plans, positive behaviour support plans, crisis management plans and risk assessment management plans. These covered all areas of a person's needs and were person-centred and detailed. For example, Health Action Plans (HAP) are documents that state what is needed for a person to remain healthy, including the support which a person may require and focus on physical and mental health needs. Staff told us they found the care records provided the guidance they needed to safely support people. They told us, "Care plans are good, they are reviewed regularly and are very specific and person-centred," "The care plans tell us everything we need to know" and, "If anything changes care plans are changes straight away." Staff told us they felt involved in contributing to developing people's care records and said, "Staff are always involved, suggesting activities, ways to promote independence." We observed that staff knew people and their care needs well.

People's care needs were formally reviewed regular and relevant people were involved. Relatives told us, "Yes we have written reviews and when we go there they show is photographs and tells us about the service" and "They have annual reviews, it's sort of a conference, they show us pictures of what's going on there, including things that have been made, displays and photograph albums."

We saw that people were out in the community and supported to engage in a variety of activities throughout the week. These were clearly detailed in people's care records and including swimming, horse-riding, walks and specialist life skills education, training. People told us they got to do a variety of activities and staff encouraged them to try new things. One person told us, "I get to do lots of things, bowling, swimming, the gym, and I like going shopping." Another told us, "They encourage me to go to start going to the gym which I really enjoy." Relatives told us, "We go on great holidays together, they plan it, it's really well planned" and "We have such a lot of activities." Staff confirmed this and said, "There's a good range of activities, we are improving quality of life for the people living here and there are lots of resources put in."

We saw that the service arranged holidays and various activities for people to access. This had included a football party, house warming party, garden party and EID celebration. Family and friends were encouraged to be involved in these activities and staff told us how these were carefully planned to ensure people were supported safely to access them. For example, consideration of timing and the environment for those who required a quieter less stimulating environment and adaptations made.

People told us their friends and family were welcomed when visiting. One person told us, "My friends are always welcome when they come to visit." Relatives told us, "[Staff] are very obliging, I have a very good relationship with them" and, "They made me feel so welcome."

The service used various technologies to support people to be independent and ensure appropriate care. For example, we saw they the service had resourced suitable toughened furnishings and equipment so that people could be safely supported in their home and vehicle. They used various technologies to ensure that people with specific needs such as epilepsy had appropriate systems to meet these needs, such as sensors and alarm systems.

There was an appropriate complaints procedure in place and any complaints were managed and monitored to look for themes and patterns. We saw that each home location kept records of complaints and that these were suitably investigated by senior management and that action was taken. We saw that any concerns were discussed with staff as part of team meetings and updates provided. Relatives told us, "I have no problems at all" and "I can complain, but there is nothing to complain about." We spoke with several deputy registered managers who told us they worked closely with family members and try to address concerns quickly. The service also maintained a compliments log and we saw that a number of compliments were received regarding the quality of care and staff team.

At the time of the inspection the service was not supporting anybody at the end of life. We saw evidence that the service had reflected on end of life care and had begun to have these conversations with people and their families. At the time of inspection some, but not all, people had end of life plans in place and the registered manager and the team were continuing to complete work in this area. We looked at one person's end of life care plan and found that people and significant others had been involved in developing the end of life care plans. The plan covered all areas in relation to end of life care and were individual and personalised.

Is the service well-led?

Our findings

At our last inspection we found the service requires improvement in the well led domain. This was because we found the systems for quality assurance were not sufficiently robust to ensure that concerns were quickly identified and addressed. At this inspection we found the provider had developed a structure within the organisation to ensure concerns were quickly identified and addressed.

The service had completed a mock CQC inspection. We viewed the feedback that had been given to the units we visited and found that any areas of concern had been rectified by the time this inspection was carried out.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. 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. There was a registered manager in place who was also one of the directors. There were six deputy registered managers who were responsible for support the registered manager.

People were positive about the service. One person told us, "Zeno is an absolutely outstanding care provider and is absolutely fantastic towards its supported people." The relatives we spoke with agreed and said, "I can speak to anyone they are so approachable when I visit and offer support" and "I'm impressed with the genuine concern and care provided, meeting the complete individual needs of the service users."

Relatives were particularly positive about the management team and said, "I highly regard the manager for looking after my [family member] individual needs and embodying person-centred care", "I can't commend the managers highly enough, one in particular whose attention to detail is excellent. They have genuine concern for the complex needs of individuals" and "The manager is a dedicated, moral person." Staff told us, "Management are always available."

We spoke with a number of deputy registered managers and team managers. They told us the service provided them with the skills and knowledge to undertake their roles which had include training in supervision, conflict resolution and National Vocational Qualification (NVQ) level 5.

At our last inspection we received conflicting views from staff about management approach and the culture of the organisation. The registered manager told us that significant work had been undertaken in this area, but recognised that there was still work to do.

The staff we spoke with were positive about the improvements that had been implemented. Staff told us, "We now have continuity of staff, it's a nice place to work. They look after you", "There's been a massive improvement in the culture of the organisation", "I wouldn't want to be anywhere else" and "There had been a lot of change but it's all been very positive."

Staff told us that they received support and debriefs from their manager if they had been involved in an incident. The general view was that this was positive and supportive, and staff told us, "The support you get is all very positive." One staff member did comment that they would like more support in this area.

All the staff we spoke with told us they felt able to raise concerns and that these were responded to. Staff told us, "Things have improved, staff are very much listened too and feel involved", "They are really good at responding to ideas" and "It's a great job, you get satisfaction and any concerns have been dealt with."

Staff told us that communication throughout the service was good, saying "Communication is excellent." We saw that there were a variety of different meetings in place to improve practice and share learning. This included meetings with the registered manager, meetings for deputy registered managers, meetings for team managers and staff meetings. Staff told us these meetings were useful and provided updates and the opportunity to discuss learning and reflect on practice. We look records from these meeting and saw that learning and good practice was shared.

Staff told us, "There's a good structure in place, everything gets dealt with." The registered manager showed us the systems that had been put in place to increase lines of accountability. We could see that a variety of audits were in place to provide good governance. This included reviews of care records, staff records, medicine audits and environmental checks. Information from complaints, concerns, accidents, incidents and safeguarding were analysed for themes and trends and records of lessons learnt were maintained and share with staff in meetings. Notifications were being sent to the CQC appropriately by the registered manager and their team.

The service had recently reviewed and updated policies and procedures to ensure they reflected and were suitable for the specific and complex needs of the service's client groups. These polices provided guidance to people using the service, their families and staff and included areas such as recruitment and responding to safeguarding.

The registered manager spoke to us about the challenges and plans for improvement for the service. These included embedding the changes within the culture of the organisation and improving systems. They were committed to driving changes and improvements throughout the organisation. We saw that the ratings from the last inspection was displayed both within the office and in people's homes. This information was also available on the provider's website with a link the last inspection report.