Paramount Care & Safety Limited

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Inspection report

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Tel: 01254661738

Date of inspection visit:
07 November 2017

Date of publication:
30 November 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced, focused inspection of Paramount Care & Safety Ltd on 7 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in June 2017 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service well led and is the service effective? This is because the service was not meeting some legal requirements. These were in relation to a lack of effective governance systems. In addition, the systems to record and monitor the training staff were required to complete needed to be improved.

Following the inspection in June 2017, the provider sent us an action plan which confirmed all required actions would be completed by 30 September 2017. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Paramount Care & Safety Ltd on our website at www.cqc.org.uk.

Paramount Care & Safety Ltd is a domiciliary care agency, which is registered to provide personal care and support to adults living in their own houses across Lancashire. The agency specialises in providing support to adults with learning disabilities. At the time of this inspection there were three people supported by the service in two separate properties.

There was no registered manager in post. 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. A new manager had been appointed to manage the service after the last inspection. They were in the process of submitting an application to CQC in order to register as manager. They were supported in the day to day running of the service by the office manager.

During this inspection, we found the systems in place to monitor the quality and safety of the service were not sufficiently robust. We also found the provider had failed to act in accordance with the Mental Capacity Act 2005 (MCA). You can see what action we told the provider to take at the back of the full version of the report.

Since the last inspection, a number of quality assurance systems had been introduced in the service. These included audits and provider monitoring visits. However, we found the quality assurance systems were not sufficiently robust to identify the shortfalls we noted during this inspection.

When we reviewed the records for one of the three people who used the service, we found some restrictions

were in place in relation to their consumption of some food and drink items. Although staff told us these restrictions were in place to protect the health of the person concerned, there was no evidence that an assessment had been made of the person's capacity to decide what was best for them to eat and drink. This meant there was a risk their rights had not been upheld.

People were supported to attend appointments with professionals to ensure their health needs were met.

Improvements had been made to the systems to monitor and record training completed by staff. We saw that staff were receiving regular supervision to allow them the opportunity to discuss their training and development needs. Staff told us they enjoyed working in the service and found the managers to be very approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005.

Staff had received appropriate training and supervision. The managers in the service had developed robust systems to record and monitor the training completed by staff.

People were supported to access a range of health care professionals to help ensure their general health was being maintained.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

A new manager had been appointed since the last inspection. They were in the process of applying to CQC to register as manager for the service. They were supported in the running of the service by an office manager.

Although quality assurance systems had been introduced since the last inspection, these had not been robustly implemented. This has led to our findings of a number of shortfalls during this inspection.

Staff told us they enjoyed working in the service and that the managers were always approachable, responsive and supportive.

Paramount Care & Safety Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 7 November 2017 and was announced. The provider was given 24 hours' notice of our intention to inspect the service because we needed to be sure that someone would be available in the registered office to speak with us.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. Prior to the inspection, we also asked for feedback about the service from a number of community based professionals. We did not ask the provider to complete a Provider Information Return as they had done so prior to our comprehensive inspection in June 2017. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We were unable to speak with anyone who used the service during this inspection. This was either because it was inappropriate for us to visit them, or they were involved in activities in the community. We therefore visited the registered office and spoke with the manager and office manager for the service as well as two members of staff.

We looked at the care records for one person who used the service. In addition, we looked at a range of records relating to how the service was managed; these included two staff personnel files, training records,

quality assurance systems and a sample of policies and procedures.

Requires Improvement

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 7 and 8 June 2017.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA; any application to do so must be made to the Court of Protection.

We asked the managers what arrangements were in place to safeguard the rights of people who used the service, given their care arrangements could be considered to amount to a deprivation of liberty; this would need to be authorised by the Court of Protection since people who used the service lived in their own homes. We were told the application for one person was currently being progressed by the relevant local authority. However, the managers were not certain whether any applications had been submitted for the two remaining people who used the service as there was no longer any social work involvement. They told us they would discuss this with the relevant local authority in order to ensure the rights of the two people concerned were properly protected. Following the inspection, we received confirmation that the relevant local authority had taken the required action to safeguard the rights of the individuals concerned.

When we looked at the care records for a person who used the service, we noted restrictions were in place regarding their consumption of certain drinks and sweets. We found there had not been any assessment of the person's capacity to make decisions about the risks of consuming these foods. Staff told us it was necessary to restrict the person's intake of certain foods and drinks due to the potential negative impact on their health. However, there was no assessment as to whether this decision was in the person's best interests if they lacked capacity to understand the consequences of consuming these foods on their health. The manager told us they would arrange for a capacity assessment and, if necessary best interest decision, to be completed as soon as possible.

Although staff told us they had completed training in the MCA, our findings during the inspection showed there was a lack of application of the principles of this legislation when providing care to one person.

These findings showed the provider had failed to act in accordance with the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have robust systems in

place to monitor and record the training completed by staff. During this focused inspection, we found required improvements had been made and the relevant legal requirement was now met.

We noted that a comprehensive staff training matrix was in place which recorded training completed by staff. This training included equality and diversity, safeguarding adults and children, first aid and fire safety. The required intervals for completion of refresher training were also included. This meant the provider and managers in the service had an overview of the training requirements of the workforce. We saw they had used this information to complete a training plan for the next 12 months.

Staff spoken with told us they considered the training they had received was of a good standard and helped to ensure they had the skills necessary to support people effectively. We noted that during the inspection a number of staff attended the registered office to complete 'Team teach' training. The aim of this training is to equip staff to use appropriate de-escalation strategies in responding to behaviours that challenge others, whilst promoting and protecting positive relationships with people they support. One staff member told us they had found this training to be useful and believed they would be more confident in supporting a person whose behaviour at times could challenge others.

The two staff we spoke with had been recently employed to work in the service. Records we reviewed showed they had completed a two week induction which involved reading care records, an induction to the properties in which they would be working. They also shadowed more experience staff in order to enable them to become familiar with the needs of people who used the service. Both staff told us they felt the induction period had prepared them well for their role.

Records we reviewed showed there was a system in place to provide staff with regular supervision. Supervision meetings provide staff with an opportunity to discuss their role and any learning and development needs they might have. The manager told us they were in the process of arranging annual appraisal meetings with staff who had been in post for more than a year.

We looked at the ways people who used the service were supported to communicate their needs and preferences. We were told various communication systems were used to meet the needs of each individual; these included the use of Makaton, which is a language programme using signs and symbols to help people to communicate, as well as individualised pictorial communication systems and electronic devices. Staff told us they had a good understanding of the communication needs of the people they supported.

The care records we reviewed were personalised and included assessments of the person's needs and how they preferred staff to support them. The care records also included details of the targets the person wished to achieve and the progress they had made against these goals. Staff told us they communicated well as a staff team to ensure they were aware of any changes to the support people required.

We asked staff how they supported people to eat healthily. Staff told us they accompanied people who used the service to shop for food and encouraged them to make healthy choices as much as possible. Pictures were also used to support people to decide what meals they wanted each day.

Records we reviewed showed that staff supported people who used the service to attend appointments in relation to their health needs. People who used the service had health action plans in place. These plans contained personalised information about how professionals should best support individuals when they accessed health care services.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found the service did not have effective governance systems in place. This was because the provider was unable to provide evidence of any satisfaction surveys, audits or any other checks to show they were regularly monitoring the quality and safety of the service provided. We also found there was a lack of opportunity for staff to express their views about how the service could be improved. These issues amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager had been appointed since the last inspection. They were in the process of registering with the Care Quality Commission (CQC) to manage the service. They were supported in the day to day running of the service by the office manager.

During this inspection, we found some improvements had been made, with the introduction of audits and provider monitoring visits. However, we found these had not been carried out in sufficient depth; this had led to the shortfalls we identified during this inspection.

When we looked at the records for one person who used the service and noted these contained records which documented several occasions on which unexplained bruises and scratches had been noted on the individual concerned. Although we noted the individual did present self-harming behaviour as well as physical aggression towards staff and property, we could not find any documented evidence which might explain how the injuries noted in the incident forms had occurred. The managers confirmed they had received the completed incident forms and body maps, which documented these unexplained marks but acknowledged they had failed to take any further action necessary to protect the individual and the staff who supported them. In response to our discussion, the manager agreed to notify both the local authority safeguarding team and the CQC of any incident forms which referred to unexplained bruising or other marks.

We saw that the managers in the service received both a weekly and monthly report from the two houses in which people lived. These documented incidents, which had occurred as well as any activities and achievements completed by the individuals in each house. We noted these records were not always written in a respectful manner and some contained judgmental comments. Although the managers told us they had read these reports, they had failed to recognise that the reports did not meet the expected standards. As a result, no action had been taken to ensure staff always referred to people in respectful and non-judgmental terms. The managers told us they would ensure the issues we had raised were discussed at staff meetings.

We noted the provider had introduced a system for regular monitoring visits to each of the houses; these were currently carried out by the managers in the service. We noted these visits included observations and discussions with staff, inspection of the premises and a review of whether any complaints or compliments had been received. In addition, the manager told us they completed regular visits to each of the houses to check on the welfare of people who used the service and that staff were following support plans. They told us these checks were not formally documented but that they would develop a format for doing so for future

visits.

Although a framework of quality assurance systems had been developed since our last inspection, these had not been carried out in a sufficiently robust manner. This meant there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with told us they enjoyed working in the service and found the managers and provider to be responsive and approachable. One staff member commented, "I can always pick up the phone and speak to them if I have a problem. I am never left on my own." This was an improvement since the last inspection.

Records we reviewed showed regular staff meetings took place which were now attended by the managers of the service. Staff told us these meetings provided them with an opportunity to express their views. They told us that their opinions were always listened to and acted upon if to do so was considered to be in the best interests of people who used the service. The managers told us they intended to introduce 'whole service' staff meetings; these would help to ensure consistency across the staff team.

We noted the provider had put a business plan in place since the last inspection. This included an analysis of the strengths, weaknesses, opportunities and threats (SWOT) in relation to the service. This analysis identified that the provider had a history of achieving successful outcomes for people who used the service which had led to an increased demand from commissioners. It also acknowledged that staff were long-standing and loyal employees who demonstrated a wish to drive the service forward.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to act in accordance with the Mental Capacity Act (MCA) 2005.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality and safety of the service were not sufficiently robust.