Paradise Independent Living Limited

Paradise Independent Living

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

This inspection took place on 21 February 2017 and was announced. We gave the provider 48 hours' notice that we would be coming. We gave notice to the provider of this inspection because we needed to be sure that someone would be available to support us with the inspection process.

The service was last inspected and rated on 19 January 2015 and was rated Good.

At this inspection we found that the service remained Good.

Paradise Independent Living currently provides personal care to 12 people living in three supporting living accommodation settings and to one person who lives in the community. The service aims to support and rehabilitate people with acquired brain injuries between the ages of 18 and over.

People told us they felt safe within their home and with the support that they received from the care staff. Care staff knew how to recognise and report abuse. The provider had systems and processes in place to ensure people were kept safe and free from harm. This included personalised risk assessments and safe recruitment procedures. People's medicines were managed safely and staffing levels were seen to be appropriate according to the needs and requirements of the people being supported.

The provider ensured that all staff received the required training and support in order to deliver effective and high quality care. Staff received regular supervisions and appraisals. People were enabled to make their own choices and decisions in the least restrictive way possible and were offered support where required. People chose what they wanted eat and planned their own menus for the week. People decided the level of their own involvement with the preparation of their meal and where they required support. People had access to a variety of healthcare professionals and were supported by care staff where needed.

During the inspection we saw that the registered manager, compliance manager and all care staff had developed and established caring and respectful relationships with the people that they supported. Staff knew each person, their likes and dislikes, their needs and requirements and were observed to be respectful of these.

Care plans were person centred, detailed and clearly outlined the person's background history and their care and support needs which were based on their choices and wishes. Each person had a planned activity schedule which they were supported to participate in. The service had received four complaints since the last inspection. Records confirmed that these had been dealt with according to the provider's complaints policy. People and relatives knew who to complain to if they had any concerns or issues.

People and relatives knew the registered manager and told us that the management team was very approachable. Staff told us that they also felt supported and were able to speak with a member of the management team at any given time. The provider had a variety of systems in place that reviewed and

monitored the quality of care delivered ensuring that this was never comprised.

Further information about our findings is detailed in the sections below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Paradise Independent Living

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 21 February 2017 and was announced.

Prior to the inspection we contacted a number of health care professionals and commissioners to obtain their feedback about the provider and the service that they provided.

One inspector carried out this inspection with the support of two experts by experience. One expert by experience was on site during the inspection and spoke to people using the service and the second expert by experience, on 23 February 2017, spoke with people, relatives and staff over the telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we spoke with the registered manager, the compliance manager, nine people who used the service and observed interactions between people and staff. We looked at six care records, five staff and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

After the inspection the expert by experience spoke with one person using the service, three relatives and four care staff.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe with the care and support that they received from staff. One person told us, "Yes I do, I like them and they are all very good."

Staff told us and records confirmed that they had completed safeguarding training. We asked staff to explain their understanding of safeguarding and the steps they would take if they suspected a person was being abused. One staff member told us, "Yes I do, it is when you help stop someone from coming to harm either from self-abuse or other forms of abuse." Another staff member explained, "I would speak to management and report it. I would talk to a senior staff and management and wait for a response on what to do with that. If the management doesn't do anything I would contact the Care Quality Commission (CQC). We also have complaints forms we can use. Never been any problems with the management not dealing with anything they are good with dealing with them." Staff knew what the term whistle blowing meant and were aware of the organisations they could contact if they had any concerns.

Risk assessments in place were individualised and assessed all risks associated with the person's care, health and support needs. Examples of risks identified and assessed included challenging behaviour, alcohol misuse, environmental risks, diet, personal hygiene and medicines management. Each risk assessment identified the risk behaviour, the level of risk, risk management action which included how to reduce or mitigate the risk to ensure the person's safety. All risk assessments had been periodically reviewed since the last inspection.

All accidents and incidents were recorded which detailed the nature of the accident or incident and the actions that were taken to ensure people were kept safe.

We observed that there were sufficient numbers of staff deployed to ensure people were supported safely. Staffing levels were reduced or increased depending on the level of support that people required within scheme during any given day or week. Factors that influenced an increase or decrease in staffing levels included escorting people to activities or appointments or one to one emotional support. People and relatives confirmed that there were always sufficient staff available at the schemes and people were always supported in a timely manner.

The provider had robust procedures and systems in place to ensure the safe recruitment of staff. Records within staff files confirmed that the provider followed these procedures and that appropriate employment checks were carried out including criminal record and identity checks.

People were supported with their medicines where required. All risks associated with the person's medicine management was assessed and documented so that care staff were aware of any potential risks and side effects. All records pertaining to the safe administration of medicines had been appropriately completed. The provider completed monthly medicine audits to ensure that any issues or discrepancies were identified and rectified immediately. All staff received training on medicine administration and competencies were assessed, through observations, to ensure that they administered medicines safely.

Good

Is the service effective?

Our findings

People and relatives told us that care staff knew what they were doing and seemed to be well trained and skilled. One person said, "I would imagine they are. I have had no problems." One relative commented, "All of them seem to know what they are doing. I can talk to any of them and they will know what is going on."

Care staff received training which was refreshed every three years or sooner where specifically required. Care staff told us and records confirmed that they had received appropriate training enabling them to carry out their role which covered topics such as manual handling, first aid, challenging behaviour, preventing falls and an introduction to brain injuries. All new staff were required to undertake a comprehensive induction which covered the common induction standards as outlined in the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. When we asked care staff about the induction and training that they received one care staff member said, "Yes I did. To be honest I can say straight away yes, this was the first time I was doing this kind of job. I got a contract for six months and I was able to go through the induction book in that time. I went through with senior management and they helped me through it." Care staff also confirmed that they received regular supervision every two months and an annual appraisal. Records viewed within staff files also confirmed what staff told us.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service did not support any person currently who was subject to a DoLS authorisation. However, the registered manager and care staff demonstrated a good level of understanding in relation to the MCA and its principles and how this may affect a person that they supported. Care plans contained records confirming that people had consented to their care and support and had also recorded where a person lacked capacity to manage their finances, the name and contact details of the appointee who was responsible.

Each person living at the scheme was encouraged and supported to devise their own menu, create a shopping list and do their own shopping. Care staff tried to educate and promote healthy eating where possible and people were able to cook fresh meals for themselves with support where appropriate. Care plans noted people's likes and dislikes as well as any cultural or religious dietary requirements. One care plan stated, "[Name of person] chooses what he wants to eat and works along with staff when doing the shopping list." Where any concerns were noted with peoples' diets this was recorded and appropriate referrals had been made to the GP or dietician. One person had directions from the speech and language therapist about how they were to be supported with their eating and drinking. The care plan contained appropriate risk assessments and guidance to follow in relation to the consistency of their drinks and how they were to be supported when eating.

The provider had established links with a variety of healthcare professionals including GP's, dentist, chiropodist, optician and district nurses. Each person had a record of when the service had referred them to

the required healthcare professional, when they were seen and the outcome of the visit. Where people were required to attend hospital or other health related appointments, the provider ensured that care staff were available to support them to do this.

Good

Is the service caring?

Our findings

People and relatives told us that all staff who supported them were caring and were supportive in a way that allowed them to be independent. People told us that they were treated as individuals and that care staff took the time and patience to encourage them in leading an independent life. One person said, "They let us live like individuals but will flag up any safety awareness to us, depending on our needs, of which makes me feel like a man again." One relative told us, "I just feel they have a great empathy of his [person] needs and understand what his needs are and what support they give him."

During the inspection we observed that all care staff and senior managers had built positive relationships with people that they supported which promoted respect, dignity and positive well-being. All staff members knew each person individually, their likes and dislikes, their personalities and their abilities including what they were able to do independently and where the person required support ensuring that this was given appropriately and when required. Throughout the inspection the registered manager and compliance manager were respectful of the fact that the scheme was the person's home and that management as well as staff were all guests in their home. We observed people to be asked whether they wanted to speak to the expert by experience or the inspector rather than informing them that we were going to speak with them.

Care plans showed that people and their relatives were involved in the care planning process. One relative when asked about their involvement told us, "Yes I was. Quite a lot. I moved him from another home to Paradise I did a lot of research to get him here." The provider produced monthly and bi-monthly progress and key worker reports which were used to provide relatives and other external professionals an update on the person and the progress that they had made or were making since they had moved to Paradise Independent Living.

Care staff were able to demonstrate how they ensured people were treated with dignity and respect. Comments from care staff included, "Always knock on the door, always try and help them be well dressed and talk to them nicely" and "I try and always treat them with dignity like the way I would like to be treated. Friendly, open and honest." People and relatives confirmed that staff were always respectful of them and their home environment. One relative said, "They always knock on his door, they never just walk in."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The provider carried out a comprehensive pre-admission assessment which provided detailed information about the person, their medical health needs and their circumstances which had led to their admission to supported living. This assessment formed the foundation of the care plan which was then built upon based on further information that the service obtained from the person, any involved relatives and health care professionals.

Care plans were personalised and provided clear information and guidance about the person they were supporting, their likes and dislikes, health care needs and a detailed paragraph about the person's background which included detail about how they acquired their brain injury, which part of the brain it affected and how it affected the person and their abilities.

Care plans were reviewed every six months or sooner where required especially if changes were noted in the person's health and support needs. Each person was allocated a named key worker, who they knew and who was responsible for reviewing the persons care plan and risk assessments as well as reviewing their set goals and targets in relation to their health and social care needs. The key worker was then responsible for compiling a bi-monthly reports for the registered manager to review.

Every six months, the registered manager compiled progress reports for each person living at the scheme which mapped the progress of the person and looked at the results of people's assessed living skills. This data was collated from completed daily living skills assessments and bi-monthly key worker reports. Daily living skills assessments were completed by care staff and allocated key workers and assessed the achievement levels of the person in various activities and skills. Based on these results the registered manager together with the person and care staff re-evaluated people's set goals and targets with a view to supporting them with their rehabilitation so that the person would be enabled and supported to progress to independent living.

Each person with the support of a care staff developed their own activity timetable for the week. This included day to day living activities as well as social and therapeutic activities such as personal care activities, family visits, attending college, exercises, budgeting and playing games. During the inspection we saw a number of people were out participating in activities and were appropriately supported to do so. We also saw photographs of social events and holidays that the provider planned and organised for people which included going to the cinema, music concerts, football matches and holidays to Portugal, America and Jamaica.

People and relatives knew who to speak with if they had any complaints or issues and were confident that these would be appropriately addressed. One relative told us, "First I would talk to the manager and if I still wasn't happy I would talk to you [Care Quality Commission]." Since the last inspection the provider had received four complaints. Records viewed confirmed that these had been dealt with appropriately with details of the complaint, the action taken, the outcome of the complaint and any recommendations or learning that could be taken from the complaint. We also saw that the registered manager had provided

written apologies where appropriate.

Good

Is the service well-led?

Our findings

A registered manager was in position at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People and relatives confirmed that they knew the registered manager and compliance manager who were approachable and always available to listen. One relative told us, "I like her she is very nice. Very approachable." Staff were also very positive about the management and felt appropriately supported to carry out their role. One care staff said, "Yes, there is always someone I can talk to if I have a problem and the management team is very helpful."

Staff told us that within the whole team there was an open and transparent culture which empowered them to progress as well as promoted honesty and inclusion. Staff were supported through a variety of processes which included supervisions, team meetings, tenants meetings, house meetings and managers meetings. Records viewed also confirmed this. Comments from care staff included, "We discuss everything in an open and honest way" and "We record anything that happens and then we discuss it later with the management team who help us figure out what went wrong and what to do to stop it from happening again."

The registered manager carried out a variety of checks and audits to monitor the overall quality of care and support that was delivered within the schemes. This included audits of medicines, finance, care plans, health and safety and buildings safety. After each completed audit, the registered manager had produced an action plan detailing issues and areas that needed to be addressed with a date of completion. We saw that where these action were completed the follow up audit confirmed this and were actions were outstanding these were carried forward with a revised date for completion.

In addition the registered manager also completed quarterly compliance audits which followed the CQC regulations as well as the standards set by a specialist brain injury organisation called 'Headway.' Headway is the UK wide charity that works to improve life after brain injury. It provides support, services and information to brain injury survivors, their families and carers, as well as to professionals in the health field. Two out of the three schemes where support was provided by Paradise Independent Living had been accredited with Headway and the registered manager was currently working on the accreditation for the third scheme. This accreditation recognised care providers that focused on the needs of people with an acquired brain injury. Within this, it recognised care providers such as Paradise Independent Living to have a culture of continuous service improvement and which operated within a safe environment.

People, relatives, staff, and a variety of health care professionals were asked to complete an annual survey, with the most recent questionnaires sent out at the beginning of 2017. Where anyone had not completed the survey, the registered manager organised for phone calls to be made so that, for example, relatives or professionals were given the opportunity to provide some feedback. Overall feedback from all surveys that were returned were positive. The provided had compiled a report detailing the results of the surveys, any

highlighted issues or concerns and the actions the service had taken to learn and make improvements.