

Paradise Independent Living Limited

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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 

Overall summary

We undertook an announced inspection on 19 January 2015 of Paradise Independent Living. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. A single inspector undertook the inspection.

This care service is run by a private organisation based in Enfield. The service currently provides care and support to 1 person living in their own home as well as 13 people living in four supported living schemes in Enfield.

At our last inspection on 20 December 2013 the service met the regulations inspected.

There was a registered manager in post. 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.

Summary of findings

People who used the service told us they felt safe in the home. The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff spoke positively about their experiences working at the service and the support they received from the registered manager.

We saw positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity and staff provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills.

Care support plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were also reflected. People were consulted and activities reflected people's individual interests, likes and dislikes. People were supported to follow their interests, take part in them and maintain links with the wider community.

Systems were in place to monitor and improve the quality of the service. The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were clear safeguarding and whistleblowing policies and procedures in place to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were enough staff with the right experience and training to meet the needs of the people living in the service.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

Good



Is the service effective?

The service was effective. The majority of staff had completed relevant training to enable them to care for people effectively. Staff told us they felt well supported by their peers and the registered manager.

People were able to make their own choices and decisions. When speaking with the registered manager and care staff, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion when we observed staff interacting well with people using the service.

It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity were respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs.

People were consulted and activities reflected people's individual interests, likes and dislikes.

There were clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. The service had a Statement of Purpose which explained some of the values of the service.

Good



Summary of findings

We found the service had a clear management structure in place with a team of care staff, the deputy manager and the registered manager. Staff we spoke with told us that they felt supported by the registered manager and spoke positively about working at the service.

Effective systems were in place to monitor and improve the quality of the service.

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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 provide a rating for the service under the Care Act 2014.

We undertook an announced inspection on 19 January 2015 of Paradise Independent Living.

Before we visited the service we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return

(PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

People who used the service were able to communicate with us verbally and were able to tell us their views. During this inspection we observed how the staff interacted with people who used the service and how people were being supported during the day. We spent time at three of the four supported living accommodation.

As part of our inspection, we spoke with four people who lived in the supported living accommodation and one person who received care in their home. We also spoke with one community professional who had contact with the supported living service. We talked to five members of staff including the registered manager. We reviewed six care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People who used the service told us that they felt safe in service. One person said, “I feel safe here. I have no fear.” Another person told us, “I feel safe here. I have no concerns and it is secure here.”

The provider had taken steps to help ensure people were protected from abuse or the risk of abuse because there were clear safeguarding and whistleblowing policies. All staff had completed training in how to safeguard adults as part of their induction and had recently received refresher safeguarding training. Care staff we spoke with were able to identify different types of abuse that could occur and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager and if needed the provider, social services and the CQC. There were appropriate arrangements in place for managing people’s finances which were monitored by the registered manager and we saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions.

Individual risk assessments and risk management plans were completed for people who used the service. Staff were provided with information on how to manage these risks and ensure people were protected. Each risk management plan had identified the risk, the level of risk and action required to manage the risk. We saw that risk assessments had been carried out to cover alcohol and substance misuse, epileptic seizures, verbal and physical aggression and health and safety. The assessments we looked at were clear and helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions with staff and people, we found there were enough staff with the right experience and training to meet the needs of the people living in the service. The registered manager showed us the staff duty rotas from 19 January 2015 until 25 January 2015 and explained how staff were allocated on each shift. She told us staffing levels for each of the supported living accommodations were assessed on a weekly basis depending on people’s needs. The rotas correctly reflected which staff were on duty at the time of our inspection. Staff we spoke with told us that they felt that there were enough staff and said that they had no concerns about this.

We saw there were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for five care staff and found appropriate background checks including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Medicines were managed safely. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with a pharmaceutical company. Each person had a lockable cupboard in their bedroom so that they could store their medicines securely if they wished to. The registered manager explained that since the service was a supported living scheme, it was the person’s decision as to whether they chose to lock their medicines in the cupboard or not. During our inspection we noted that one person’s medicine was stored in a locked cupboard in the staff office. We raised this with the registered manager and she explained that the person had not wanted to keep their medicine in the bedroom. However, as the service is supported living and not a care home, medicines should be kept in people’s rooms. The service has no legal right to keep medicines centrally. Following our inspection, the registered manager confirmed that she had consulted with the pharmacist and the person using the service and going forward they would leave the medicine in question in his room. The registered manager also confirmed that a risk assessment would be carried out in respect of this to provide guidance on how this arrangement would be supervised by staff. However we could not monitor this arrangement at the time of our inspection.

The home had a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for four people who used the service. We noted that the MAR sheets and had been completed and signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

We saw evidence that regular medicine audits had been carried to ensure medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed. The most recent audit had been carried out on 12 January 2015

Is the service safe?

and it recognised that there had been gaps in MAR sheets in November 2014. We raised this with the registered manager and she explained that this had previously been an issue but that they had taken action in respect of it.

Is the service effective?

Our findings

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care staff spoke positively about their experiences working at the service. One care staff told us, "Working here is very good. The manager is very open and approachable. The organisation is very flexible."

We spoke with one community professional who had contact with the service. They told us that they did not have any concerns about the care provided. They told us that communication at the service was good and that they were satisfied with the care.

We spoke with five members of staff including the registered manager and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff told us that they received regular supervisions and confirmed that these were monthly or every two months. We looked at a sample of staff records which confirmed this. There was also evidence that staff had received an annual appraisal in order to review their personal development and progress.

Training records showed that the majority of care staff had completed training in areas that helped them when supporting people. The records showed that all staff received an induction which covered various areas such as safeguarding adults, medication, Mental Capacity Act 2005 (MCA) and behaviour that challenges. We also saw evidence that staff had recently received refresher safeguarding and MCA training. Some staff had also received brain injury training and they said that this had been beneficial.

The registered manager explained that they had recently employed a number of new members of staff and had therefore scheduled training sessions for all staff which included behaviour that challenges the service, first aid, and medicines and we saw evidence that these had been arranged. Care staff we spoke with told us they were happy with the training that they had received.

Staff received an induction when they started working at the service. All staff we spoke with said that the induction

had been beneficial and covered a range of useful areas such as safeguarding, communication, behaviour that challenges and medicines administration. The registered manager showed us an example of an induction booklet that was given to staff which contained information and guidance for staff. Staff completed a test after each section to confirm that they had understood the work covered in the induction. One member of staff told us, "The induction was clear and good. It helped me understand what was expected of me."

Care plans contained information about people's mental state and communication. People who used the service were able to make their own choices and decisions about care and they were encouraged to do this. When speaking with the registered manager and members of staff, they showed a good understanding of the MCA and issues relating to consent.

There were appropriate DoLs policies and procedures in place. People were not restricted from leaving the supported living accommodation and were encouraged to go out into the community. We saw evidence that people went out to various places and people identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans detailed records of appointments with healthcare professionals.

On the day of our inspection we saw one person who used the service cooking lunch with a member of staff at one supported living accommodation. People who used the service told us that they had the opportunity to cook their own meals and that they did their own shopping. We spoke with the registered manager about how they monitored people's nutrition and she explained that as the service was supported living, they encouraged people to cook their own meals and be independent in respect of this. She said that people liked to eat different foods and that they were always given a choice. She said that if they had concerns about people's food intake, she would contact their GP.

Is the service caring?

Our findings

One person told us, "I am happy here." Another person said, "Staff always find time to listen to me. Staff are kind and helpful and understanding." One person told us, "Staff do put themselves out to help. They are more than helpful." A relative told us, "The care is excellent. Everything is positive."

We observed interaction between staff and people who used the service during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness and respect. There was a relaxed atmosphere and staff we spoke with told us they enjoyed supporting people living in each of the homes. People had free movement around the premises and could choose where to sit and spend their recreational time.

We looked at a sample of six care support plans and saw that people were involved in completing their care support plan and these were person centred. We saw that care plan's had been signed by people to show that they had agreed to the care they received. We saw evidence that care support plans were reviewed every six months or more frequently if required. Care support plans also included details of people's preferences and routines.

We saw people being treated with respect and dignity. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills. Care support plans set out how people should be supported to promote their independence and we observed staff following these. People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care support plans were individualised and reflected people's wishes.

Care staff were patient when supporting people and communicated well with people. They were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. The registered manager and care staff we spoke with explained to us that they encouraged people to be independent. One care staff told us, "I always encourage people to make decisions for themselves where they can." Another said, "I support people. Give them choices. I am not here to take away their independence."

When speaking with care staff about people's respect and dignity, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people. They gave us examples of how they maintained people's dignity and respected their wishes. One member of staff said, "I always greet people and talk to them with respect and give them privacy."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at the care support plans for six people which contained a detailed plan outlining the support the person needed with various aspects of their daily life such as health, personal hygiene, communication, medication, behaviour and mental health. Care support plans included details about what people's support needs were, what they would like to achieve, how to achieve these goals and what progress the person had made.

Care support plans encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. Care support plans provided detailed and appropriate information for care staff supporting them. When speaking with the registered manager and care staff, they were able to demonstrate that they were aware of people's individual needs.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. There was no formal activities timetable but there was flexibility in terms of activities people participated which was based on what people wanted to do on a particular day depending on their mood and interests. One person told us that staff had arranged for him to attend a rock concert performed by his

favourite band in November 2014 and they had taken him there. On the day of our inspection we noted that some people were out. Others were in the homes and spent the day doing what they liked to do. One person told us, "I am able to do as I please during the day." Another person said, "I have my own calendar to keep track of what activities I am doing day to day."

People who used the service and two relatives we spoke with told us that if they had any concerns or queries, they did not hesitate to speak with the registered manager. One person said, "The manager is good. I am able to talk with her." One relative told us, "I am able to raise concerns with the manager and staff. They are friendly and listen to me. I have no worries."

The home had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the local government ombudsman and CQC if people felt their complaints had not been handled appropriately by the service. When speaking with staff, they showed awareness of the policies and said they were confident to approach the registered manager. Staff felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. We looked at the complaints records and noted that complaints had been dealt with accordingly.

Is the service well-led?

Our findings

There was a clear management structure in place with a team of care staff, the deputy manager and the registered manager. Care staff spoke positively about the registered manager and the culture within the homes. One member of staff said, "I like working here and feel supported." From our discussions with the registered manager it was clear that they were familiar with the people who used the service and staff.

Staff told us they were informed of any changes occurring within the service through regular staff meetings, which meant they received up to date information and were kept well informed. Staff understood their responsibility to share any concerns about the care at the homes.

The service had a system to monitor incidents and implement learning from them. The registered manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these so that staff could all learn from these.

The service held regular residents' meetings but the registered manager told us that she encouraged people and relatives to communicate with her at any time about any concerns they may have.

We saw that the provider had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. Monthly checks were being carried out by the registered manager and any further action that needed to be taken to make improvements to the service were noted and actioned. We

found checks were extensive and covered all aspects of the service and care being provided such as building checks, health and safety, complaints, safeguarding, medication management and finances. We also saw evidence that the provider carried out a quarterly check looking at the building, audits, health and safety, staffing and obtaining feedback from people who used the service and staff.

The registered manager explained to us that the service focused on providing care for those people with brain injuries and rehabilitating them. We saw evidence that one of the services' supported living schemes had been given a Headway Approved Provider accreditation in July 2014. This accreditation recognises care providers that focus on the needs of people with an acquired brain injury. Within this, it recognises care providers who have a culture of continuous service improvement and operate within a safe environment.

The provider sought feedback from people who used the service and healthcare professionals through an annual survey. The provider had sent out questionnaires to people and relatives in December 2014. We noted that the results from the survey were largely positive. The registered manager explained that they had not yet received all the responses from the December 2014 survey and therefore she had not yet analysed the information received yet. The registered manager explained that once all the responses had been received, she would detail action points so that the service could learn from people's suggestions and comments. However we could not monitor this arrangement at the time of our inspection.