

Lifeways Paragon Limited

# SLC Paragon (Midlands)

## 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 ●

# Summary of findings

## Overall summary

### About the service

SLC Paragon is registered to provide personal care and support to people with a learning disability who live independently in the community. On the day of our inspection there were three people receiving support. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were supported safely by staff who knew how to escalate concerns and were aware of potential risks when providing support to people. People received their medicines when they needed them, and where possible people were encouraged to take responsibility and administer their own medicines. Staff wore gloves and aprons to ensure they protected people from cross infection. Contingency plans were being developed in response to the spread of the coronavirus. Systems were in place to review any incident and accidents to see if there were any lessons to learn from these.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff had received the training they needed for their role and felt supported. People were supported where possible to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People felt confident to raise any concerns they had about the support they received. People received support that met their needs and preferences.

People and relatives made positive comments about the staff that supported them describing them as caring, friendly and approachable. Systems were in place to monitor the service provided and to gain feedback from people and their relatives.

### Rating at last inspection

The last rating for this service was Good (published 1 November 2017).

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# SLC Paragon (Midlands)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live 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 service had a manager, but they were not yet registered with the Care Quality Commission for this service. They were registered for other services the Care Quality Commission regulate. A registered manager means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hour's notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the

service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with two staff members, the compliance manager and the manager. The compliance manager is similar to a deputy manager and they assist the manager to monitor services and staff. The compliance manager oversees the daily support provided to people by this service.

We reviewed a range of records. This included three people's care and medication records. We looked at two staff recruitment files and training information for three staff. We also looked at records that related to the management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and staff meeting minutes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. One person said, "Yes I am safe, the staff are kind and keep me safe". A relative told us, "I have no concerns I know [person] is safe and the staff keep them safe. The staff are lovely."
- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A staff member told us, "I would report any concerns straight away and take it higher if my manager did not act. I would follow the whistle blowing policy if needed to protect people." 'Whistleblowing' means the reporting by employees of suspected misconduct.

Assessing risk, safety monitoring and management

- People and relatives told us staff knew about any risks associated with providing support. One person said, "I need support when I go out to keep me safe because of the roads. The staff know this and help me." A relative told us, "The staff keep [person] safe they know what the risks are and what [person] is able to do on their own and what they need help with."
- Information was available in people's support plans about any risks associated with providing their support. A staff member said, "I have supported certain people for a long time, so I know what the risks are when we go out or in the home such as when cooking."
- Some people used equipment to support their mobility. We saw the service history for one particular piece of equipment was out of date, but action had been taken by staff and a date had been arranged for a service to be completed in the next few weeks.
- The manager told us contingency plans were being developed in response to the spread of the coronavirus and the potential impact this could have on the service.

Staffing and recruitment

- People told us there was enough staff to meet their needs. One person said, "Yes we have enough staff and they are the same ones, so we know them well." A relative said, "There is always enough staff on duty to support [person]."
- People received the support they needed to live independently, and to go out and visit the places they liked.
- The service had not recruited specific staff for this service, since our last inspection visit. The manager confirmed they would continue to follow the same recruitment practices to ensure the required checks were undertaken. We reviewed two staff files, and these contained the required information such as references and a disclosure and barring check.
- The manager told us how people were involved in the recruitment process. For example, people would

meet potential staff and interview them and then provide feedback, which would be considered as part of the process.

#### Using medicines safely

- People told us they received their medicines when they needed them. One person said, "Staff help and give me my tablets when I should have them." A relative said, "[Person] receives their medicines when needed."
- Where possible people were encouraged to take responsibility for their own medicines and administer these themselves. Staff provided minimal support such as checking people had remembered to take their medicines.
- Records reviewed demonstrated people received their medicines as prescribed.
- We saw some minor improvements were required with the management of medicines. These included, for any handwritten medicine instructions to be checked and countersigned by two staff where possible, and for the balance of loose tablets to be checked to ensure they were accurate. Once shared these issues were added to the action plan that had been developed for the service.

#### Preventing and controlling infection

- People told us staff supported them to keep their homes clean. One person said, "Yes we help with cleaning, but staff do most of it." A relative told us, "[Person] house is cleaner than mine."
- Staff told us, they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections. Staff also told us they had completed training in relation to infection control and food safety. Records we reviewed confirmed this. This ensured staff had the knowledge to prevent cross contamination and infection.

#### Learning lessons when things go wrong

- Systems were in place to review any accidents and incidents for any patterns and trends and to mitigate future risk.
- Staff understood their responsibilities to raise concerns in relation to health and safety.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started being supported by this service. New assessments have recently been devised for any people that were referred.
- We reviewed the new documentation and saw it covered people's protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People told us staff had the skills to meet their needs. One person said, "The staff are good, they know what they are doing." A relative told us, "The staff have the skills to meet [person] needs, they know [person] very well."
- Staff told us they received support and had regular training opportunities, to enable them to meet people's needs. One staff member told us, "I have been here for a while, but I did have an induction when I first started, and I have completed the training needed for my role. We have regular updates as well."
- The manager confirmed new staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The manager advised training would be sourced and arranged for staff in relation to supporting people with their oral hygiene and signs staff should be aware of which may indicate medical advice should be sought.

Supporting people to eat and drink enough to maintain a balanced diet

- People and a relative told us they received the support they needed to have enough to drink and to maintain a balanced diet. A person said, "We go shopping and choose what we would like to eat. The staff then cook this for me as I cannot cook myself, but I help out sometimes." A relative said, "The staff encourage [person] to eat healthy and they have recently lost some weight which is a good thing."
- Information about people's dietary requirements, preferences and any allergies were recorded in people's support plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and a relative told us they were supported to maintain their health. One person told us, "If I was poorly the staff would take me to the doctors. I have been to the dentist and had my eyes checked." A relative said, "The staff arrange the appointments and make sure [person] attends all routine checks. The

staff always provide me with feedback, so I know [person] is okay."

- Staff told us they monitored people's general health, and records were maintained of all appointments attended and outcomes.

#### Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and found they were.

- People confirmed their consent was obtained before staff provided support. One person said, "The staff ask first, we work together." A relative told us, "From what I have seen the staff always ask for [person] consent first before providing support. If [person] didn't want to do something they wouldn't. Once [person] has made up their mind that is it."
- Staff had a good understanding of the MCA and the impact this legislation had on their role. A staff member said, "Its about giving people choices about their life. Promoting their human rights to make decisions wise or unwise."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and a relative told us they were respected and treated well by the staff. A person said, "The staff are very kind, and nice. They speak to me nicely." A relative told us, "The staff are respectful, and they treat [person] like an equal. They have empathy for people, they are superb."
- We visited people in their own homes and observed positive interactions between people and staff. People appeared at ease with staff which created an inclusive and positive atmosphere.
- Staff told us they enjoyed their role. One staff member said, "I love supporting people, I find it very rewarding."

Supporting people to express their views and be involved in making decisions about their care

- People felt involved in their care. One person said, "I do what I want to do every day." A relative told us, "The staff involve [person] in all daily decisions."
- Care records showed people were involved and consulted about how they wanted their care to be provided both on a daily basis and during monthly reviews of their care.
- The registered manager had an understanding of when advocacy services would be required and how to access these services. An advocate works with people to ensure that their views and opinions are heard.

Respecting and promoting people's privacy, dignity and independence

- People and a relative confirmed staff maintained their privacy and dignity and promoted their independence. One person said, "The staff make sure I am covered up when I have a shower, they only wash the bits I can't." A relative said, "The staff always promote [person] dignity, [person] always looks look good when I visit. The staff encourage [person] to do as much for themselves as possible."
- Staff told us how they considered people's privacy and dignity when providing support, for example by respecting people's choices to spend some time alone, and by ensuring doors were closed when supporting with personal care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People confirmed they received the support they needed to live as independently as possible. One person said, "Staff meet my needs, and help me to live here. I am happy." A relative shared with us, "[Person] is very happy, they have a good life, and the staff meet their needs, and know what [person] preferences are. [Person] is in control of their life and the staff provide the support needed."
- People were supported by a stable and consistent staff who knew them well and were knowledgeable about their support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the AIS. Information could be made available in alternative languages if required. The registered manager confirmed information such as the complaints and safeguarding procedures were available in easy read for people to access. Work was ongoing to implement easy read support plans.
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs, and within people's support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they received the support they wanted to enable them to do the things they enjoyed. One person said, "Staff support me to go out shopping which I enjoy, and for meals. We have been on holiday and I go and have my hair done." A relative told us, "The staff are very accommodating and support [person] to go where they like. [Person] goes out daily to meet up with their friends."
- One person introduced us to their pet. The person told us, "I love my pet, he is part of my family. I sadly lost my other pet, but we buried him in the garden, so he is still close by."
- People and a relative told us staff supported them to maintain contact with people they cared for. One person said, "I visit my friend often." A relative said, "We always get cards and [person] calls us regularly. The staff are always welcoming, and we can visit when we want."

Improving care quality in response to complaints or concerns

- People and a relative knew how to raise concerns. A person told us, "If I was not happy, I would speak with

[staff name] they would sort it." A relative said, "I have never had any cause to complain but if I did, I would call [staff name] and I am confident they would sort it out."

- A complaints procedure was in place. The manager told us they had not received any complaints to date.
- Staff told us they would support people to raise any concerns they had about the service provided or any housing issues to the landlord.

#### End of life care and support

- The manager told us they were not currently supporting anyone on end of life care.
- We saw new easy read 'last wishes' documents had been developed and the manager told us these were to be implemented in the next few weeks.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and a relative told us they were happy with the way the service was provided and the care delivered. One person said, "I am happy here and with the staff I don't want anything to change." A relative told us, "We are very grateful for the service and staff they do a super job and support [person] to live independently in the community like I do."
- Staff told us they felt supported and involved with the way the service was provided. A staff member told us, "We are a very small team here that support people, so we work well together. We have regular meetings with our line manager [compliance manager] and we discuss the service and make suggestions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood his responsibilities in relation to the duty of candour regulation. The manager advised there had been no incidents where he has had to fulfil these responsibilities but commented he would be open and honest in responding to any such instances.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had submitted their application to register with the Care Quality Commission (CQC). They were already registered with CQC and have responsibility for other services. The manager was relatively new to this service and therefore had not yet had the opportunity to speak and meet all the people and staff from this service. The manager was supported by a service manager who visits the service regularly and is the direct line manager for the staff. People and staff knew the service manager well.
- Systems were in place to monitor the service provided to people, this included a variety of audits that were completed at regular intervals in areas such as medicines, finances, care records and health and safety. Where issues were identified action, plans were in place to address them. For example, some elements of people's care plan needed updating, this was identified and included on the action plan.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed in the office, and on the providers website. The manager was aware of the need to promptly inform CQC of any notifiable incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and a relative told us they felt involved in the delivery of their service and feedback was sought. One person said, "We get asked if we are okay and happy with everything, we have meetings sometimes." A relative told us, "They don't need to ask me for feedback because I routinely tell them. The service is managed well and in [person] best interests. I think they do an absolutely super job, especially in the current circumstances. I know [person] is happy."
- Staff told us they regularly check that people are happy with the service and they have regularly tenants' meetings with them to discuss the service.
- The manager told us about their future plans to begin to have co-production meetings with people to discuss service-related issues and developments. Co-production meetings is where people who use services staff and managers meet together and discuss the service amongst other topics. The manager advised meetings would be tailored to people's needs and it would also be an opportunity for people to meet other people supported by the provider.

#### Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service.