

Zanta Healthcare Limited

# Zanta Healthcare

## Inspection report

The Savoy Centre  
Northfield Road, Netherton  
Dudley  
West Midlands  
DY2 9ES

Tel: 01384913223

Date of inspection visit:  
28 April 2022  
02 May 2022

Date of publication:  
30 June 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Zanta Healthcare is a domiciliary care agency providing personal care to 43 people aged 65 and over at the time of the inspection.

The service also provides a supported living service, providing personal care for 11 people at the time of the inspection. The service provides support to people with mental health needs.

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

There were systems in place to monitor the quality and safety of the service, however, small improvements were needed in some areas. Accidents and incidents were recorded, investigated and action taken where necessary. However, the records had not been analysed to identify themes or trends and to prevent the reoccurrence of similar incidents.

People's support needs were outlined in their care records and risks to people had been clearly defined.

Infection prevention and control practices were safe, and the registered manager carried out regularly checks on staff and audits.

People were supported by a consistent staff team, who knew them well. Staff received training and knew how to recognise the signs of abuse and how to escalate concerns. Peoples medicines were managed safely. Staff had been recruited safely.

The service worked with other professionals when needed to ensure people received support tailored to their 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)

### Why we inspected

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

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Zanta Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Zanta Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency and a supported living service. It provides personal care to people living in their own houses and flats and provides care and support to people living in three '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision to be made about this.

Inspection activity started on 28 April 2022 and ended on 6 May 2022. We visited the location's office on 28 April and a supported living service on 2 May 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (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 four people using the service and three relatives for their views about the service. We spoke with five staff including the registered manager, and care workers. Some of the people who used the service were able to talk to us. We viewed a range of records. This included five peoples care records, including, two peoples daily living records and medicine records. After the inspection site visit, we reviewed a range of quality assurance records and training records that were sent to us.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People we spoke with felt they were safe. One person told us, "I know it's safe".
- People were supported by staff who knew how to recognise the signs of abuse and how to report this. A staff member said, "I have safeguarding training. Abuse can be a change in a person's behaviour, neglect, not having the equipment they need, unexplained bruising, or situations you see that don't make much sense".
- Incident and accidents were recorded, and appropriate actions had been taken to reduce the risk of further harm.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments outlined the risks to people and guidance for staff to support them safely. Relatives confirmed staff understood the risks associated with their loved one's care.
- People were supported to take positive risks. For example, one person who wished to travel independently had been supported to learn the journey to enable them to do this safely.
- People received support from staff to take their medication as prescribed and safely. Relatives told us they had no concerns around their loved one's medication. One relative said, "Yes, I've been there when they've pulled [person] in to take medication, if its left to [person] they don't take it".
- Staff received medication training and underwent competency checks. We discussed medication administration with staff members. A staff member told us, "We administer through blister packs. Yes, I've had training, and I'm checked during spot checks. If there were any concerns with medication, I'd always check first before administering".

Staffing and recruitment

- Staff were recruited safely to minimise the risk to people.
- We reviewed the recruitment records for three members of staff. The registered manager ensured staff had a Disclosure and Barring Service check (DBS) prior to commencing work. The DBS helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had recorded, investigated and taken appropriate action when incident and accidents had occurred. However, the records had not been analysed to identify themes and trends. This meant opportunities to prevent reoccurrence and improve safety were missed. We discussed this with the registered manager who agreed they would begin auditing incidents and accident records.
- Staff were complimentary of the registered manager. A staff member told us, "We have regular contact with [registered manager] and discussions about how things are going, we can raise any concerns we have".
- Audits were in place to ensure care records, medication records, infection control and staff practices were regularly monitored.
- The provider submitted statutory notifications to the relevant bodies when required.

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

- People received person centred support from a consistent staff team. One person told us, "I think I know all the staff quite well". Relatives confirmed their loved ones received support from a consistent team.
- Relatives told us they would recommend the service to others. One relative said, "The girls are really good, [registered manager] carers are superb, they are upmarket to other companies".
- People were encouraged to maintain their independence and achieve goals they set for themselves. For example, one person told us they had begun volunteering for a Food Waste Heroes programme.
- Staff felt supported by the registered manager. One staff member told us, "I do feel supported because whenever I come up with a concern, I speak to [registered manager] about it and she will refer me to something that will help me".

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

- There were no formal feedback processes in place. However, people and relatives felt they were able to express their views to the registered manager. A relative told us, "[Registered manager] will sometimes ring me to have a catch up and if I'm ever concerned, I will let them know. I have a [relative] as well and they will contact [registered manager], and [registered manager] takes it on board". We discussed this with the registered manager who told us, "We are moving from paper based records to electronic, it has a system which will allow people and relatives to send feedback".
- Relatives told us they were involved in their loved one's care. A relative told us, "They've rang up and said

some things happened and what do I think they should do".

- People's equality characteristics were included in their care records. This included age, gender, ethnicity, sexual orientation, religion and disabilities.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other professionals such as social workers, the clinical commissioning group, the mental health team and district nurses to ensure people received the right support. This was evidenced in people care plans. The registered manager told us, "District nurses will give feedback on what they want carers to do and we incorporate that into our care plans".
- We discussed the process of continuous learning with the registered manager. The registered manager said, "If it is something which affects the whole service, or the way it operates, we will send out emails to staff saying please take note of A, B, C, D".

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 transparent and understood their responsibility towards duty of candour. We discussed duty of candour with relatives. One relative said, "Absolutely. I get a call off [registered manager] straight away".