

Lifeways Paragon Limited

Lifeways Paragon Limited

Inspection report

Mitchell House
King Street
Chorley
Lancashire
PR7 3AN

Tel: 01257246400
Website: www.theslcgroup.co.uk

Date of inspection visit:
20 February 2018
21 February 2018
22 February 2018
23 February 2018

Date of publication:
17 April 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on the 20, 21, 22 and 23 February 2018.

Our last inspection of the service was carried out on 10, 11, 15 & 16 December 2014. At that inspection we rated the service as 'Good' overall. We rated the 'effective' domain as 'Outstanding' with the remaining four domains as 'Good'. At this inspection in February 2018 we found the service remained 'Good' overall and 'Outstanding' for the 'Effective' domain. As the last inspection was rated Good, at this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service provides care and support to people living in 'supported living' settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The agency office is located near the centre of Chorley and is readily accessible for people who use the service and staff, if they wish to visit. The service provides personal care and domestic support to people who live in 'supported living' houses over a wide radius. At the time of our inspection care and support was being provided within 44 services across Lancashire, Blackburn with Darwen, Wigan and Greater Manchester. The service was supporting 203 individuals and delivering 10,621 hours of support per week. Lifeways Paragon Limited (Lifeways) was employing 339 Support Workers and Team Leaders to provide this care and support.

Due to the size of the service Lifeways registered two managers with the Care Quality Commission (CQC) who each covered a given geographical area. A registered manager is a person who has registered with the 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. We spoke with both registered managers throughout the inspection process, who were cooperative throughout.

The service had systems in place to record safeguarding concerns, accidents and incidents and necessary action was taken, as required. Staff had received safeguarding training and they understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and support needs.

People received their medicines as prescribed and when needed and appropriate records had been completed. People spoken with did not raise any concerns about the management of their medicines.

Staffing levels were seen to be sufficient to meet the assessed needs of people. The majority of people and relatives told us that staff were consistent.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. Staff spoke positively about confidentiality, privacy and dignity and this came through when speaking with people.

The service had information with regards to support from an external advocate should this be required by those who used the service.

Care plans contained a good level of person centred information with good guidance for staff. People who wished to be involved in care reviews were included in this process and were at the centre of it.

End of life care plans were in place for people and this was approached in a sensitive manner in a way that people could understand.

A number of audits were undertaken to ensure the on-going quality of the service was monitored appropriately and lessons were learned from issues that occurred. A robust management structure was in place that had oversight at a number of levels in accordance with the size of the agency and wider organisation.

The service communicated well with people, relatives and staff. We saw evidence of a number of ways this was done, including memo's, newsletters and spot-checks.

The feedback from people and relatives was very positive and we received lots of complimentary comments from them about the agency, its staff and the management team.

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 remains Good.	Good ●
Is the service effective? The service remains Outstanding.	Outstanding ☆
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Lifeways Paragon Limited

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 11 & 15 January 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. We also wanted to give advance notice to the service given the size of the inspection team and so we could make arrangements and coordinate the inspection team effectively.

The inspection was completed by six Adult Social Care Inspectors and three Experts by Experience and a Pharmacy Specialist Advisor. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. All three Experts' by Experience were carers of family members with learning disabilities or who had mental health needs.

We visited eight supported living schemes of various sizes and geographical locations across Manchester, East Lancashire and South Ribble. We made telephone calls to people and relatives at schemes we did not visit. In total we spoke with 26 people and 14 relatives. Where people were unable to speak with us we carried out observations within the support living schemes we visited.

We also spoke with 14 staff, including the two registered managers, six service managers, the organisations learning administrator manager and care staff.

Prior to the inspection the lead inspector gathered the available information from Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints or whistle-blowing information received. We used a planning tool to collate all this evidence and information prior to visiting the service.

We reviewed 16 care records of people who used the service and associated documentation, such as risk assessments and pre assessments. We reviewed six staff personnel files, training records and records

relating to the management of the service, including quality audits and monitoring information.

Is the service safe?

Our findings

People and relatives continued to tell us they felt safe when they or their loved ones received care and support. One person told us, "I know I am safe, I know who I can talk to if I am worried, and staff help me work things through." Another person told us, "I feel absolutely safe with the staff. They are well trained and I feel safe with all of them. They come in for half an hour to an hour and they help me in any way I need them to", and another person said, "Yes, I feel safe with all the Staff. They are well trained and helpful and I find them easy to talk to which is important."

One relative we spoke with told us, "Yeah, course I feel that [Name] is safe. They are all regular staff that he sees, they rarely, if ever, use agency staff. We have confidence in how well trained they are." Another relative told us, "I feel that [Name] is safe, yes. A lot of staff come and go, but the regulars are a very good team at the moment."

The service had an up to date and relevant safeguarding policy and procedure in place. We spoke with staff about the service's safeguarding procedures to ensure they understood them. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside the service, if they felt appropriate action was not being taken. They also displayed good knowledge of local safeguarding protocols. We saw appropriate safeguarding referrals had been made to the relevant Local Authority and notifications made to the Care Quality Commission, when needed. Feedback from the Local Authorities was positive, including the reporting of safeguarding and how the service worked and responded to issues in a proactive and professional manner.

As at the previous inspection appropriate procedures were in place, and followed, with regard to the recruitment of staff. At this inspection we reviewed six staff files held at the registered office and found the necessary background checks had been carried out and that the service's recruitment policy and process had been followed.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who received a service. Staff had relevant training and competency testing to assist them in the safe administration of medicines. We found some minor issues with regard to medicines management, such as PRN or 'as and when needed' medicines; not always being specific to people's needs, but our pharmacy specialist advisor's feedback was very positive and they were confident that medicines were being managed well.

We saw lessons were learned when errors were made. One example was a medication error which resulted in an internal investigation report being carried out. The member of staff was given additional training and was observed when administering medicines for a short period of time. We looked at how accidents and incidents were being managed and saw records were kept within the registered office and any patterns or themes were identified and acted upon.

Each person had a health action plan in place that contained information including; medical history, medication details, communication, diet and mobility needs, sleep, mental health and dental care.

We found risks to people's safety had been assessed using a variety of risk assessments and support plans contained guidance regarding the actions staff needed to take to keep people safe. Risk assessments clearly highlighted if a person had other presenting risks, such as when accessing the community. One scheme manager told us, "If a person makes a decision to go out, for example [person name] has decided to go to Blackpool, we do a risk assessment to identify and minimise any risks." There were many other examples of risk assessments within support plans that were personalised to each individual.

Staffing levels were seen to be sufficient to meet the assessed needs of the people receiving care and support. We looked at staff rotas for the previous four week period, which complemented the commissioned hours. People, relatives and staff we spoke with raised no concerns about staffing levels although a few relatives mentioned that staff turnover was, in their opinion high at times.

We looked at staff turnover and within the 12 month period prior to our inspection 84 members of staff had left and 104 new staff had started. Given the size of the service this gave an approximate staff turnover of 20%, which is below the care industry standard which in 2015 was 27%. Staff were offered exit interviews and we saw the majority of staff left for genuine reasons, such as for higher paid work, promotions or to study. We did review files for staff who had been dismissed for disciplinary reasons and saw that the providers policy was followed accurately.

People who we spoke with told us they saw a consistent staff team and staff told us they had time to carry out their duties. We saw evidence that additional hours were sought for people from service commissioners when their needs changed or they were unwell.

People told us staff were well presented, and as far as they were aware followed good practice in terms of infection control procedures. Staff were trained in this area and had access to enough personal protective equipment. We found the supported living schemes to be clean and tidy.

The service remains rated as 'Good' in this domain.

Is the service effective?

Our findings

People receiving care and support made positive comments about the staff who cared for them. Relatives told us that the current staff team were knowledgeable about their loved one's care needs and they were satisfied they were being met by a well-trained and competent staff team. One person told us, "I'm happy I moved here, I didn't like the last place, its better, a lot better, I prefer the staff here, they help and they are good fun." Another person said, "They ask me about how I think I am doing, and listen to me. It helps me know that I am listened to." A number of people told us staff listened to them and they were able to have a say and influence their day to day living activities.

On relative we spoke with told us, "The Staff try really hard. [Name] does have a choice of the staff because she doesn't like change. She likes familiarity. If Staff do change, it takes her a while to come to terms with it. Changes are inevitable, but I think the service does well when it happens and handle the situation well." Another relative told us, "The staff are brilliant, they go out their way to help and assist, and let us know of any changes that may come up." We received very similar comments from all relatives we spoke with.

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.

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. We checked whether the service was working within the principles of the MCA. Staff we spoke with were extremely knowledgeable about how the legislation could affect people in their care and they had received recent training in this area.

We saw mental capacity assessments were in place for people and consent was gained, signed for and recorded appropriately. Support plans indicated clearly if people had an appointee in place via the court of protection or a lasting power of attorney. There were also details recorded of professional involvement in any decisions, such as consultants, psychologists or therapists and we saw that their advice was routinely followed.

As at the previous inspection staff were supported well, this included regular supervisions, annual appraisals and training to deliver their roles effectively. Staff we spoke with told us they felt supported both formally and informally.

People were supported to have their nutritional and hydration needs met. Care plans reflected people's needs in this area and we saw that referrals had been made to appropriate professionals, such as dieticians and the speech and language therapy team, as was required. We observed during our visits that when staff were supporting people with their nutritional needs they were given choice's. People were given menus with pictures on, as well as being shown what was available in cupboards, so choices could be made by people.

One member of staff told us, "Sometimes people have different meals, which we are happy to do as not everyone likes the same things. [Name] is trying to eat a more healthy diet as they are diabetic, so we are trying to help with this."

The service had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence people, and/or a family member had been involved with and were at the centre of developing their support plans, which were reviewed at regular intervals.

When we spoke with people, relatives and staff we were told that communication within the service was excellent and there were a variety of mechanisms in place to evidence this including meetings, newsletters and reviews. Our observations of interactions between staff and people who used the service indicated there was excellent communication, which contributed to people feeling safe and cared for. Each support living scheme was relaxed and interactions were natural and respectful. Given the size of the organisation, therefore making communication more of a challenge, it was evident to see that a lot of work went into ensuring everyone was kept up to date with development that affected them and staff were kept abreast of developments within the organisation.

The service remains rated as 'Outstanding' in this domain.

Is the service caring?

Our findings

We asked people and relatives about the approach of staff towards them or their loved ones. We received very positive responses from people such as; "The Staff are very caring. I just tell them the score and they get on with it", another person told us, "They do care and I trust the Staff who come to help me" and "They always ask permission before they carry out any care. They don't just walk in either, they always knock on the door." Relatives were also very complimentary about staff and their approach and attitude. One relative told us, "They take [Name] out and they care a lot about her. If I had any complaints, I'd voice them but they seem to work really well as a team and they have [Name's] best interests at heart". Another relative said, "I have given them permission to cuddle [Name] if she needs it, because you can be too stand-offish in this day and age. Sometimes it's all she needs and the staff are very caring." These sentiments were backed up by numerous positive interactions between staff and the people they cared for witnessed by the inspection team within all the supported living schemes we visited.

Staff we spoke with had no concerns about the people they cared for and told us that if they did the service was proactive in seeking the requisite advice and support. We saw evidence of this within people's care plans, where extra hours or services were put in place, at the request of the service with people's permission where possible or with their family member or advocate.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity, as well as how to maintain confidentiality. All these areas were covered within both the employee handbook given to all staff and a client's welcome pack to all people who received a service. We discussed with the registered managers a recent dignity celebration day that was held. This enabled people to better understand what dignity meant to them, what the service did well in promoting dignity for people and where they needed to improve. 'Flyers' were also produced to further cement this approach.

We saw people and their relatives had an input into how their care and support was designed if they wanted to be involved. This included being part of the care plan review process. People and relatives we spoke with confirmed this to be the case. People told us they felt they had an input into their care and support and some people told us they were happy for relatives or the service to take care of arrangements, but confirmed this was their own choice. For some people this was done by an appointee.

If people did not have support from family then the service could assist people to access formal advocacy support. The service had information and details for people and their families if this was needed with regards to the different types of formal support they could be entitled to if needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if required.

The service remained rated as 'Good' for this domain.

Is the service responsive?

Our findings

The service had a complaints procedure, which was made available to people via the service users guide and people we spoke with told us they knew how to raise issues, although most were not familiar with the formal complaints process. Contact details for external organisations including social services and the Local Government Ombudsman had been provided, should people wish to refer their concerns to those organisations.

When asked if they knew how to raise issues or make a complaint one person said, "If I wasn't happy I would tell [Name of service manager]. She would sort things for me." Another person said, "When I've needed to have a talk on something I will ask one of the staff, they have always listened to what I've said." Another person said, "Staff help me when I say I am not happy, I don't need to complain." Relatives we spoke with were satisfied that if they had a concern they knew who to speak to and that issues would be resolved.

People and relatives spoken with were aware of their or their loved ones support plan. Not everyone wished to be involved in this aspect of their care and support, but people told us they were given the opportunity to contribute to it. We found support plans were person centred, detailed, outcome focused and involved the input of appropriate professionals. Goals were recorded, which were measurable and achievable. Plans were generated from detailed needs assessments carried out prior to or shortly after people arrived into the service.

Plans gave good guidance for staff to follow. Staff we spoke with told us that support plans were useful, well written, and the detail reflected the needs of the people they supported. People's histories were explored and well documented.

We found end of life care was discussed with people, relatives and advocates. Information was presented in a simple 'easy read' format for people with limited reading and communication skills. Support plans in this area included information about different religions, people's preferred music, readings, resting place and donations. This was done in a gentle and sensitive manner and resulted in a last wishes document being in place. Along with all aspects of people's support plans this was reviewed at regular intervals.

We saw evidence that people were supported to access their local community, undertake hobbies and interests and plan for longer term activities, such as holidays. Within one supported living scheme we observed a conversation taking place about a potential holiday that one person wished to go on. We saw staff listened attentively to the concerns the person had, and discussed issues such as cost, saving up, getting the best deal, transport arrangement and length of holiday. We found these conversations reassured the person concerned. There were many other examples within people's support plans.

The use of technology was utilised in a number of ways within the organisation. Staff had the use of mobile phones to enable them to be contactable and for them to be able to contact the office for advice. The service had recently signed up to a new IT training system, which was user friendly for staff, but also gave management an overview of progress. The system was to be developed to incorporate supervision, appraisal and competency information for staff. The organisations Learning Administrator Manager took us

through the system. We saw that some people had the use of laptops or tablets to help them communicate and access information when visiting supported living schemes.

The service remained rated as 'Good' in this domain.

Is the service well-led?

Our findings

Two registered managers were in place at the service. Due to the size of the service people and relatives did not always know who the registered managers were when asked. However, everyone told us that they knew a scheme manager or senior member of staff. People spoke well of these managers, care staff, office staff and how the service was run. One person told us, "The Manager [scheme manager] is brilliant and explains everything to me. I haven't ever had to contact the head office. Things always get dealt with by staff. I'm very happy with the support that they give me" Another person said, "[Name] is the [service] manager and [Name] is the area manager. They are always approachable. I can just go across and talk to them anytime that I want to."

Relatives gave us similar feedback. One relative told us, "[Name] is the manager. If I have questions, they are always available to answer and discuss things. They are very caring and I have every trust in them." Another relative said, "If anything isn't right, they have meetings to put things right and it gives me confidence. It's a good place and we are always welcome."

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, care plans, staff training, inductions, supervisions and appraisal, health and safety, compliance with the Mental Capacity Act and Deprivation of Liberty and accidents and incidents, amongst many other areas. As a result of audits undertaken outcomes and actions were put in place and results were fed back to staff and people who lived in the supported living schemes.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and healthcare professionals including General Practitioners, Dieticians, Speech and Language Therapists, Occupational Therapists and Mental Health services. There were other examples of the service undertaking positive community engagement including charitable events. The service had raised funds for various charities including Cancer Research, MacMillan by holding a coffee morning, Breast Cancer Awareness by holding a 'wear it pink' day and coffee morning.

Both Registered Managers are Safeguarding and MCA Champions within Lancashire and take part in workshops to share good practice with the local authority and other providers.

We saw two recent monitoring reports from Local Authority commissioners. Both reports were, in the main positive, and any recommendations made had been actioned and evidenced.

Lifeways Paragon Limited had a full range of appropriate and up to date policies and procedures which were reviewed at regular intervals. Staff knew how to access them and were aware of the basic principles of the key policies which affected their work.

We saw a range of different mechanisms that the service used to pass on key messages and updates such as

newsletters, meetings, spot check, reviews and visits. People, relatives and staff told us that they could contact the service at any time and when they did staff were helpful and friendly.

There was a business continuity plan in place, which included an office recovery plan, critical contracts for services and utilities such as gas, electricity and water supplies. There were also local business continuity plans for each separate location.

The service had on display in the home their last CQC rating, where people who visited the service could see it. This has been a legal requirement since 01 April 2015. The website of Lifeways Paragon also displayed the service's latest CQC rating. Notifications were submitted to CQC, as needed and all other registration requirements were being met.

As a large national provider the wider organisation had a robust and supportive management structure in place. There were numerous levels of oversight and all the managers we spoke with told us they felt supported, that the organisation gave them the direction they needed and there were opportunities to progress for them as individuals.

The service remained rated as 'Good' in this domain.