

Zenith Health Care Northwest Ltd

# Zenith Health Care Northwest

## 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

Zenith Health Care Northwest is a domiciliary care provider. It currently provides personal care to adults and older people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service supported 5 people with personal care.

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

Zenith Health Care Northwest provided person-centred care and this was reflected in the feedback we received about the service. There was a high level of satisfaction with the service. One person told us, "[Staff] are very kind and compassionate. I look forward to them coming, they chat and joke with me. They are respectful and treat me with dignity and privacy. As far as I am concerned, they are everything I could wish for."

People received safe care and support. Staff understood how to safeguard people and when to raise concerns. Staff were recruited safely. Risks associated with people's care were assessed and monitored. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

Assessments were person centred and care was responsive to people's needs. Promoting people's independence was integral to the support provided. The staff were motivated and well trained to carry out their roles effectively.

The service was well led. The registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service met people's assessed needs.

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

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

This service was registered with us on 9 November 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 ●

# Zenith Health Care Northwest

## **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 Health and Social Care Act 2008.

#### 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 January 2022 and ended on 30 January 2023. We visited the location's office on 12 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 14 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### What we did before inspection

We spoke with 1 person and 3 relatives about their experience of the care provided. We spoke with 5 care staff including the registered manager and the deputy manager. We reviewed a range of records related to people's care and support. We looked at 2 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 of this newly registered service. This key question has been rated good. 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 felt safe using the service. One relative told us, "[Family] is absolutely happy with the carer, [staff] are like family to [family]. [Family] feels very safe with them".
- Staff completed safeguarding and whistleblowing training. They knew how to identify and report any concerns and were confident to report to outside agencies if required.
- The registered manager understood their responsibility to report safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff told us there was an open culture and they were able to raise concerns with the registered manager if required.
- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred.
- Care plans were clear and recorded risks to people and provided clear guidance for staff to follow. Staff told us, "Yes, the risk assessments give me the confidence to provide safe care".

Staffing and recruitment

- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced. Health declarations for new staff were not in place. The system was adjusted during the inspection to include this.
- Visits were on time. People could bank time for future use if a visit did not use all the allotted time. A relative told us, "[Staff] arrive on time and stay for the full duration and will stay later if they are needed".
- Staff told us the rotas worked and that they had time to complete visits and to travel. One staff member told us, "Yes, and there is enough time between each visit and there is enough time to talk, it is really good. The registered manager made this clear at the interview, that the emotional side is important and we will have time to spend with people."

Using medicines safely

- Staff who administered medicines had been trained to do so and the registered manager completed annual competency checks and regular spot checks to ensure correct procedures were followed.
- Effective oversight was in place including a regular schedule of audits.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely.

- Staff had received training in how to prevent and control infection.



# 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.

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

- Senior staff completed an assessment of people's needs to determine if their needs could be met by the service.
- Care plans contained person-centred information about people's likes and dislikes and their preferred routines.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff completed an induction when they commenced employment. This included mandatory training, shadowing experienced staff and competency checks carried out by senior staff.
- More specialist training had been completed for areas such as catheter and stoma care.
- Staff who were new to care, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All the staff we spoke to were positive about the support they received including the induction and the training opportunities available.

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

- Staff received training in food safety and hygiene.
- People had nutrition and hydration care plans where required.

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

- We received positive feedback about the care provided. People and their relatives told us, "[Staff] are very effective in everything they do" and "[Staff] are well organised and responsive to my care needs according to my care plan."
- People were supported to access health care and people were supported to attend appointments if required.
- People had a document called 'This is Me' in their care plans, to support other health and social care professionals, to ensure support was provided in the way they needed.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- The service had a comprehensive policy in place. Care plans contained information about consent, capacity and decision making.

# 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. They told us, "[Family] is very happy with the [staff]. We are both completely satisfied with everything about the service. [Family] has only been with the service 1.5 weeks but they have been such an improvement on our previous experience".
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.
- Each section of the care plan focused on what people could do independently.
- Staff explained how they promoted people's privacy, dignity and independence.
- The staff we spoke to were all positive about the culture of the service. One staff member told us, "It is a good place to work. It is nicer than the place I left. There is a nice caring culture at the service. All the staff I work with on visits are caring. The manager and office staff are also caring."
- People had the opportunity to try new experiences, develop new skills and retain independence.

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

- People and their relatives told us, "Staff are great with [family], brilliant. Very communicative and I sometimes heard [family] singing quietly when they were here" and "Absolutely very responsive to all my personal and care needs."
- The registered manager had good systems in place to ensure there was good communication in place to listen to people and their families/partners.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, such as cultural or religious preferences.

# 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

- Care plans were person centred and identified what was important to people.
- Everyone we spoke to was happy with the care provided. A relative told us, "They are really responsive to all [family] care needs and are supportive in every way."
- Staff told us the care plans were clear and gave them the confidence to provide good care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed the five steps of the accessible information standard.
- Care plans documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with people. This ensured people had access to information in a form that met their assessed needs.

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

- The service provided social time and support to access the wider community where required. People were supported to access new activities if they wished.
- The service successfully supported people to be more active in their local community. One person who became socially isolated during lock down is now supported to go out regularly.

Improving care quality in response to complaints or concerns

- People and their relatives were happy with the care provided and felt able to raise concerns if they had any. They had raised no concerns with CQC.
- A complaints policy was widely available on request. The service had not received any complaints since registering with CQC. The registered manager agreed people would have information on how to raise a safeguarding and how to contact CQC if needed in future.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.

- Care planning gave people and their relatives the choice to explore this area if required.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture throughout the service. This was demonstrated in practice by the improvements made to people's lives.
- The service received positive feedback from people, relatives and staff.
- People and relatives told us, "The management, staff and carers are fantastic, very professional. I can't credit them enough for their organisation. I would recommend them, 100%. I have no complaints or issues, they assure me by the comfort and excellent care they have all provided and "The company is very well led, managed and organised. I have not needed to contact the office, I have no complaints or concerns. I absolutely could not be happier, I can't speak highly enough of them. I would recommend them."
- Staff told us they felt valued and enjoyed working for the service. Comments included, "The registered manager has the right value base to provide excellent care. We aim to give the best possible care" and "Yes, I have worked in care for a long time. Sometimes we are not valued but in this job I am".
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was hands on and respected by the staff. They received good support from the provider and there was a clear focus on improving and growing the service.
- Governance processes were effective. A system of regular scheduled audits was in place. Actions were identified for any shortfalls found.
- There was a strong focus on person-centred care and supporting people's independence.
- The staff team had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Working in partnership with others

- The service worked collaboratively with other local community health services.