

Paradise Home Care Services 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?

Requires Improvement ●

Summary of findings

Overall summary

Paradise Home Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

Not everyone who used the service received personal care. 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.

At the time of the inspection the provider was supporting three people, but only one person received personal care.

This person's care was funded through a local authority direct payment agreement. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to have control and choice over who they choose to provide their care.

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

The person was positive about the kind and caring attitude of the staff team and praised the importance of having staff who spoke their first language to help communication and to understand their cultural needs.

There were regular care staff who had developed positive relationships and knew how the person liked to be supported and what was important to them. Staff arrived on time and always stayed the full duration of their visit.

Although it had not directly impacted the level of care and support the person received, there were some areas for improvement with the provider's monitoring and governance processes. This was related to policies and procedures and current COVID-19 testing requirements for staff.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The person and their relative was positive about the management of the service and had regular opportunities to feedback about their care. The person felt comfortable contacting the provider if they had to and was always asked if they required any additional support.

The person was supported by staff who were positive about the organisation and felt well supported in their role. Staff felt listened to and had opportunities to discuss the service they provided.

We have made a recommendation that the provider ensures their failed visit policy is updated in line with best practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 17 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Paradise Home Care Services Limited

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 Health and Social Care Act 2008.

Inspection team

This consisted of one inspector and an interpreter.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 May 2022 and ended on 20 May 2022. We requested a range of policies and procedures that were sent to us by the provider on 11 May 2022. We visited the office location on 12 May 2022 to see the registered manager and to review records related to the service. We made calls to the person, their relative and two care workers between 12 and 16 May 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return, which was submitted to us on 10 February 2022. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted the local authority commissioning team. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included records related to one person's care and support and two staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included minutes of team meetings and quality assurance checks.

We spoke with four staff members. This included the registered manager, two care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with one person and their relative. We were supported with an interpreter for one call to ensure the person could be fully involved.

We provided formal feedback to the registered manager on 20 March 2022 via email.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had an appropriate safeguarding policy in place and staff completed safeguarding training as part of their induction programme. Staff told us the training helped them understand their safeguarding responsibilities.
- There had been no safeguarding incidents since the service had been registered and staff were confident any issues raised would be dealt with appropriately.
- The person told us they felt safe with the support they received. The relative said, "I speak with [family member] daily and they have never raised any issues or concerns."

Assessing risk, safety monitoring and management

- The provider had carried out the relevant risk assessments to ensure any risks could be managed and staff had guidelines to follow to keep the person safe. A moving and handling risk assessment had been completed which highlighted the support the person needed when mobilising within their home.
- An internal risk assessment had also been carried out at the start of the service, to check for any hazards within the home, including fire safety.
- We received information from the person about a health condition that had not been highlighted in their care plan. We discussed this with the management team who told us they had not been made aware of this during the initial assessment. They followed this up with the person and the care staff and updated the person's records accordingly.
- We received positive feedback from the person as they felt their safety was managed well when they were supported with mobilising in their home.

Staffing and recruitment

- There were sufficient levels of staff to support the person and systems in place to ensure they received their calls on time. The person had regular care staff and confirmed there were no timekeeping issues. They added, "They do come on time and they notify me if they are running late."
- Due to the size of the service, the provider did not have an electronic call monitoring (ECM) system to check staff arrived on time. However, the registered manager had regular contact with both the person and the care workers to ensure care visits were completed. They also collected timesheets which the person had signed to confirm they had received their care.
- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate character references and identity documents. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- The provider had policies in place to ensure staff were aware of protocols to follow to ensure they knew how to keep people and themselves safe and reduce any risk of COVID-19.
- Staff completed training in infection control as part of their induction when they started working for the service. They had access to personal protective equipment (PPE) and confirmed they picked it up from the office whenever it was needed. One care worker said, "The training was good. We make sure we always wear PPE and wash our hands before starting work with [person]."
- We received positive feedback from the person who confirmed staff always wore PPE when they were in their home. The registered manager also ensured staff were wearing PPE and following procedures by carrying out spot checks in the person's home.
- The provider was unaware of the current government guidance around the COVID-19 testing requirements for staff in adult social care settings. Please see the well-led section of this report for further information.

Using medicines safely

- At the time of the inspection, the person was not being supported with any medicines, which was confirmed by the person and the care workers. A medicines risk assessment was carried out as part of the initial assessment.
- The provider had a medicines policy in place and was aware of their responsibilities to ensure staff received training and had their competency assessed before they started providing this support.
- We shared The National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in the community with the provider during the inspection to ensure they were aware of best practice.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and the provider had a policy in place with procedures to follow. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.

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.

This is the first inspection for this service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed a training and induction programme when they started working at the service. The induction programme was focused on the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- The registered manager told us they were still trying to source practical moving and handling training for their staff, as all training courses had been covered online due to COVID-19. The provider told us they would ensure staff would have access to this training if they started to support people with more complex moving and handling needs, including if specialist mobility equipment was required.
- Both staff were coming to their six monthly probation review and confirmed they had regular opportunities to discuss their roles and any issues or concerns they had. One care worker said, "If I need anything, I can call to discuss it or go to the office and have a meeting about it."
- Whilst we reviewed some records of staff supervision, the registered manager acknowledged that not all supervisions were formally recorded and would address this going forward.

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

- The person was supported to eat and drink as this was part of their agreed care and support needs. Their care plan had information about what support was required, including any involvement from relatives. Staff were also reminded about leaving fresh fruit and water before finishing the call to prevent the risk of dehydration.
- Staff were aware of the support needed and told us they always worked with the person to ask what they wanted to eat or drink. One care worker said, "We do the food prep and the family do the main shopping. [Person] tells us what they want and we involve them, we show them how much spice we are using and they say if they want more or less."
- Although there was limited information in the person's care plan about their food preferences, staff were aware of the support needed and told us they always worked with the person to ask what they wanted to eat or drink. We received positive feedback from the person about this support and how staff were fully aware of their needs.
- We discussed this with the registered manager who updated the care plan accordingly following the inspection.

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

- Although there was limited involvement with any relevant health and social care professionals, the registered manager had regular correspondence with the person and their relatives if any further support

was required.

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

- An initial assessment was completed before the person started to receive a service to get an overview of the person's health and medical history to give staff an understanding of their needs.
- The provider's key policies and procedures highlighted specific legislation and guidance that staff needed to be aware of when providing care and support to ensure best practice was followed.

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.

- The registered manager was aware of their responsibilities around the MCA and ensured the person had consented to their care. A mental capacity assessment had been completed as part of the initial assessment, which recorded the person was able to make decisions about their care and support.
- The assessment form also provided opportunities to include useful information for staff about the specific decisions people could be involved in if there were mental capacity issues.

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.

This is the first inspection for this service. This key question has been rated as good. 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

- The person was treated with kindness and compassion from a regular staff team who knew the person well and how they liked to be supported. Both the person and their relative were positive about the relationship that had developed with the staff. The person added, "They speak to me kindly and look after me well."
- The relative said, "[Family member] is very happy with the support they are getting. When I speak to them, they tell me the staff are very helpful and there are no issues."
- The person told us how important it was for them to have female staff who could communicate with them in their own language and understood their culture. They added, "They also talk with me about my country and local issues."

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

- The registered manager had regular contact with the person and their relative to discuss the current care and support and if any further support was required. The person confirmed this and told us they were trying to get more support from the local authority.
- A health and social care professional told us a social worker was carrying out a review as the person and their family wanted all aspects of their care to be provided by the service. They added, "[Person] and their family appear to be very happy with this service which is why they want more support."

Respecting and promoting people's privacy, dignity and independence

- The person's privacy and dignity was respected and staff were aware of the importance to ensure they supported them to remain as independent as possible. Staff had a good understanding and had also completed a training module in privacy and dignity during their induction.
- The person told us staff respected their privacy and dignity when they supported them with personal care. They told us they always provided a towel to cover their body parts. Staff also knew what care tasks the person could do on their own and what support they needed help with. One care worker said, "Whilst we supervise them, they can wash some parts of their body. But we are also making sure we are there to help and checking they are safe."

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated as good. 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

- The person received personalised care which helped them to ensure their needs were fully met. The registered manager had regular contact with the person, and where appropriate, with their relatives to discuss their care and how they would like to be supported.
- Due to the funding arrangements of the care, the visit times and hours were scheduled at the time the person needed this support. This ensured the care was planned around the person and their needs.
- The person told us they had the same two care workers on a regular basis who knew what support was needed and always asked what they needed help with during the care visits. They also told us staff understood their cultural needs, especially as they knew how to cook culturally appropriate food.
- Both care workers highlighted the importance of being able to communicate with the person in their own language, which helped to understand their needs. A care worker said, "As we speak the same language, we understand each other's cultures, I know how to make the dishes they like. They rely on us for this."

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 person's communication needs were assessed and recorded during their initial assessment with information for staff to know the best way to communicate with them.
- The registered manager was aware of the AIS and told us they were able to provide information in other formats, such as braille or large print, if required. Although it was not needed at the time of the inspection, the registered manager was able to communicate with the person in their own language.

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

- Although the person was not supported to follow their interests and be supported in the community as this was not part of their agreed care, staff took time to engage in conversation to help avoid social isolation and support their emotional wellbeing.
- The provider supported the person's religious needs. The overall aim of the care provided was to ensure their privacy and dignity was always maintained for them to be able to perform their prayers regularly throughout the day. The person confirmed this and told us they were very happy with this aspect of their service.

Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to any issues or concerns with the service and people and their relatives had opportunities to give feedback about their care. There was a complaints policy in place which was given to people and their relatives so they knew how to raise a complaint if they needed to.
- There had been no complaints at the time of the inspection. The person confirmed this and said they knew they could call the office if they needed to. The relative added, "If [family member] did have any concerns, I know they are comfortable speaking with the manager as they can speak the same language, which is very helpful."

End of life care and support

- Although end of life care was not being provided at the time of the inspection, the provider's care plan did not have a section to record people's wishes or advanced decisions at this stage of their life. We discussed the requirements and best practice with the registered manager if this was something they would be wanting to provide in the future, including training needs for staff.
- We signposted the registered manager to information on the CQC website about this area of support to help develop their approach and make them aware of best practice. The registered manager acknowledged this and said going forward it would be updated into their care plan.

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.

This is the first inspection for this service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent.

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

- There were inconsistencies within the governance of the service to ensure the provider was aware of all possible risks and regulatory requirements when providing a service. Although the provider had a failed visits policy, it did not include information about what staff should do if they were unable to gain access to a person's home or if the person did not answer. Their policy only covered visits where staff had not attended.

We recommend the provider consider current guidance and best practice around their failed visits policy and to share with staff accordingly so they understand the procedures to follow.

- We shared the local authority failed visits policy and procedure and a safeguarding adults review report from an incident related to a failed visit where procedures had not been followed in the local community.
- Where staff had supported the person with small shopping items on an ad-hoc basis, staff were giving the person their change and receipt, however financial transaction records were not being kept or monitored by the provider.
- We spoke with the person who confirmed they always received their change and receipts and highlighted how important this support was to them, including having trust in the staff.
- The registered manager was proactive and put the required record sheets in the person's home and updated the procedures for staff to follow immediately after the inspection. The registered manager acknowledged this as an oversight and updated the care plan. They also told us checks on the financial records had been added to their monthly audit process.
- The provider was unaware of the requirement for staff to be involved in the twice weekly lateral flow device (LFD) COVID-19 testing programme for adult social care. We shared the relevant information with the registered manager during the inspection on 12 May 2022. The registered manager confirmed with us after the inspection they had now registered for the test kits and this was now in place.
- The registered manager carried out telephone monitoring calls and spot checks to ensure the person was receiving their care and if there were any areas for improvement. Staff also had team meetings and regular contact with the management team to discuss their responsibilities and whether they had any issues or concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had regular communication with the person and the staff team to ensure they received the

care they wanted and met all of their needs. The person was positive about the management of the service and the care and support had a positive impact on their life and helped to maintain their independence. They added, "I am very happy. They will always call to ask if everything is OK."

- Care workers were also positive about the support from the management team and the culture of the organisation. Comments included, "They are very friendly and understand what support we need" and "They speak with me all the time, are very helpful and try to help us. I have no issues and all is going well."
- Staff also highlighted how important it was the management team had a good understanding of people's cultural needs, including their own. One care worker said, "As they also speak the same language as us, they listen to us and understand us. They communicate with us and are very supportive."
- The registered manager said, "We try to motivate our staff and tell them this is our commitment to give support for our community. We are not to treat them like clients but how we would care for our own families."

Working in partnership with others

- Due to the funding arrangements of the person's care, the registered manager explained their main involvement and communication was with directly with the person and their relatives rather than any relevant health and social care professionals. The provider did have correspondence with local authority commissioners within the local area to promote their business and whether they were eligible for any support or access to further training resources.
- The registered manager told us they worked closely with the mosque and other charitable organisations in the local community which helped to support people from the whole community and to recruit a diverse workforce.

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

- There had been no incidents or concerns with the care and support. The registered manager was aware of their responsibilities of making sure they were open and honest with people and their relatives. Both the person and their relative were confident the provider would do the right thing if something went wrong.