

Paradise Lodge Care Home Limited

Paradise Lodge

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

Paradise Lodge provides accommodation and personal care for 5 people who have a learning disability and require 24 hour support and care.

This was an unannounced inspection which took place on the 30 January 2015 and meant the service and staff did not know we were visiting.

A registered manager was 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.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS) and to report on what we find. The service was up to date with recent changes to the law regarding DOLS.

Summary of findings

People who used the service told us that the service was a safe place to live. There were procedures in place which advised staff about how to safeguard the people who used the service from abuse. Staff understood the various types of abuse and knew who to and how to report any concerns.

There were procedures and processes in place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

There were sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with recent changes to the law regarding DOLs.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People spoke highly about the quality of the food and the choices available.

A complaints procedure was in place. Everyone we asked said they would be comfortable to raise any concerns with the staff.

People and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

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?

The service was safe.

There were systems in place to manage safeguarding matters. Staff understood how to recognise and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

There were systems in place to manage people's medicines safely and to provide their medication as prescribed.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented. Therefore people were not unlawfully deprived of their liberty.

People were supported to maintain good health and had access to appropriate services so they received on-going healthcare support.

People made choices about what they wanted to eat and drink and the quality of the food provided was good.

Good



Is the service caring?

The service was caring.

Staff were caring and considerate. They supported people to maintain their dignity and treated them with respect.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to meet their needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

Safeguarding concerns, accidents and injuries were monitored to make sure that any trends were recognised and dealt with quickly to make sure people in the home and staff were supported and safe.

The management team were aware of the day to day culture in the home and staff were updated on new and changing methods to ensure best practice.

Good



Paradise Lodge

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 the 30 January 2015 and was unannounced. The inspection was undertaken by one Inspector.

Before our inspection, the provider completed a Provider Information Return (PIR). This 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.

To help us plan what areas we were going to focus on during our inspection, we looked at the PIR and reviewed information we had received about the service such as notifications. This is information about important events which the service is required to send us by law. Information sent to us from other stakeholders for example the local authority and members of the public were also reviewed. We spoke with three people who were able to express their views about the service.

We looked at four sets of records in relation to people's care. We spoke with two care staff. We looked at records relating to the management of the service, staff recruitment and training records, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living in Paradise Lodge. One person's relative's told us "I feel sure that my relative is safe at paradise Lodge, it gives me peace of mind when I leave them." People told us that staff were available to provide them with support when they needed it. We saw that people were largely independent, but staff were in attendance to support people when they needed help.

We looked at the staffing levels in the service. There were two members of staff on duty throughout the day and one at night. There was also 24 hour on-call support available in the event of an emergency. From looking at staffing rotas and talking to staff we found that appropriate staffing levels were being maintained. Our findings indicated that sufficient staffing levels were being provided to meet people's needs and care for them safely.

Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This ensured only appropriate care staff were employed to work with people at the home.

Risks to people's safety were appropriately assessed, managed and reviewed. Care records showed that risk assessments had been completed on areas such as the environment, finances and accessing the community.

These risk assessments helped people to go about their day to day activities safely and enabled them to maximise their independence both within the home and in the community.

The provider had policies and procedures in place to guide staff on adult protection and their responsibilities around keeping people safe, including policies about complaints and whistle blowing. Staff were able to show us that they had a good awareness of what constituted abuse or poor practice and demonstrated that they knew what to do if they saw or suspected abuse. Staff spoken with knew the processes for making safeguarding referrals to the local authority. This showed us that staff understood their responsibilities around keeping people safe.

All of the staff that we spoke with told us that they had received awareness training around safeguarding of adults within the first week of commencing employment to ensure that they were aware of what abuse was, how to identify it and what to do if they saw or suspected abuse was occurring. They then completed regular updates in order to keep their knowledge current and up to date.

Medicines records and storage arrangements seen were in good order and demonstrated that people received their medicines as prescribed. We were told that all staff administer medicines to people following training from the dispensing chemist. Staff described to us how they supported people with their medicines, from their description we were able to conclude that people were supported in a way that was dignified and respectful.

Is the service effective?

Our findings

People told us that they were happy with the service that they received, that their needs were met and the staff were competent in their roles.

Staff told us that access to training was good and gave them the information that they needed to be able to deliver care and support to people who used the service. They were positive about the training they received and how it helped them to support people. Staff had received training in a range of areas including; safeguarding, dignity in care, nutrition and diabetes awareness. This training helped to ensure that staff had the necessary knowledge and skills to meet people's needs.

All staff had received a thorough induction to the service which included shadowing other staff for a minimum of two weeks, reading people's care plans and related documents and reading policies and procedures. Staff told us that during their induction period they worked across all three of the providers other homes, this enabled them to be able to work flexibly in the future if required.

We spoke with two members of staff. They told us that "We have access to lots of training and support". Training records showed that staff had received updated training to maintain their knowledge and competency. This ensured

people received care and support from an effective team. Staff told us that the manager and the provider were very supportive, they provided regular supervision every four to six weeks which they found helpful to support their role.

The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation and had received training.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with healthcare professionals to ensure people were provided with the care and treatment they needed.

People told us that the food provided in the home was good, they also told us that they took an active part in preparing meals for example preparing vegetables. We observed that people ate their meal in an unrushed manner and at a pace that suited them. We saw that mealtimes were flexible to meet people's lifestyles. People were seen making themselves drinks and snacks throughout the time of our inspection. People's care plans contained information on their dietary needs and the level of support they needed.

Is the service caring?

Our findings

People told us that they thought staff understood their care needs very well. A relative told us “The care staff here understand my relatives needs very well.”

From our observations of interactions between people and staff, people were treated with respect. Staff were always polite when talking with people and always ensured that they had ample time to answer or make decisions.

There was a warm and friendly atmosphere in the home. People who lived in the home and staff had a good rapport and it was clear to us that staff knew people very well. We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. Staff demonstrated affection, warmth and compassion for the people they supported. We saw that staff laughed and joked with the people they supported and this was welcomed by them.

We saw that people who used the service were supported to maintain relationships with others. People’s relatives

and those acting on their behalf were able to visit the service when they wished and no restrictions to this were evident. One relative told us that they were able to visit their relative whenever they wanted.

We looked at three care plans and saw that they contained comprehensive information about people’s needs and preferences. The information was clear and there was sufficient detail to ensure staff were able to provide care consistently. We saw that people had been consulted with about their care plans and those that chosen to had signed them to confirm so. Where people had chosen not to do so this was also recorded. Staff spoken with demonstrated an in-depth, detailed knowledge and understanding of people’s needs. We saw staff reassuring people when they became anxious in a sensitive and caring way, which helped to alleviate the persons anxiety. staff were able to tell us about people’s preferences, risks and how they were managed, ways of communicating and specific health issues.

Is the service responsive?

Our findings

People were being offered choices by staff about their care. For example what food they would like and how they were planning to spend their day.

Peoples needs had been assessed and planned for through the assessment process. Care plans provided staff with adequate information to enable them to provide people with individualised care. They reflected the mood of the person in a positive manner. They reflected the care given as identified in peoples care plans and risk assessments and showed that their preferences and wishes were promoted and respected.

Staff were able to tell us how they communicated with people and that there were different methods available including pictorial information. This meant people were offered and given individual choices to meet their preferences.

People told us they were able to express their views about the quality of the service provided and to share ideas and suggestions with staff, in satisfaction surveys and in

meetings. The minutes of these meetings showed people's feedback was taken into account and acted on. For example we saw that people had asked for more flexible staffing arrangements to enable them to access the community more readily. We saw that staffing arrangements had been amended to enable this request to be met.

There was an effective complaints procedure in place displayed in the hallway which we saw was also provided in an alternative format to make it accessible to the people who used the service. The procedure described the process for how and to who to report any complaint or concern too. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. Staff told us that they were aware of the complaints procedure and knew how to respond to people's complaints. We reviewed the homes complaints and compliments log and saw that no complaints had been received although one compliment was recorded 'Lovely, warm, welcoming home'.

Is the service well-led?

Our findings

Staff told us that both the registered manager and the provider were very supportive and both had a visible presence in the home. Staff told us that the provider usually visited the home daily and spent time with people.

Staff told us that they felt valued and supported by the registered manager and the provider. They said that the registered manager was approachable and there was an 'open culture' at the service. Staff told us that they would be confident to speak to the registered manager or the provider if they had any concerns.

The rota detailed the availability of the registered manager. Staff we spoke with told us that they were very supportive and they were clear about their responsibilities. Staff reported that they were very happy in their roles and ensured people received the care they needed. Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care.

We saw that the service had recently conducted the annual satisfaction survey, which was designed to give people the

opportunity to share their views about the service but at the time of our inspection these returns had not yet been received and collated. We were told by staff that upon receipt an improvement plan would be developed in relation to the feedback received if relevant.

The management team involved people and their relatives in the assessment and monitoring of the quality of care. We saw that there were monthly meetings where people who lived in the home were able to discuss how the home was being run and suggest changes.

As part of the quality monitoring process the provider carried out checks to assess standards in the service. This examined areas such as the environment, food, support plans and other records, medicines and social interactions. This was used to put an action plan in place to make further improvements. We saw that audits had been completed on things such as: medicines, fire and health and safety. These audits help to ensure that people, staff and visitors were kept safe. We saw that when action had been identified this was followed up to ensure that action had been taken. These checks enabled the manager to identify any areas for improvement and put measures in place to improve the quality of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.