

Paradise Hope Ltd

# Business Box, Leicester

## Inspection report

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14 May 2019

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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

About the service: Paradise Hope is a domiciliary care agency. At the time of the inspection they were providing personal care to eight people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

People's experience of using this service:

People felt they were supported in a safe way by staff. Staff knew how to keep people safe whilst caring for them. Risks associated with people's care were assessed and managed correctly. People were protected by robust recruitment practices.

People were supported with their meals and hydration. Staff sought support from healthcare professionals when required on behalf of people. People were supported by staff who were appropriately inducted and trained.

People felt they were cared for by respectful staff. We heard staff speaking in a caring manner about the people they supported.

People had individualised care plans that gave staff the information to care for people in a personalised way. People and staff had the opportunity to make suggestions to improve the service.

People felt the service was managed well, and that staff and the registered manager were approachable. Staff felt supported in their role. We recommended that the provider improves their quality monitoring systems.

Rating at last inspection: This was the services first inspection since becoming registered with the CQC in 2018.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled.

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?

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.

# Business Box, Leicester

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We made calls to people who used the service on 9 May 2019. We visited the office location on 10 May 2019 to see the registered manager; and to review care records and policies and procedures. We made calls to staff on 14 May 2019.

What we did: During the inspection, we spoke with four people who used the service and one relative. We also spoke with one professional. We spoke with 3 healthcare assistants and the registered manager. We looked at a range of records. This included three people's care records and two staff recruitment files.

After the inspection, we asked the registered manager to provide us with additional information and documents which were sent promptly following the inspection. We used this information to help form our judgements detailed within this report.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe whilst receiving support from the staff at Paradise Hope.
- Staff received training in the safeguarding of adults. Staff understood their responsibilities for keeping people safe from avoidable harm and knew how to escalate any potential risks. A member of staff explained, "I would report it to my manager and the safeguarding team. In this job there should be no secrets, I wouldn't keep quiet."
- Staff felt confident that the manager would act on any concerns raised. The registered manager understood their responsibilities for keeping people safe from harm and to inform the local authority safeguarding team of incidents.
- People were safeguarded from the risk of abuse by the processes and policies in place.

Assessing risk, safety monitoring and management

- People's risks had been assessed, identified and reviewed regularly, they were included within the care records. They included risks associated with a person's medicines, mobility and their home environment.
- Where potential risks had been identified clear individualised guidance was provided for staff to support people in a safe way.
- People were supported by the same members of staff. This consistency meant that staff got to know people and how they preferred to be supported. It also meant that staff recognised any changes that required risk assessments to be updated. Staff explained, "Anything that I notice I will inform the manager to update the risk assessment."
- People were kept safe by the monitoring and management of risk at the service.

Staffing and recruitment

- People provided mixed opinions about the timekeeping of staff but overall, they were happy. People explained, "They always turn up on time", "They usually turn up on time, a couple of times had to chase but nine times out of 10 they come when they are supposed to" and "Timings are a bit hit and miss".
- Staff told us that they could sometimes experience delays travelling between calls or if they were delayed on the previous call. A person explained, "They will ring if they are going to be late. I have never had a missed call." We spoke with the registered manager about this who said that they do try to roster calls with enough time between them and will continue to work on this. They explained that they had also negotiated to have longer calls where they had identified delays due to the staff needing to support a person for longer than the allocated time.
- People told us they received calls from a small group of staff which they liked as this meant that staff knew them. One person explained, "I have the same two or three carers regularly, I will ask at night who is coming in the morning and they will tell me".

- Staff confirmed they received their rotas via email and were circulated in advance. Staff used handwritten timesheets and the daily notes to record the start and finish time of calls.
- Robust pre-employment checks had been carried out on staff members to make sure they were safe and suitable to work at the service.

#### Using medicines safely

- Some people were supported to have their medicines, staff and people told us this usually just meant prompting people to take their medicines at the right time and in a safe way.
- Staff administering medicines had appropriate training and their competency was checked regularly.
- Care plans did contain guidance for staff when supporting people with their medicines. However, medication administration records were handwritten and protocols for people prescribed medications 'as and when required', such as pain relief, were not in place. We raised this with the registered manager who immediately acted on this and contacted the pharmacy to get printed records and started working on developing protocols.

#### Preventing and controlling infection

- People confirmed that staff wore personal protective equipment (PPE). One person said, "They always put gloves on, it's the first thing they do when they arrive."
- Staff had received training in infection control and had access to PPE such as gloves, aprons and shoe protectors.

#### Learning lessons when things go wrong

- The registered manager said any information and updates were shared with staff at a daily handover teleconference and at team meetings.
- The registered manager gave an example of when lessons had been learnt following an error on a medication administration record. The registered manager had informed the local authority, put an action plan in place, started auditing the records and retrained the staff on how to complete the records..

# 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

Good: ☐ 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

- The registered manager explained that before supporting people they undertook an assessment to ensure people's needs could be fully met by Paradise Hope Ltd. The registered manager also explained that from this assessment they developed a temporary care plan while they continued to develop the full care plan with the person.
- Staff were supported by management and other healthcare specialists to provide support and care in line with national guidance and best practice.
- People were supported by staff to make choices about the support and care they received.

Staff support: induction, training, skills and experience

- People felt that they received support and care from staff that had the skills and knowledge to meet their needs. People said, "They know what they are doing" and "They are excellent".
- All staff completed a full day's face to face training followed by a three-day comprehensive induction that involved shadowing and competency checks. A member of staff explained, "It was a good induction and training, it was a three day induction working with someone who was familiar with clients and being shown how to support them, it was very useful."
- The registered manager had a system in place to identify training needs and ensured that staff had completed mandatory and refresher training.

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

- People received the support they needed from staff with their meals and drinks. One person said, "They make me tea and drinks and get food out that [a relative] has prepared."
- Staff recorded people's food and fluid intake daily for those that they supported with meals, so that they could monitor whether people were eating and drinking enough.
- People's care records contained guidance for staff on the support they required.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare when needed.
- Staff knew how to get in touch with professionals, such as the district nurses, occupational therapists and social workers. One professional explained to us, "They are very proactive about getting things done, [registered manager] will stick at it like a dog with a bone, the communication was very good when the carers identified any concerns [registered manager] was very quick to let me and my senior know."
- The registered manager told us that any guidance that had been left by professionals regarding how to

further support people was shared with all staff and the registered manager checked with the person to ensure staff followed the guidance.

- We heard from several staff and a professional an example of how following support from Paradise Hope Ltd, a person's needs had been reduced and they were living a healthier life.
- People's plans of care included an 'Emergency Grab Sheet' to ensure that they get the right care and treatment in an anticipated future emergency.
- Staff and management knew people well which meant they could identify when people's needs changed and sought further advice in a timely manner.

#### 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.

- Staff explained that they asked for consent before supporting people with personal care. We saw that in daily notes it was recorded that consent was gained.
- Staff had a limited knowledge of the MCA, however they did work in line with the principles and the registered manager showed us that MCA training was on the plan for all staff.



# 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

Good: ☐ 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 felt that they were supported by staff who were caring and respectful. People had built relationships with staff who supported them, one person explained, "We have a routine we know what is going on...they know me". Another said, "We have a good laugh". A relative told us, "The carers are good as [X] is lonely as [X] lives on her own, so it is nice for her to be seeing someone, they do take the time to speak with her." A member of staff told us, "We have had the same clients since I started, and I have developed a good relationship with them. I see clients as my friends, I have a laugh with them."
- The provider recognised people's diverse and individualised needs. There was a policy in place which highlighted the importance of treating people with equality.
- Staff spoke about people in a kind and caring way. They had the information they needed to support people in the way they wanted as they had access to people's care records which had been developed with people themselves.

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

- Staff told us that they involved people in making decisions about their care. A staff member explained, "All the clients are very different, they like things done their way. So I say you tell me what to do and I will follow. Even if I know the routine I ask them to tell me what to do so they are happy."
- People had access to a service user guide which contained details of advocacy services. This meant that people had access to someone who could speak up on their behalf if they felt unable to.
- Care records showed that people had been involved in setting up their care plan. Reviews were planned regularly, and the registered manager told us that they involved people, this ensured people were involved in their care and care planning process.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and treated them with dignity. One person told us, "They are very respectful".
- Staff understood the importance of maintaining people's dignity. A staff member explained, "When I get to the client, I will ask can I close the curtains, as this is good practice for respecting the client's dignity". Another said, "I make sure curtains are closed, so the neighbours do not see. When I am dressing them, I cover them, so they don't feel the cold. I always ask if its ok first before assisting them."
- Care records contained detailed information for staff to follow that promoted people's independence.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff in a way they preferred. Staff took into consideration people's likes, dislikes and personal preferences. Copies of care records were kept in people's homes.
- Plans of care were individualised, personalised and detailed. They provided staff with good explanatory information on how people's needs were to be met.
- Plans of care were reviewed regularly, however we did find that some were not clearly updated following a review that meant there had been changes to the plan. We brought this to the attention of the manager who proceeded to update the plan.
- The provider understood their duty to meet the Accessible Information Standard and had setup links with a company who could provide information in different formats to meet people's needs if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place.
- There were no recorded formal complaints, however people told us that any concerns and issues were dealt with by the registered manager promptly. A person explained, "Any issues I chat to [the registered manager] and they are sorted."
- We spoke with the registered manager and they told us how they have improved the service following concerns, for example increasing what carers recorded in daily notes.

End of life care and support

- The registered manager told us how she supported and updated staff and people's families on how to provide end of life care.
- We saw a card from the family of someone who passed away who had been supported by Paradise Hope at the end of their life. The family had written, "The care, love and attention you gave [X] was truly remarkable and for that we are all very grateful. [X] was very fond of you all."

## 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

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The provider had some comprehensive audits in place for example on daily logs and medication records. However, there were no audits or analysis on other records such as concerns and complaints which would help improve the quality of care. We brought this to the attention of the registered manager who has assured us that they would put this in place.
- The provider did not have a clear system for accident and incident recording and analysis, however they could demonstrate that they had learnt and improved following previous incidents.

We recommended that the provider continues to develop their recording and auditing systems in order to effectively monitor the care they are providing and drive quality.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post and people spoke positively about them. One person said, "It is well managed, I know the manager, [registered manager] is very good."
- Staff had a good understanding of their role, duties and responsibilities. Staff received regular supervisions and felt supported by the registered manager. One explained, "We have supervision every 6 weeks. I feel listened to by [the registered manager] they are very good."
- The registered manager regularly undertook spot checks to ensure the competency of staff and that the quality of care given was maintained.
- The registered manager had an understanding of their regulatory requirements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff and management worked as an effective team to deliver quality care and support. Staff described how they were proud of the team and how they had worked together to improve the lives of people. A professional explained, "I have no complaints at all, the care manager went above and beyond to help [X]."
- The registered manager and the staff we spoke with were dedicated to providing person-centred quality care. The registered manager described the vision and values of the service as, "To deliver person-centred, flexible, individualised care; to listen to the service users, to make sure they have a choice and treat them the way you want to be treated."
- People's relatives, where appropriate, were kept informed when there had been concerns or incidents. One relative explained "They phone me when there are incidents." This shows that the registered manager

worked in an open and transparent way in line with the duty of candour.

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

- People felt comfortable to give feedback on the service and felt confident that it would be acted on.
- Staff felt involved in the service, there were regular team meetings and daily teleconferences where they could provide any feedback and hear any updates. A member of staff explained, "[Registered manager] is like a colleague, she listens, if I go to a client and notice something I can tell her any recommendations."
- The registered manager sought feedback to monitor the quality of the care. A person explained, "I received a questionnaire a couple of weeks ago for feedback from Paradise Hope."

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.
- The registered manager was part of the of a local support group for care managers, where providers come together to share information and ideas to improve services for people which ensured they kept up to date with best practice.