

Prosperity Housing Group Ltd

# Paula's House

## 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

Paula's House is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. At the time of the inspection, 1 person was using this service within a shared living accommodation. Not everyone who used the service received the regulatory activity of 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.

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

There was 1 person using the service at the time of the inspection. This person was supported by an advocate as they were not able to communicate with us. An advocate is a person who supports another person, helping with communication, listening to the person's views and sharing them with other professionals when requested to do so by the individual for support. Helping with the person's rights and choices, advocates will not give their opinion or make a judgement about a person they are supporting. The advocate told us that the person had settled well, and the support provided was good. Activities had improved for the individual and they were now supporting themselves with shopping, personal care and activities.

Systems were in place to ensure where appropriate, people received support to take their medicines as prescribed. Staff had received training in how to administer medication and confirmed management observed their practice to ensure they remained competent in this area.

People were supported by staff who were trained and competent to carry out their roles. People were assessed before their care started to ensure their needs could be met. People were supported to have maximum choice and control of their life. Staff supported them in the least restrictive way possible and in their best interests. The provider's policies and procedures supported this practice.

Regular supervision took place and ongoing training to ensure staff had the right skills to support people. Care plans gave details of the person's preferences and choices and the support they required to enable them to remain healthy. Risks to people were assessed and there were plans in place to mitigate risks

### Rating at the last inspection

The service was registered with us on 21 January 2021 and this is the first inspection.

### Why we inspected

The service had not been inspected since their registration with us.

### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The Service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

# Paula's House

## Detailed findings

## Background to this inspection

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#### 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 1 inspector.

#### Service and service type

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

#### Registered manager

The provider is required to have a registered manager to oversee the delivery of the 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, and for the quality and safety of the care provided in compliance with regulations.

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

#### Notice of inspection

This inspection was announced

We gave short notice of our inspection on 24 October 2022 to the registered manager who manages the service. This was because we wanted to ensure they would be available to support the inspection.

Inspection activity started on 24 October 2022 and ended on 29 October 2022. We visited the office location

on 26 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We contact the local authority for feedback about the service, and a professional advocate. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information providers send to us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with a social worker, 3 staff and an advocate. We looked at 5 staff files in relation to recruitment, policies and procedures and medication audits. We looked at staff training records, care plans and records relating to the management of the service, including health and safety records. We looked at 1 person's care file and associated records.

# 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.

### Assessing risk safety monitoring and management

- The risks associated with people's care were assessed and steps taken to mitigate these.
- People had risk management plans in place to ensure they were provided with safe care, and staff had the information to mitigate potential risks to people.
- Staff we spoke with were aware of the risks to the person they currently supported and their role in managing these risks.

### Staffing and recruitment

- The provider carried out pre-employment checks on prospective staff to ensure they were suitable to support people.
- We looked at 5 staff files in relation to recruitment and found appropriate checks were completed. This included checks with the Disclosure and Barring Service (DBS). These checks provide information including details about any convictions and cautions held on the Police National Computer. This enables providers to make safe recruitment decisions.
- There were enough staff safely employed by the service to make sure that people received their care on time and as agreed.
- Training was provided to ensure the staff had the relevant skills to care for people. Staff told us their training was updated as and when required to ensure they continued to have the skills required to support people safely.

### Using medicines safely

- People's medicines were administered by staff who were trained to carry out the task. Regular assessments of staff competencies were completed to ensure medication was administered safely.
- We saw protocols were in place to ensure staff followed a consistent approach for medicines which were prescribed on a 'when required' basis (PRN). These ensured people receive their medicines when they needed them.

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

- Staff spoken with had a good understanding of how to protect people from potential harm and abuse.
- All staff had completed safeguarding training and knew how to keep people safe. A staff member told us, "There are signs that I would look for, if I felt that the person was at risk of abuse. For example, bruising I would report immediately to the management, and social services if needed."
- An advocate for one person told us they had no concerns about the safety of the person.
- The provider had policies and procedures in place which included a whistleblowing policy to enable staff

to report any concerns they had.

#### Preventing and controlling infection

- Staff spoken with knew the actions to take to minimise the risk of infection and told us they had completed training in infection control and had enough personal protective equipment (PPE) to minimise cross infection.
- There were systems in place to ensure people were protected from the risk of infections. Staff told us they wore gloves and aprons when required. Staff told us there was appropriate guidance in place on infection prevention and control that they could check if required.

#### Learning lessons when things go wrong

- Systems were in place to ensure all accidents and incidents were recorded and reported.
- When required, care plans were updated, and external support contacted if needed.
- The manager told us staff were encouraged to be honest and transparent when things went wrong so that lesson could be learnt. Staff spoken with confirmed this. There had been no incidents or accidents reported since the service was registered with the Care Quality Commission (CQC).



# 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 practice 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.

Staff support induction, training, skills and experience

- All staff told us they had received the appropriate training and felt supported by the provider and the management team. Training records confirmed this. One staff member told us, "We have a lot of training to ensure we support people safely."
- The registered manager told us new staff members completed a structured induction to the role and worked alongside experienced staff for support until they felt confident to support people safely.
- One staff member told us, "I did a couple of weeks extra [shadowing] just to be sure I was confident."
- The manager ensured that when training was due to expire refresher training was completed. This was confirmed by the training matrix used to ensure staff had completed appropriate training to support people.

Ensuring consent to care and treatment

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the mental capacity to take decisions, any made on their behalf must be in their best interest 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.

- The staff team understood the principles of the MCA and told us how they supported people in the decision-making process. A staff member told us, "I always assume that the person can make their own decisions and do things for themselves unless otherwise advised."

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

- People's care needs were assessed prior to their care starting and this information was used to create their initial care plans and risk assessments.
- We saw that a comprehensive initial assessment had been carried out to identify the personal care needs and choices of the person, including the person's voice. Care plans seen were person-centred, reflected the person's care needs and were kept under review. Risk assessments were in place and reviewed when required or if needs changed.

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

- People were supported to complete their own food shopping, where required, with support from staff.
- Staff supported people with their diet, as needed, to ensure people had enough to eat to maintain their health and well-being.

Supporting people to live healthier lives access healthcare services and support

- Staff supported people to arrange, attend and follow up on their health appointments when they needed such support.
- The staff team worked in partnership with other healthcare professionals where needed such as advocates and social workers to ensure people's healthcare needs were met.

# 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 in their care.

Ensuring people are well treated and supported respecting equality and diversity

- People using the service were actively involved in making decisions about their day-to-day care and support.
- Feedback from the person's advocate and the social worker was positive about the support the person received and the progress made since being supported by the service. The advocate told us that the person had changed since using the service; they were more confident.

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

- Staff told us they encouraged people to choose what they wanted to do each day and express their views and be involved in decisions about their care as far as possible.
- We looked at one person's care records and saw that consultation had been had with the person about their care needs.
- In addition, the person's advocate was also able to support the person in making decisions about their care. The manager told us people were encouraged to express their views about the service and meetings took place to enable people to voice their concerns or suggestions. This enabled people to make decisions about their support.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their supportive role and encouraged people to maintain their independence.
- One staff member told us, "It is very important for people to maintain as much independence as they possibly can. It is always important that you are there to encourage the person to do as much for themselves."
- The staff team gave positive feedback about people in relation to the progress that they had made. We contacted the person's social worker who also confirmed that the service user completed daily living tasks now without as much support as was needed before.

# 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

- We saw care records contained personalised information about people's care needs and known preferences.
- The information was personal to the individual to ensure staff supported them, based on their preference and choices. This meant staff had the information needed to support people in accordance with their wishes.
- People's cultural and religious preference were recorded in their care plan. The care plan was regularly reviewed. One person contributed to the plan of care with support from staff and their advocate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible information standards. 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 also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed to support and guide staff and how to effectively communicate with people.
- The registered manager told us information could be provided in an accessible format, such as large print based on people's individual needs.

Improving care quality in response to complaints or concerns

- The provider has a complaints policy. The manager told us all concerns and complaints were assessed for themes and trends to prevent re-occurring issues.
- We saw where complaints had been made appropriate action was taken. The registered manager told us if a person wanted to make a complaint, they were supported.

End of life care and support

- The registered manager told us there was nobody using the service receiving end-of-life care.

# Is the service well-led?

## Our findings

Well- led - this means we looked for evidence that the 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.

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

- The registered manager had audits and checks in place to monitor the quality and safety of the service provided. This included audits of care records, complaints, accidents, incidents, and training for staff. This enabled the registered manager to assess the service and take appropriate action if things went wrong.
- The registered manager told us they had access to all care notes and activity notes via the electronic portal and could access up-to-date information on people's care live and in real-time.
- Ongoing or reoccurring issues were managed through performance management, and supervision directly with individual staff.
- The registered manager completed mock inspections every 3-6 months. Health and safety standards were monitored via monthly audits and discussed at every staff meeting. During the most recent mock inspection, it was identified that people's care records required more personalised information rather than the care plans being clinical. Action had been taken to address this.
- Staff development was managed to ensure staff had appropriate training and guidance to ensure the service provided met people's needs.

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

- Staff spoken with felt motivated to provide a high standard of care and support within the service.
- We spoke with a person's advocate who was pleased with the person's progress. They told us the person was now "happy and doing most things for themselves" which was "a massive achievement".

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 clear about their responsibilities under the duty of candour. They told us, "The duty of candour means maintaining an open and honest approach to sharing information with external relevant people and being open and honest." The registered manager told us all staff were aware of the duty of candour to be open and honest.

- Working in partnership with other

- The provider worked in partnership with health care and social care professionals to achieve good outcomes for people. These included the local authority, GPs and specialist health care professionals.