

Paramount Options Ltd

# Paramount Options Ltd

## Inspection report

Suite 615 Crown House  
North Circular Road, Park Royal  
London  
NW10 7PN

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06 July 2018

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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

This inspection took place on 26 June 2018. We gave the provider 24 hours' notice of the inspection to make sure the registered manager would be available to assist us with the inspection. The last comprehensive inspection of the service was on 14 March 2016 when we rated it as Good for each of the five questions we ask.

Paramount Options Ltd is a domiciliary care service that provides care and support to people living in their own homes in the community. When we inspected, the service was supporting four people. The provider had appointed a manager who registered with the Care Quality Commission (CQC) on 3 June 2013. A registered manager is a person who has registered with the Care Quality Commission 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.

Not everyone using Paramount Options Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The provider had systems in place to protect people from abuse and care workers completed training to enable them to use these systems.

The provider assessed risks to people using the service and care workers and acted when they identified possible risks to mitigate these.

There were enough care workers to care for and support people and the provider carried out checks to make sure they were suitable to work with people using the service.

The provider had systems to ensure people received the medicines they needed safely and as prescribed.

Care workers had access to personal protective equipment and infection control training.

The provider assessed people's care needs and recorded their preferences about how they received care and support.

Care workers had access to the training they needed to deliver effective care and support.

Where it was part of their care plan, care workers supported people to maintain a balanced diet. Care workers also completed training in nutrition and food safety.

Where needed, care workers supported people to meet their healthcare needs. People's care plans included

details of these needs and the provider shared these appropriately with other agencies.

The provider and registered manager understood their responsibilities under the Mental Capacity Act 2005 and only provided care and support with people's consent or in their agreed best interests.

People told us their care workers treated them with kindness, respect and compassion. Care workers understood the importance of respecting people's privacy, dignity and independence.

The provider consulted people about the care and support they received and responded to their views and experiences.

The provider assessed people's care and support needs and developed an individual care plan to meet needs they identified.

The provider had systems for responding to any complaints they received.

The provider had appointed a qualified and experienced manager who had registered with the Care Quality Commission.

People told us managers were accessible and they could contact people when necessary.

The provider had systems in place to monitor quality in the service and make improvements.

## 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.

The provider had systems in place to protect people from abuse and care workers completed training to enable them to use these systems.

The provider assessed risks to people using the service and care workers and acted to mitigate these.

There were enough care workers to care for and support people and the provider carried out checks to make sure they were suitable to work with people using the service.

The provider had systems to ensure people received the medicines they needed safely and as prescribed.

Care workers had access to personal protective equipment and infection control training.

Good 

### Is the service effective?

The service was effective.

The provider assessed people's care needs and recorded their preferences about how they received care and support.

Care workers had access to the training they needed to deliver effective care and support.

Where it was part of their care plan, care workers supported people to maintain a balanced diet. Care workers also completed training in nutrition and food safety.

Where needed, care workers supported people to meet their healthcare needs. People's care plans included details of these needs and the provider shared these appropriately with other agencies.

The provider and registered manager understood their responsibilities under the Mental Capacity Act 2005 and only provided care and support with people's consent or in their

Good 

agreed best interests.

### **Is the service caring?**

The service was caring.

People told us their care workers treated them with kindness, respect and compassion.

The provider consulted people about the care and support they received and responded to their views and experiences.

Care workers understood the importance of respecting people's privacy, dignity and independence.

**Good** ●

### **Is the service responsive?**

The service was responsive.

The provider assessed people's care and support needs and developed an individual care plan to meet needs they identified.

The provider had systems for responding to any complaints they received.

**Good** ●

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

The service was well led.

The provider had appointed a qualified and experienced manager who had registered with the Care Quality Commission.

People told us managers were accessible and they could contact people when necessary.

The provider had systems in place to monitor quality in the service and make improvements.

**Good** ●

# Paramount Options 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 was planned to check 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 26 June 2018 and 6 July 2018. We gave the provider 24 hours' notice of our visit on 26 June 2018 to make sure the registered manager would be available to assist us with the inspection. Inspection site visit activity started on 26 June 2018 and ended on 6 July 2018. It included visits to the provider's office to speak with the registered manager and the provider; and to review care records and policies and procedures. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and statutory notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also used information the provider sent us in the Provider Information Return on 12 January 2018. 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.

Before the inspection we contacted the local authority's safeguarding adults and commissioning teams for their views on the service. We also contacted two people the provider told us were responsible for commissioning care and support from the service but we did not receive any comments from them.

During our visits to the provider's office we reviewed care records for two people using the service. These included their care plans, risk assessments and daily care notes their care workers completed following each visit. We looked at the staff recruitment and training records for four care workers and other records related to the operation of the service.

Following the office visits we spoke with two care workers and two people using the service or their representatives.

## Is the service safe?

### Our findings

People using the service and their relatives told us people were cared for safely. Their comments included, "Yes, I feel safe" and "I believe my [family member] is safe, we have never had any worries about them."

The provider had systems and processes in place to care for and support people safely. They had policies and procedures on safeguarding people provided by an established social care consultancy company that provided regular updates. We also saw that the provider gave people using the service information about the local authority's safeguarding team and guidance produced by the Home Office on staying safe.

Care workers told us they had completed safeguarding training and the training records we saw confirmed this. When we asked care workers what they would do if they thought someone was abusing a person using the service, their comments included, "I would call the office and speak with the manager" and "If I thought someone was abusing one of my clients I would tell the police and the manager."

The provider acted to identify possible risks to people using the service and where they identified potential risks, they took action to mitigate these. Before care workers started to support people, the provider carried out an assessment of possible risks to the person and their care workers in the home environment. Where they identified risks, they gave care workers clear guidance on how to manage these. For example, we saw risk assessments for medicines management, financial management, home security and mobility. Where a risk assessment identified that a person could no longer collect their medicines from the local pharmacy, the provider amended their care plan and care workers collected the medicines and supported the person to take them as prescribed.

We saw the registered manager reviewed all risk assessments every month to make sure care workers had up to date information about the people they supported.

The provider had systems in place to ensure that the care workers they employed were suitable to work with people using the service. The recruitment records we checked included an application form and employment history and a minimum of two references. We saw that, where possible, the provider obtained references from care workers' previous employers but where this was not possible, for example when it was their first job, they ensured they obtained personal references from people who knew the care worker well. Care workers' recruitment records also included proof of the care worker's identity and right to work in the United Kingdom and a Disclosure and Barring Service criminal records check.

People using the service told us their care workers were punctual and provided the care and support they needed. Their comments included, "They are very good, very rarely late and they always stay until everything is done" and "They are punctual. Occasionally they get held up but they always let us know."

In the Provider Information Return they sent us in January 2018, the provider told us, "Depending on the clients' needs, we plan to introduce a call monitoring system." During the inspection we discussed this with them and they told us the monitoring system they had introduced had not worked in the way they hoped so

they were in the process of changing the system. This would enable them to check that care workers arrived at a person's home at the time specified in their care plan and that they stayed the length of time agreed in the plan. We looked at a selection of spot checks the provider carried out to monitor care workers' performance and these showed that they usually arrived on time at people's homes and stayed the agreed length of time.

The provider had systems in place to ensure people received the medicines they needed safely and as prescribed. The registered manager told us none of the people using the service when we inspected needed support with their medicines and we saw this was reflected and recorded in their care records. Training records showed that care workers who would have responsibility for supporting people with their medicines had completed training and a competency assessment.

Care workers told us they had access to personal protective equipment that included gloves, aprons and sanitising hand gel when they supported people with their personal care. Training records showed care workers completed infection control training as part of their mandatory training and the provider had systems in place to refresh this training regularly.

The provider had systems to identify and record accidents and incidents involving people. They ensured they reviewed each incident and made any changes necessary to improve the delivery of care and support to people using the service. For example, when they identified an issue during a spot check on one care worker supporting a client they arranged for them to complete refresher training in record keeping.

## Is the service effective?

### Our findings

People had been involved in making choices and decisions about the care and support they received. In the Provider Information Return (PIR) they sent us in January 2018 the registered manager told us, "We are committed to the delivery of safe and effective care. We work with the service users and any relevant others to ensure the best possible outcomes through the development of an agreed person-centred care plan. During our initial assessment we will capture information regarding the service user's diagnosis, past medical history, past life history, choice and preferences."

The care records we looked at included a section headed, 'How I will be cared for'. This recorded the person's wishes and preferences for the ways their care workers supported them. For example, one person's care record emphasised that they liked to choose their own clothes each morning. The plan also included guidance for care workers on how to encourage the person to make choices and daily care notes showed they supported the person to make this choice each day.

The care workers we spoke with told us they had an induction to the service and received regular refresher training to keep up to date with any changes or developments to the way they supported people. One care worker told us, "The induction was good, it gave me confidence to do my job." A second care worker said, "I have done all of the mandatory training and some refresher training, it has been good."

Care workers told us they had completed all the training the provider considered mandatory. This included safeguarding adults, health and safety, infection control, food safety, moving and handling and basic life support. The registered manager confirmed the provider's training programme covered the requirements of the Care Certificate. This is an identified set of 15 standards which health and social care staff should adhere to in their daily working life. Care staff need to complete all 15 standards in full before they can be awarded their certificate. We saw certificates of completion of this training on care staff files.

Care workers told us they received regular supervisions and appraisals. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is usually an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We saw the provider had an annual plan of supervision and appraisal dates for all care workers and staff records included records of these meetings.

One care worker told us, "I have supervision regularly and an appraisal each year. I know that I can ask for a meeting with my manager whenever I want to if I have any issues."

People we spoke with confirmed they thought the staff were well trained. They told us, "The [care workers] seem to be well trained, they look after me" and "I think the [care workers] are well trained, they know what help I need." This meant staff members were aware of their roles and responsibilities and had the relevant skills, knowledge, and experience to support people using the service effectively.

When people using the service were assessed as needing support with eating and drinking, the provider included this in their care plans and gave care workers guidance on how to provide this support. A care worker told us, "I make sure people have enough to eat and drink and I always leave drinks whenever I go."

Care records showed care workers supported people to access health and social care professionals when this was part of their care and support plan. We saw the provider discussed people's health care needs with them as part of the initial assessment process and arranged to provide this support when needed. One person's care records included a 'hospital passport'. This included information clinical staff would need if the person was admitted to hospital, including their health care needs, details of health care professionals involved in the person's care and current medication.

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 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. For people living in their own home, this would be authorised via an application to the Court of Protection.

Staff told us they had received training about the MCA and certificates on their files confirmed this. Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions. One care worker told us, "Everyone can make some choices and we always ask and offer choices. I know my clients well but I still explain the care I am giving and encourage them to be as independent as possible."

## Is the service caring?

### Our findings

People using the service and their relatives told us people were cared for and supported by care workers who were kind and caring. One person told us, "The [care workers] are very good, very kind, they understand me."

Care workers we spoke with understood what it meant to treat people with dignity and respect and what this is meant in practice. They told us, "When I help people with personal care I make sure I cover them with a towel and close the door. I tell them what I am doing and what I am going to do next. It is important that people are comfortable."

The provider had systems to support people to express their views about the care and support they received. We saw questionnaires people had completed between September 2017 and February 2018 and these all contained positive comments about the service. One person commented, "I have been impressed by the organisation of your company. When we had a small issue, it was resolved very quickly and compassionately." The registered manager also told us the provider planned to introduce an online forum for service users where people could share their views and experiences.

All staff we spoke with were positive about their jobs and the people they supported. They spoke with a passion and commitment to always providing the highest standards of care and support they possibly could. They clearly knew the people they supported well and spoke about them with fondness.

Care workers also understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. One care worker told us, "We have to respect people's privacy. I wouldn't want someone to tell people everything about me so I don't do it when I support people."

People's care records and care needs assessments gave their care workers information about things people could do for themselves and when they needed help. One care worker told us, "I always try and get people to do as much as they can for themselves. It can take longer but it's important people stay independent if possible."

## Is the service responsive?

### Our findings

People using the service and their relatives told us they received care which met their needs and reflected their care plans. They said they received regular care visits, at the right time from care workers who carried out the instructions in their care plans. Their comments included, "It's good, the [care workers] are good and I don't have to worry", "It's pretty good, the carer is very good and very helpful," and "They are always on time. I think once they were late but they called and explained the problem."

People using the service, their family members and care workers also told us the provider kept copies of the person's care plans and risk assessments in their home. The registered manager told us they carried out an assessment of people's care needs before they started to receive care and support. The assessments were informed by the local authority care needs and risk assessments, if these were available and were used to develop a care plan that was agreed with the person using the service or their representative. The registered manager also told us one person using the service asked that records were not taken out of their home and the provider respected this wish.

Care plans we reviewed were mainly task focused and detailed the care and support the person needed on each visit. The plans detailed what people could do for themselves and where they needed support. There was some personal information, including details about the name they wanted the care workers to use, a brief life history and details of relatives, friends and other significant people. The plans also outlined the person's preferences and routines so the care workers had information about how they preferred to receive care and support.

People's care records included information about their care and support needs and covered health care, personal care, mobility, medicines management and nutrition. The daily logs care workers completed at each visit indicated that they followed people's care plans and people received the care and support they needed.

The registered manager told us in the provider Information Return (PIR) they sent us in January 2018, "Paramount Options have diversity, equality and inclusion training as part of our mandatory training programme. We are committed to equality and diversity in our everyday practice and when reviewing our company policies and procedures. We ensure that our service users receive fair access to care services and if they do not, we seek assistance from the local authority, local charity groups, service user advocates." The care plans we reviewed included information about people's cultural and faith needs and we saw the provider had an equality and diversity policy and information for care workers.

When we asked care workers how they met people's religious and cultural needs. One commented, "We work with people with different beliefs and I respect their diversity. We have had diversity and equality training to help us."

We saw care workers completed daily records that outlined the care and support they provided to each person. These were mainly task focused but also referred to the person's mood and included information

about what people talked about.

We saw the provider's complaints procedure referred people to the local government ombudsman and the Care Quality Commission if they were not satisfied with the outcome of their complaint. We also saw that when the provider received a complaint, the registered manager logged the details, carried out an investigation in line with their procedures and sent a response to the complainant.

People using the service and their relatives told us they knew about the complaints procedure and said they felt confident the provider would respond if they raised concerns. One person told us, "I've no complaints but I'd speak to the office if I needed to."

## Is the service well-led?

### Our findings

The provider had appointed a manager who had registered with the Care Quality Commission, in accordance with the requirements of their registration. The registered manager was a registered nurse who had experience of working in NHS hospital services and care homes that provided nursing care. They were knowledgeable about people who used the service and could talk in detail about their care and support needs. The registered manager told us they kept up to date with developments in social care by reading journals and websites. They had also started a diploma in health and social care qualification and planned to complete a 'train the trainer' qualification to enable them to assist with training care workers.

People and relatives we spoke with told us they were in regular contact with the registered manager and other office staff. People told us they were happy with the service and the management were approachable. Their comments included, "Communication is good and that's important" and "You can always get hold of someone if you have any questions." When we asked people and their relatives if they would recommend this service to others, all said they would.

As part of our inspection process we contacted two social care professionals the provider told us commissioned care from the service but we received no feedback from them.

People told us they were actively encouraged to give feedback about the care and support they received and the quality of the service. Each year people or their family members were asked to complete a quality assurance survey. When these were returned, the provider analysed the feedback and produced a report detailing the actions they would take in response to people's comments. We looked at the results of last year's quality assurance surveys and saw people had responded very positively.

The care workers we spoke with had a strong commitment to providing good quality care for people who used the service. They told us the registered manager and the provider were approachable, supportive and they felt listened to. They said they attended quarterly staff meetings and they found these useful. One care worker told us, "They [managers] always listen to us, they are very welcoming and friendly and there is always someone there."

The provider and registered manager had effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager audited people's care records when care workers returned these to the office. This included their care plans, daily care notes and medicines records, if required. The registered manager told us that one person did not want their family member's care records removed from the home and the registered manager arranged to audit these when they carried out spot checks on care workers supporting the person's family member. The provider also had a system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and their annual appraisal.

The provider had policies and procedures in place to guide care workers in all aspects of their work. There

was information in the registered office regarding such things as safeguarding, and confidentiality as well the statement of purpose and registration certificates for the service.

Before our inspection we checked the records, we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to make sure people are kept safe. The registered manager could tell us what events should be notified and how they would do this.