

# 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	

### Overall summary

This inspection took place on the 16 and 17 November 2015 and was announced. This was the first inspection since this service was registered. SLC Paragon (Midlands) provides personal care and support to people with learning and physical disabilities who live independently in the community. Five people used the service at the time of our inspection.

There was a registered manager in post and she was present during our 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 and associated Regulations about how the service is run.

People received a safe service, and procedures were in place to reduce the risk of harm to people. Staff were trained and knew how to report and deal with issues regarding people's safety. People received their

# Summary of findings

medicines as prescribed and safe systems were in place to manage people's medicines. Staff were recruited in a safe way which ensured they were of a good character to work with people who used this service.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information about how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when this was needed, so that staff could assist them safely.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew about people's individual capacity to make decisions and supported them to make their own decisions.

People received care from staff that were respectful and caring and ensured that people's privacy and dignity was maintained. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health. People had someone they could talk to if they were not happy about the service they received.

Arrangements were in place to assess and monitor the quality of the services, so that actions could be put in place to drive improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's support plans.

People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Good



### Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support.

Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



### Is the service caring?

The service was caring.

People were supported by staff that were kind and caring.

People were supported to make informed decisions about their care and support. Staff ensured that people's privacy, dignity and independence was respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People were involved in developing their support plan which was updated when their needs changed. The support people received met their needs and preferences.

People felt confident that any concerns they raised would be listened to and action would be taken.

Good



### Is the service well-led?

The service was well led.

People received a service that met their needs. Staff understood their roles and responsibilities and were given support by the management team.

Systems were in place to monitor the quality of the service provided.

Good



# SLC Paragon (Midlands)

## 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 was planned to check 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 16 and 17 November 2015 and was announced. We gave the provider 48 hour’s notice that we would be visiting the service. This was because SLC Paragon (Midlands) provides personal care and support to people with learning and physical disabilities who live independently in the community, and we wanted to be sure that staff would be available to assist with the inspection. The inspection was undertaken by one inspector.

We looked at the information we held about the service. This included the notifications that the provider had sent us about incidents at the service and information we had received from the public. We also contacted the local authority who monitor and commission services, for information they held about the service.

We visited the homes of three people and spoke with one relative on the telephone. We met with the registered manager and service manager (who is responsible for the service delivery) and five staff at the office. We spoke with two staff at people’s homes and two staff on the telephone. We looked at the care records for five people. This included support plans, risk assessments, medication records, finance records and daily reports. We looked at four recruitment files, staff training records and the registered manager’s quality monitoring audits. We did this to gain people’s views about the care and to check that standards were being met.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the staff that supported them. One person said, “I feel safe as the staff know me and keep me safe”. Another person said, “The staff make me feel safe”. The relative we spoke with had no concerns about the way support was provided. They told us, “I think my family member is in safe hands. The staff know them well, and they keep my family member safe when they go out into the community. If my family member had any concerns they would tell me, and I would take action, but I have no concerns”.

Staff we spoke with had a good understanding of their responsibilities to keep people safe, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. All of the staff we spoke with were aware of the procedures to follow if they felt someone was at risk of harm or abuse. One staff member told us, “I have had safeguarding training and if I thought that a person was at any kind of risk or if I had concerns I would report it straight away to a team leader or to the service manager. I am confident they would act but if they didn’t I know the agencies I can go to”. Information provided to us, and the records we saw during our visit showed that the registered manager had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

We saw that people had risk assessments in their homes, which identified any risks due to their health and support needs. These assessments included information for the staff to follow to minimise the chance of harm occurring. Some people required support with cooking. One person told us, “I help prepare my food and the staff help me to cook it as I am not sure how to use the cooker”. Another person told us, “When I go out the staff come with me to make sure I am safe because of the traffic and the roads”.

We saw that people who were at risk of developing pressure sores due to their fragile skin had equipment in place to prevent this such as cushions and specialist mattresses. Where people required equipment to assist with their mobility this was in place with a detailed plan to instruct staff on how to support them. We saw that a risk assessment identified that two staff were needed to move the person safely with a hoist. We saw from the staffing rotas that two staff were present at all times, during the

day. This demonstrated that plans were followed to ensure people were supported safely. A staff member we spoke with told us, “Everyone is assessed and if there are any potential risks then a plan is put in place. This tells us how we should support people, or how we should monitor them, to ensure any risks are reduced. These are kept under review based on people’s changing needs”. Staff told us that they would promptly report any concerns or changes in people’s care to a senior staff member.

There were enough staff to meet people’s needs. People told us that staff was ‘always available’ when they needed them. One person said, “We have enough staff to support us to do the things we want to do”. A relative we spoke with told us, “There is always staff with my family member and they are usually the same ones. I know the service has sometimes used agency staff, which is not ideal but they usually are familiar with my family member’s needs. I have no issues with the staffing”.

The registered manager told us that the staffing levels for an individual were assessed and agreed as part of the pre assessment process, and that these were kept under review based on feedback from staff and changes to people’s needs. We heard from staff that agency staff were used to cover sickness and some annual leave if these shifts were not covered by the existing staff team. The registered manager told us that only regular agency staff were used and only as the last resort.

People told us they were happy with the support they received from the staff. All the staff that we spoke with confirmed that the required employment checks had been undertaken before they started working. We saw from the records that all of the required recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staff member’s character and their suitability to work with the people who used the service. We saw that the provider renews staff members Disclosure and Barring service (DBS) checks every three years to ensure staff continued to be suitable to work with people.

People that we spoke with told us that staff supported them to take their medication safely. A relative told us that their family member was well supported with their medication and they had no concerns. All staff spoken with told us that they felt they had the training and skills they needed to administer medication safely. One staff member said, “I have had the training, and competency checks have

## Is the service safe?

been completed to make sure I am confident and follow the procedures in place". We saw that medication risk assessments had been completed for all people to determine the level of support required. We found that one person was able to administer medication themselves but when we looked at their medication records we saw that staff were signing to verify they had taken their medication. We discussed this with the registered manager who agreed to take immediate action to review the risk assessment and support plan and to discuss the outcome with staff to ensure they were clear about the level of support that was required.

We found that people who were prescribed 'as required' medicines had supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medicine. We found one instance where a protocol was not in place, but staff we spoke with had the knowledge about what to look for so they knew when this medication was needed. The registered manager confirmed that the protocol would be implemented the following day to ensure staff had this information. We received information following our visit to confirm that this had been completed. We saw that medication was kept secure in all people's homes, and records were in place to demonstrate that people had received their medication.

# Is the service effective?

## Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, “The staff are good they help me to do things, I like them”. Another person told us, “The staff are lovely, and nice, I am happy with the support I get”. A relative we spoke with told us, “The staff are good they do a good job, and I think they have the skills and knowledge to ensure they support my family member in a way that meets their needs.

People told us that they knew who would be supporting them. One person told us, “I pretty much have the same staff to support me”. Staff we spoke with told us they supported the same people on a continuous basis to ensure they received consistent care and support. One staff member told us, “I have been supporting the same people for over 12 years so I know their needs well. I always tell people the name of the staff that will be next on duty so they know who will be supporting them”. A relative we spoke with told us, “I know that my family member receives support from a consistent team of staff who know them well”.

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 be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS)

Staff were knowledgeable about the people that they supported. Staff had some understanding with regards to the Mental Capacity Act 2005 (MCA) and staff understood the need to ask people’s consent. Staff were able to explain how they obtained consent to provide care on a daily basis. Staff understood that any restrictions in place needed to be in the best interest of the person and needed authorisation by the court of protection. Staff were able to explain what

restrictions were in place and why, and indicated that DoLS authorisations had been requested, for the people that needed them. This was confirmed by the registered manager.

All of the staff we spoke with told us they had received the training and support needed to enable them to carry out their role. We saw that training had been provided based on the needs of the people that staff supported. For example, staff had received training in pressure area care and supporting people with swallowing difficulties. From looking at the records we did identify that one staff member did not receive training in moving and handling until seven months after they had commenced employment. When we spoke with the staff member they did confirm that they had worked with people who required equipment. The staff member told us that they had worked with experienced staff when supporting this person. We discussed this with the registered manager who agreed that this should not have happened. She advised that a new training system is now in place which enabled her to monitor staff training to ensure all key training is completed. The registered manager told us that all new staff will now complete the new Care Certificate induction process which will mean they would not work with people until they had been signed off and completed core training.

Staff confirmed they received regular supervision and felt supported by the management team and by each other. Staff said supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. One staff member said, “I feel supported and I know I can go to the management team when I need to. We all support each other and work well as a team”. Staff confirmed that they had not yet received an annual appraisal. However we saw that action had been taken in relation to this and appraisals would commence in January 2016.

Some people were involved in planning their own menu, shopping and helping with food preparation. One person told us, “I do help out with a little bit of cooking”. Another person told us, “The staff support me to go shopping and I choose my food with their help. I decide on what I want to cook and eat”. Staff told us that they understood the need to ensure that people’s nutritional needs were met. We saw that referrals had been made to healthcare professionals such as speech and language and dietician when concerns were raised about people’s eating and drinking needs. We

## Is the service effective?

saw that staff were following the recommendations and plans that these professionals had provided. We saw that staff were completing the required records in order to monitor the food and fluid intake for those individuals who has been assessed as at risk.

People told us that staff supported them with their healthcare needs. For example, checking their skin was not sore. People's health needs were identified in their care plans and records demonstrated that staff monitored people's needs to ensure that appropriate medical

intervention could be sought as needed. People confirmed that staff noticed if they were unwell and sought medical help as appropriate. One person said, "If I am unwell the staff would know and they would ask if I would like them to contact the doctor". A relative we spoke with told us, "I am kept informed of any changes in my family member's health which is important to me as I live away. When I visit I have no concerns about her health as I can see that she is well looked after and her skin looks excellent".

# Is the service caring?

## Our findings

During our visits to people in their homes, we were able to observe for a short period of time the way staff and people interacted and the support that was provided. We saw that staff treated people with respect and in a kind and compassionate way. People we spoke with told us that they were well cared for by staff. They told us that the care staff treated them with respect and kindness. One person told us, “The staff are kind and nice and I feel comfortable with them”.

Staff that we spoke with had a good understanding of people’s needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people’s privacy and dignity when providing personal care to people. All the staff that we spoke with showed concern for people’s wellbeing. Staff we spoke with understood the importance of promoting people’s independence and enabling them to be self-managing. One staff member we spoke with said, “Our aim is to maintain people’s independence and to enable them to do things for themselves”.

People told us that they had been involved in making decisions about their care. One person said, “The staff always ask and involve me in everything, I know I have a plan and they go through it with me”. Another person said, “They always ask before they support me, I can talk to them and they listen”. A relative we spoke with told us, “The staff are good at encouraging my family member to do things for themselves. They do a marvellous job, and I have peace of mind that they are well looked after. My family member has a good quality of life, and I know they are happy, as I am with the level of support provided”.

We saw that people have been involved with advocacy services when the current provider took over the care packages to provide support to people in the community. Advocacy is about enabling people who may have difficulty speaking out to have support to make their own, informed, independent choices about decisions that affect their lives. We saw that one person used advocacy services when they were thinking about moving into their own accommodation. This demonstrated that the registered manager ensured people had this information and the services available to them when this was requested.

# Is the service responsive?

## Our findings

People who were able to confirmed that the support they received from staff met their individual needs. One person said, “The staff give me the support I need”. Another person said, “I am very happy with the care I get, they help me when I need them to”. A relative told us, “I think the staff provide the support that is needed to enable my family member to continue to live in the community, and to have positive life experiences”.

Staff we spoke with were knowledgeable about people’s needs, preferences and routines. They were able to describe to us how they met people’s care needs and how they supported people to express choices and maintain their independence by encouraging them to do as much for themselves as they could with staff support. One staff member told us, “We always ask people what support they want. We are led by them and the tasks they want support with”. We saw that support plans were detailed reflecting people’s needs, their likes, dislikes and preferences. We saw that people who were able to had signed their plans to agree to their support needs. The support plans were reviewed with people on a regular basis.

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, “We all get on well and the communication is good. We read care plans, and have a communication book in each house, but we also ring each other if there is anything important to pass on, so everyone

is aware of any changes”. An on call system was available for staff and people who used the service. A member of staff said, “If I need any advice or support there is always someone available”.

We saw that a complaints procedure was in place which was available in an easy read and pictorial version. We saw that a system was in place to record any complaints the service received. The registered manager stated that no complaints had been received since the service was registered with the Care Quality Commission.

People we spoke with told us they had someone they could speak to if they were not happy with something. One person told us, “I have someone I trust that I can speak with if I am unhappy”. Another person said, “If I was not happy I would speak to the staff and tell them. They would listen and do something about it”. During our visits we saw that one person requested to speak with the registered manager who spent time discussing the issues the person raised.

Staff told us that any complaints or concerns shared with them would be reported to the registered manager. Staff had a good knowledge about how some people with limited verbal speech would demonstrate they were not happy. For example one person would be withdrawn and not interact with staff. The relative we spoke with was aware of the complaints procedure and had confidence that any issues raised would be addressed. The relative confirmed that they have not raised any issues.

# Is the service well-led?

## Our findings

People we spoke with told us they thought the service was managed well. One person told us, “The staff help me so I get what I need to live in my home, so I am happy with everything”. Another person told us, “The boss (service manager) visits us to make sure we are ok. I am happy and don’t want anything to change”.

The registered manager and service manager supported us to visit people and we saw that people knew them well. We saw that people felt comfortable in their presence and people joked with the service manager. Discussions with both managers demonstrated that they knew people well and knew about their specific needs.

The relative we spoke with was happy with the service and told us, “I have no concerns I think the service is well managed, and the staff work in the best interests of my family member. All of the staff I have met and spoke with have been polite and informative. The service manager has always returned by calls and is always helpful with any queries I have. I am very happy and I know my family member is happy”.

All of the staff we spoke with confirmed they felt supported by the management team. One staff member told us, “The managers are approachable and I feel listened to. We have good teamwork here and everyone works together for the good of the people who use our service”. Staff we spoke with confirmed they had regular staff meetings where they were able to discuss the service provided and people’s needs. However we found that these meetings were facilitated in people’s homes which was not suitable when discussing confidential information, and could also have an impact on people’s privacy. We discussed this with the registered manager who agreed to look into this and to find alternative solutions such as using the office.

We saw there were clear lines of accountability in the way the service was managed. The registered manager was supported by a service manager who oversaw the individual houses. There were team leaders who worked alongside care staff in the three houses where people lived. Tasks were clearly delegated to ensure that the service was

monitored effectively and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at SLC Paragon service.

The service manager told us that she visited people on a weekly basis in order to ensure that people were being supported in accordance with their support plan and were happy with the care and support they received. We saw that surveys were in place to obtain people’s feedback but people were not able to complete these independently without staff support. Therefore the service manager used the visits to people to gain feedback about the service they received. However we were advised that records of these visits were not maintained so we could not verify that these visits did occur at the frequency suggested. People and staff we spoke with did confirm that the service manager visited each house weekly and discussed the service provided. The registered manager also told us they undertook visits to people’s houses on a monthly basis to check standards and to monitor the service provided but she did not complete any records to reflect the feedback she had received. Both the registered manager and service manager confirmed that they would start to record these visits to evidence the contact they had and the feedback received.

We saw that the registered manager had systems in place to monitor accidents, and incidents, which could be analysed to identify any patterns or trends. We saw that there had not been any incidents or accidents recently, but the registered manager stated that action would be taken to reduce the risk of any reoccurrence.

We saw that the registered manager and provider had audits and quality monitoring systems in place to monitor the safety, effectiveness and quality of the service provided. For example audits were completed to ensure care planning documentation was up to date, and medicine and financial audits were completed to ensure staff were following the procedures in place. We saw that where shortfalls were identified action was taken, which included speaking to staff about their performance. This demonstrated that the service was monitored to ensure safe standards were in place. The registered manager was aware of her legal responsibilities to notify us of events that they were required to by law.