

Zeno Limited

# Zeno Limited

## Inspection report

18A Riverview  
The Embankment Business Park, Heaton Mersey  
Stockport  
Cheshire  
SK4 3GN

Tel: 01617960360

Date of inspection visit:

09 August 2023

10 August 2023

11 August 2023

16 August 2023

Date of publication:

05 October 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Zeno Limited is registered to provide personal care services to people in their own homes or supported living. People the service supports have a range of needs including learning disability, autism and complex needs.

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 the inspection there were 57 people receiving personal care which was overseen by 4 registered managers across 19 supported living houses.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People were not always supported to have maximum choice and control of their lives and staff were not supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests. People were not always protected from the risk of harm; we identified several potential environmental hazards. People were able to choose how they spent their time and were supported by staff to take part in activities and pursue their interests in their local area or access to the providers outreach college. We found 2 staff employed had not had all the required checks completed for working with vulnerable people, gaps in their employment histories were not always explored. There were enough staff available to provide care and support to people as they needed it and in the event of an emergency.

### Right Care:

The ethos and values of the provider was not always embedded in care delivery. We visited the different supported living settings and were concerned to see aspects of people's environments did not uphold their dignity or meet the values of the right support, right care and right culture. People's care and support plans were reflective of their range of needs. Staff spoke to people in a dignified and respectful way, and it was clear from what we were told that people and staff had developed good relationships.

### Right Culture:

The provider had not always ensured that the safety and quality of the service had been effectively assessed. The registered provider responded quickly to the concerns we identified on inspection; however, it was acknowledged the existing systems and processes in place were not providing them with effective oversight

of the service.

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 (1 February 2019)

#### Why we inspected

The inspection was also prompted in part due to concerns received about the service. A decision was made for us to inspect and examine those risks.

#### Enforcement and Recommendations

At this inspection, we have identified breaches in relation to failings in how the provider monitored the safety of the service, a failure to ensure all restrictions were considered in line with the mental capacity act and with good governance due to the provider failing to monitor the quality and safety of the service.

We have made a recommendation about ensuring all of the required checks are made during the recruitment of staff and assessing the service using the principles of Right Support, Right Care, Right Culture.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 6 inspectors, a medicines 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 provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 were 4 registered managers in post with collective responsibility for the service.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 9 August 2023 and ended on 18 August 2023. We visited the location's office on 9 August 2023 and over the course of the inspection we visited 9 supported living houses.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, and we sought feedback from the local authority in relation to the concerns received. 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 all this information to plan our inspection.

#### During the inspection

We spoke with 1 person (who consented to speak with us) in their own home and we spoke with 7 people's relatives. We also spoke with 14 members of staff, including, 2 registered managers, head of HR, the risk and quality manager, the development lead, 2 deputy managers, a service manager and care and support staff.

We reviewed a range of records. This included 8 people's care records and various medication records. We looked at 5 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service including training records and policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- The provider's procedures for assessing the risks to people's health and safety were not sufficiently robust.
- During our visits to several people's homes we identified potential environmental hazards in 2 houses, such as exposed boiler pipes in 1 property. Radiators had not been assessed to consider risk of scalds or injuries particularly in people's bedrooms. Other low-level hazards were identified, and these had not been picked up in the regular health and safety audits that were completed.
- Incidents and accidents were recorded. However, within some incidents it was not always clear what level of interventions were used due to the way incidents were recorded. We were not assured the deputy and registered managers had identified these shortfalls when they signed off the incident forms as complete.
- Incidents were analysed for patterns and trends and action recorded of how the risks may be mitigated to reduce the risk of reoccurrence. However, given the level of inconsistencies noted in the incident reports viewed, we could not be assured how accurate this analysis process was.

Although risk management systems had been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service, we found these were not entirely effective. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we asked for clarification in respect to fire evacuation procedures, we were provided with documentation of an internal fire risk assessment and people's personal emergency evacuation plan (PEEPS). However, the internal fire risk assessment made reference to follow an evacuation procedure in the event of a major fire, this document was not available to view on request.
- Following our inspection, the registered provider contacted us with a number of assurances. Remedial works had already taken place in respect of the potential hazards we identified. Assurances were also provided in respect of the fire safety arrangements.
- Risk in relation to people receiving care and support were assessed and plans were in place to manage such risks. Some people might display behaviours when anxious or in distress. We saw in care records positive behaviour support plans, which had been developed together with behaviour specialists. These provided staff with guidance of the least restrictive way in supporting people who displayed such levels of agitation.

Staffing and recruitment

- The service deployed enough staff to meet people's needs and cover their agreed hours of support. However, in 1 of the houses there was a staff vacancy which meant a small number of commissioned hours

could not always be covered. We found this had not had an impact on people's care or planned activities. The registered manager confirmed ongoing recruitment was taking place to cover this vacancy. The service was keen to not call upon the support of agency cover due to the challenges this may cause for some of the people they supported who required an experienced staff team.

- Initial recruitment processes were managed by the HR manager and registered managers to ensure that newly recruited staff matched the needs and personalities of the people who used the service.
- Recruitment checks were in place to ensure people were supported by safely recruited staff. This included obtaining references and ensure Disclosure and Barring Service checks (DBS) were in place prior to staff commencing in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Although a number of safe recruitment checks took place, we were not assured the service had consistently explored and recorded gaps in people's employment history. We identified 2 staff files where thorough employment histories had not been recorded.

We recommend the provider reviews their recruitment processes to ensure they follow best practice guidance for safe recruitment.

#### Using medicines safely

- People's medicines were managed safely.
- Staff received medicines administration training and their competency to safely support people around their medicines was assessed annually.
- Medicines were stored safely within the service and were audited regularly to ensure people received their medicines as prescribed.
- Staff demonstrated knowledge and understanding of 'STOMP' which stands for 'stopping over medication of people' with a learning disability, autism or both with psychotropic medicines.
- Staff were aware of people's preferences as to how they liked to be offered their medicines.
- Staff monitored the effects of people's medicines on their health and wellbeing and worked collaboratively with the GP practice where people were registered.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in recognising types of abuse people may be at risk of.
- Where safeguarding concerns had been raised, action had been taken and the appropriate professionals had been involved. However, we found 1 occasion the registered manager didn't inform the local safeguarding team of an allegations raised against a staff member's conduct. Assurances were provided from the registered provider all safeguarding matters would be followed correctly going forward.
- Relatives told us they considered their loved ones to be safe and had no concerns regarding their care and support. One relative told us, "Yes, they're (staff) keeping [person's name] safe."

#### Preventing and controlling infection

- People were supported by staff who had received training in preventing and controlling infection.
- Staff told us they had access to plentiful supplies of personal protective equipment (PPE).
- A cleaning schedule was in place in many of the houses to ensure the service was cleaned regularly and staff were observed using personal protective equipment appropriately in line with current government guidance.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 provider was not working in line with the principles of the MCA. There was no evidence of consent to restrictions placed on people in some of the supported living houses we visited.
- Although care staff and managers had received MCA training, we were not assured they always understood the principles of the MCA or recognise restrictive practices.
- The provider had not always considered the least restrictive option. During our visits to people's homes, we identified many doors to access kitchens, dining facilities and lounges had locks and peep holes installed. Although the registered managers explained the rationale was due to managing risk, we found these high-level restrictions had not been appropriately assessed in line with the MCA and were not included in people's positive behavioural support plans.
- During our visits, we identified many people had coded locks on their bedroom doors, some people could access the code, but a small number of people required support from staff. We found there was inconsistencies within MCA assessments around bedroom door locks, with some locks placed on bedroom doors not following the MCA process.
- The provider's social media account was open to the public. This social media account contained various photos of the people the service supported accessing the community along with their names. The provider failed to correctly obtain the appropriate consent from people or their legal appointees.

The provider failed to ensure consent to care was provided and documented and failed to follow principles of the Mental Capacity Act 2005. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Following our inspection, the provider contacted CQC with assurances that all restrictions were being reviewed following our feedback. Further assurances were provided that the development manager at Zeno Ltd will review restrictions on a quarterly basis across all services to determine if they are being reviewed and still necessary.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively.
- Staff received an induction and online training prior to commencing care shifts for the service, and staff told us they enjoyed the training and found this informative.
- Staff had completed key training in relevant areas to ensure they could carry out their role safely and competently. Training included medicine administration, first aid, mental health awareness, learning disability and autism awareness. In addition to this key training staff had also access to specialist training in accredited challenging behaviour and positive behaviour support.
- Staff spoke positively about the quality of training they received and felt confident they had the skills and knowledge they needed to support people. One staff member told us, "The training is bespoke and the best training I have had."
- Staff received regular supervision meetings with managers to enable them to discuss any concerns or development needs.

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

- A pre-assessment process was in place to ensure the service was able to meet people's needs prior to offering support. The assessments were used to develop people's care plans and risk assessments to ensure their needs were met.
- Staff worked closely with health and social care professionals to complete thorough assessments of people's needs before providing them with support.
- People's relatives spoke positively about the assessment process and the time taken for staff to get to know people's needs. One family member told us; "Yes, they [staff] know [person's name] well, [name] is quite happy."

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

- People were supported and encouraged where possible to participate in the preparation of meals in order to develop and maintain independence. One person told us; "I like to help the carers with my meals in the kitchen."
- Staff had good knowledge of people's preferred food choices and dietary requirements and ensured these were provided.
- Risks associated with people's food and drink intake were clearly recorded and guidance in place for staff to follow in order to prevent harm occurring.

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

- Staff worked closely with other health and social care professionals to promote good outcomes for people.
- People were supported and encouraged to live healthier lives and access the healthcare they needed.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected, however, during our visits, we did observe that some toilets had missing toilet seats. The provider assured us that the toilet seats were missing due to behaviours exhibited by the people supported at the service and that the toilet was cleaned after each use. The provider is actively seeking alternative amenities.
- There was also a lack of consideration given to people's homes, as we found varying differences in the décor and furnishings being tired and in need of upgrading. We found large notice boards attached to walls in lounges to remind staff of tasks they needed to complete, there was a lack of consideration that this was people's homes. Following the inspection, the provider resolved these issues.
- During our visits, we found 1 person's bedroom door had a peep hole looking into the bedroom. The registered manager explained the rationale for this; however, this level of observation was no longer necessary and failed to protect the person's privacy and dignity. Following our inspection, the peep hole was removed.
- We received positive comments from relatives about the care their family members received. A relative told us, "Yes definitely caring and staff are always kind and caring towards [person's name]."
- We observed a number of positive interactions between people and staff who supported them, during our visits. Staff had warm, friendly and respectful relationships with people; we observed they spoke to people as their peers, using appropriate language. One person's relative told us, "Some staff have been there a while now, they know [person's name] very well, if there are any concerns, they will let me know."

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

- People and relatives said they felt consulted in decisions about care, and that their views were taken seriously. For example, 1 person's relative told us they had been involved in their family members care, "Yes, I get to most of the reviews, I am always invited and [person's name] key worker sends me updates of things they've been doing so I know what goes on in [name's] life."
- Staff regularly reviewed people's goals and outcomes with them and their families, to help make sure they kept on receiving the right care and support.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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 received care and support which was personalised to them and took into consideration their needs and preferences.
- People's care plans described their health and social care needs and provided staff with clear guidance on how people wished to be supported. Some people also had personalised positive behavioural plans in place that detailed clear strategies in keeping people and staff safe when the person showed levels of distress.
- People's care plans showed they were supported to access a wide range of activities. We saw many examples of where people over time had progressed at the service. People had access to the providers community outreach college, this college was an accredited education provider where people could access bespoke opportunities aimed at promoting their skills and independence.
- People were supported to access social groups and follow their interests. The provider was proud of the work they had completed, particularly with the success of the community outreach college. During our inspection 1 of the people at the service told us they were in the process of moving to a flat that would promote their independence further.

### 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.

- People were supported by staff who understood their communication needs.
- People's communication needs were identified and described in individual communication support plans. For example, staff being aware of using short, precise, and direct sentences and to give people time to process the information and respond. People were also helped to make decisions and choices through using 'now and next' picture cards.

### Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy in place.
- A record of complaints was kept which included any investigation undertaken and action taken.
- Relatives we spoke with told us they would be confident to raise concerns or complaints.

#### End of life care and support

- Whilst no one was currently receiving end of life care, the provider was aware of the additional support networks to access should they need them.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems were not always effective in identifying shortfalls we found during this inspection.
- Managers and leaders within the organisation failed to identify unlawful restrictions within many of the supported living houses we visited. For example, audits carried out for the supported living houses did not identify the shortfalls we found in respect to the blanket restrictions of door locks, peep holes in doors and potential environmental hazards.
- The shortfalls in governance systems meant the level of quality across all supported living houses was inconsistent and varied significantly. For example, in 1 house the environment was not homely and in need of upgrades to the décor and furniture. Furthermore, some incident records were much more detailed than others, quality checks from the registered managers did not always identify this.

The provider's quality assurance systems and processes did not enable them to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider was open and receptive to the areas of concern identified during the inspection. They told us they had started to make improvements. For example, immediately following our inspection they acted on improving the areas of concern found in people's homes such as removing peep holes and removing hazards to the environments we found.

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

- The provider failed to meet elements of best practice guidance in relation to the supported living model of care. They did not consider key elements relating to the right care, right support, right culture guidance, due to a lack of consideration around blanket restrictions we found in a number of supported living houses.
- We found some of the terminology and parts of the environment at some of the houses did not always promote ordinary living or consider best practice when supporting autistic people. For example, people who required a level of observation was spoken about as being "man-marked" and some incident records were not person centred when describing the incidents.

- People and their family members spoke positively about the care and support provided. One person's relative told us, "The deputy and the manager are both excellent. They [provider] have a family forum and they always let me know if there are any changes."
- Staff told us the registered managers were all approachable and supportive and felt able to raise any concerns about people's care with them.

We recommend the provider assess the service using the principles of Right Support, Right Care, Right Culture, the CQC's guidance when providing support for autistic people and people with a learning disability.

#### Working in partnership with others

- The registered provider was encouraging continuous learning and improvements within the organisation, and they had created many links with stakeholders within this process. The registered managers were open and responsive to our feedback during the inspection process. Examples were provided of the provider working collaboratively with many organisations. Recent work had taken place with the Greater Manchester Specialist Support Team to support the transforming care agenda which supports community-based services to transition long stay patients from hospitals.
- During the inspection the risk and quality manager discussed the work the provider had completed and confirmed the provider was also affiliated with the Restraint Reduction Network (RRN). The RRN training standards were introduced in 2019 with the vision of reducing the reliance on restrictive practices in health, social care and education settings throughout the United Kingdom.

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 management team were 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.
- Staff we spoke with told us that they felt provider was very supportive. Comments from staff included, "I enjoy working with Zeno, there is good career progression" and "I believe we do a good job, and the provider is always looking on how we can grow and develop."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure consent to care was provided and documented and failed to follow principles of the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems and processes did not enable them to effectively assess, monitor and improve the quality and safety of the service.</p>