

Paramount Care & Safety Limited

# Paramount Care & Safety Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

An announced comprehensive inspection took place on 25 and 26 June 2018. We had previously carried out a focused inspection in November 2017 to check whether the provider had taken action in relation to breaches of regulations we had identified during a comprehensive inspection in June 2017. At the focused inspection we found the systems in place to monitor the quality and safety of the service were not sufficiently robust. We also found the provider had failed to act in accordance with the Mental Capacity Act 2005 (MCA).

Following the inspection in November 2017, the provider sent us an action plan which confirmed all required actions would be completed by December 2017. This comprehensive inspection was carried out to confirm that all required improvements had been made.

Paramount Care & Safety Ltd specialises in providing support to adults with learning disabilities. This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of this inspection there were three people supported by the service in two separate properties.

Since the last inspection a manager had successfully registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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. The registered manager was supported in the day to day running of the service by the general manager who was also the Chief Executive Officer (CEO) of the service.

During this inspection we found there were no breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the evidence to support the rating of 'Good'. However, we identified improvements needed to be made to ensure inappropriate restrictions were not placed on people.

Improvements had been made to the arrangements in place to monitor the quality and safety of the service. The managers in the service demonstrated a commitment to ongoing service development.

Staff were safely recruited. Robust processes were in place to make sure all appropriate checks were carried out before staff started working at the service. There were enough staff available to provide the care and support people were assessed as needing. During the inspection, we observed positive and respectful interactions between people who used the service and staff.

Staff were aware of the signs and indicators of abuse and they knew how to report any concerns. Staff had

received training on supporting people safely.

Systems were in place to maintain a safe environment for people who used the service and others.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities and preferences before they used the service. Each person had a care plan, describing their individual needs and choices. This provided guidance for staff on how to deliver support. People had been involved with planning and reviewing their care, using technology and communication tools to do so.

We found people were effectively supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People used pictures and photographs to choose the meals they wanted. Staff told us they tried to encourage people to eat a healthy and balanced diet.

People's privacy, individuality and dignity was respected. They were supported with their hobbies and interests, including activities in the local community and keeping in touch with their relatives and friends.

There were processes in place for dealing with complaints. There was a formal procedure to manage, investigate and respond to people's complaints and concerns.

People who used the service, staff, relatives and professionals were encouraged to provide feedback about the service. We noted positive comments had been received from a number of people.

## 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.

Improvements had been made to the incident reporting systems to help ensure people who used the service were properly protected.

Appropriate arrangements were in place for the safe handling of medicines.

Recruitment processes were sufficiently robust to protect people who used the service from the risk of unsuitable staff.

### Is the service effective?

Requires Improvement 

The service was not consistently effective.

Procedures had been put in place to protect the rights of people who were unable to consent to their care arrangements. However, we found one incident in which a person's choice was inappropriately restricted.

Staff received the induction, training and supervision necessary for them to be able to deliver effective care.

Staff provided people with the support necessary to ensure their health and nutritional needs were met.

### Is the service caring?

Good 

The service was caring.

Staff demonstrated a commitment to ensuring people received high quality, personalised care which promoted their independence.

We observed positive and respectful interactions between staff and people who used the service.

Policies and procedures were in place to inform staff about the need to treat people with respect and to provide support which met each individual's diverse needs and wishes.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about the support they received using a range of technology to assist this process.

Staff encouraged people who used the service to take part in a wide range of activities to help promote their health and wellbeing.

There was a system in place to respond to any complaints received by the service.

### Is the service well-led?

Good ●

The service was well-led.

The management team provided effective leadership and direction.

Staff were knowledgeable and positive about their work. They indicated team work was good and the managers were supportive and approachable.

There were effective processes in place to monitor and check the quality and safety of the service.

# Paramount Care & Safety Ltd

## **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 25 and 26 June 2018 and was announced. The provider was given 48 hours' notice of our intention to inspect the service because we needed to be sure that someone would be available in the registered office to speak with us.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. Prior to the inspection, we also asked for feedback about the service from a number of community based professionals. We did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of the inspection, we visited the registered office to speak with the registered manager, the CEO and two members of staff. We also reviewed the care records of one person who used the service, three staff personnel files, training records and a sample of records relating to the running of the service. During our visit to the registered office, we observed interactions between staff and a person who used the service when they called in to collect some records.

On the second day of the inspection, with permission we visited one person who used the service in their own home. During this visit, we also spoke with a member of staff.

# Is the service safe?

## Our findings

People who used the service were unable to tell us if they felt safe with the support they received. However, care records we reviewed showed evidence that people had used communication tools to tell staff they felt happy with them.

There were arrangements in place to help protect people who used the service from the risk of abuse. Staff had completed training in safeguarding adults and children. There were policies and procedures for staff to refer to if they had any concerns about a person who used the service. Although all staff told us they would make the registered manager aware of any concerns they had, one staff member was unsure of the correct action to take if they failed to take any action to address these concerns. The registered manager told us they would arrange to display a flow chart in the staff office at people's homes; this would help to ensure the contact details for the relevant local authorities' safeguarding teams and referral procedure were easily accessible for staff.

Records we reviewed showed the procedures for the reporting of incidents and unexplained bruising had improved since our focused inspection in November 2017. The managers in the service told us the communication about incidents and actions taken by staff was now much improved so that they could ensure any required safeguarding alerts had been raised with the relevant local authority.

Staff had been safely recruited. All the recruitment files we reviewed contained an application form, two references and a check with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

We were told that staff were recruited to work across the service rather than with a particular individual. Once recruited, new staff completed a period of shadowing more experienced staff in order to get to know the individuals supported by the service. We were told that new staff were not allowed to work unsupervised with individuals until it was clear that the person they would be supporting was happy to accept them in their home and the staff member concerned was confident they fully understood the support the person required.

The general manager/CEO told us how they had involved a person who was due to start using the service in the recruitment of staff. They said this had been a positive experience which they hoped to embed in the recruitment process as the service expanded.

We looked at the staff rotas in place for each property. We saw that these rotas confirmed each person was provided with the number of hours commissioned to ensure their needs were met. We were told that the staff team in each house worked flexibly to cover for annual leave and sickness to ensure people received consistent support from people they knew. Staff told us they communicated as a team to ensure staffing levels were always sufficient to ensure people could attend activities or appointments.

Medicines were safely managed. All staff received training in the safe administration of medicines and the registered manager regularly checked their competence in carrying out this task. We checked the medicines administration record (MAR) charts for two people who used the service and found they were fully completed. People received a regular review of their medicines by their GP.

People's care records contained detailed risk assessments in relation to each person's health needs, the activities they undertook and their ability to recognise and deal with risks when accessing the community. Risk assessments were reviewed at least annually and updated should the person's needs change.

Staff told us they were provided with personal protective equipment (PPE) should they need to support a person with personal care. Arrangements were also in place to ensure the properties in which people lived were clean and well maintained.

We noted that each property had a file which contained a business continuity plan, floor plans of the house and information about the support individuals would need to safely evacuate the property. Staff had completed fire safety training. Records were also kept to show the servicing information for equipment and utilities in each property.



# Is the service effective?

## Our findings

At our focused inspection in November 2017, we found the provider had failed to act in accordance with the Mental Capacity Act (MCA) 2005; this was because there were no best interests assessments in place to support restrictions staff put on a person's consumption of sweets and certain drinks. During this inspection we found required documentation was in place, but there was one incident in which a person's choice was inappropriately restricted.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

During this inspection, we found comprehensive best interests assessments had been completed for people who used the service when they were considered to lack the capacity to make certain decisions; this included whether to take prescribed medicines and the need for a healthy diet. However, we noted that there was no reference to these best interest decisions in one person's care records; the registered manager told us they would take immediate action to rectify this. A review of restrictions placed on each person was carried out on at least an annual basis; this helped to protect the rights of people who used the service.

As people who used the service could be considered to lack the capacity to consent to their care arrangements, the provider had ensured they communicated with the relevant local authorities to safeguard people's rights. Our communication with community based professionals before the inspection confirmed they were working with the provider to ensure people were supported in the least restrictive way possible, prior to their care arrangements being authorised by the Court of Protection.

A staff member told us, "I have always treated [name of person] as an adult. They will eat when and what they want to eat. It's their house and their choice." However, we also noted one incident referred to in this person's records; this appeared to show the individual presenting with behaviour that challenged others as a result of a restriction being placed on them regarding their intake of caffeine. We could not find any rationale for this restriction, other than generally encouraging the person to have a healthy diet. In addition, it was not obvious that any other alternatives had been offered or that staff understood that the individual could make this decision for themselves.

Records we reviewed showed staff received the induction, training and supervision necessary for them to deliver effective care. New staff completed a comprehensive induction and were required to complete the Care Certificate within the first six months of their employment with the provider. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe,

compassionate care. A staff member who had recently been appointed told us, "I spent a lot of my induction observing things to help me understand the behaviour of the person I was going to support."

Staff spoken with told us they considered the training they received was of a good standard and helped to equip them for their role. Staff also received regular supervision during which they were able to discuss the people they supported as well as any training and development needs they had.

We saw that people's care records were personalised and based on an assessment of their needs. The care records contained information about people's preferred routines, how they wanted staff to support them and the goals they wished to achieve. A photographic record was maintained of the goals people had achieved both in their home and in the community. Staff told us they communicated well as a staff team to ensure they were aware of any changes to the support people required.

We asked staff how they supported people to eat healthily. Staff told us they accompanied people who used the service to shop for food and encouraged them to make healthy choices as much as possible. Pictures were also used to support people to decide what meals they wanted each day.

People had a care file which detailed all their health information including a health action plan, a hospital passport and a dental passport; these are documents which provide important information for health professionals about people's health conditions and how professionals should communicate with each individual when providing any treatment. Records we reviewed showed that staff supported people who used the service to attend appointments in relation to their health needs.

The property we visited was comfortable and well equipped with facilities people who used the service liked to enjoy, including a hot-tub which was used to help people relax.

## Is the service caring?

### Our findings

People who used the service were unable to tell us their opinion of the staff who supported them. However, we observed positive interactions between staff and people who used the service both in the registered office and when we visited the home of one person.

Staff spoken with told us they considered people who used the service received a high standard of care which promoted their independence as much as possible. All the staff we spoke with told us they would be happy for a family member to use the service should they need support to live in the community. One staff member commented, "Without a doubt I would be happy for a relative to be supported by this company. I don't say that easily but this organisation has a passion to get things 'right first time.'"

Policies and procedures were in place to inform staff about the need to treat people with respect and to provide support which met each individual's diverse needs and wishes. Staff had received equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences.

Staff told us they were respectful of the fact that they were supporting people in their own homes. They told us they would always knock and wait before entering the property and would immediately greet the person they were supporting. Staff told us they would also encourage people to spend time in their own rooms for privacy if required.

People who used the service had a range of communication needs which were included in their care planning documents. We were told that staff used a number of different methods to communicate with the people they supported, including signs, pictures and photographs to help individuals to express their needs.

Photographs in care records provided evidence that people were supported to be as independent as possible by completing household tasks and undertaking activities in the community.

The provider had developed an 'Easy Read' guide for people who used the service. This helped people to understand the support they would receive as well as providing information about important issues such as consent, privacy, involvement in care planning, positive risk taking and choice.

The managers in the service were aware of how to access advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views. We noted one person was regularly visited by an advocate to help ensure their rights were protected.

We noted that that care records were held securely; this helped to maintain the confidentiality of people who used the service.

## Is the service responsive?

### Our findings

We saw that each person supported by the service had a set of person-centred care plans which were underpinned by a series of risk assessments. Care records included information about each person's social and family history, their strengths, how they wanted to be supported, what was important to them and the activities they enjoyed. All care plans had been regularly reviewed and updated where necessary to ensure they were an accurate reflection of people's needs.

Staff spoken with during the inspection demonstrated an excellent understanding of people's needs, likes and dislikes. They told us how the support they provided to people was based around each individual's preferred routines and the activities in which they liked to participate.

Staff maintained a chronology storyboard of the work they had undertaken with people who used the service. This included trips to local attractions, activities in the community and in people's homes and gardens. These photographs showed people enjoying their time with staff and friends. Staff also supported people who used the service to maintain relationships with relatives and friends by arranging visits for them to meet. When reviewing care records, we saw feedback from a person who provided a group attended by a person who used the service which stated, "Every member of [name of person's] support team have been professional and promoted [name of person] in a positive and productive way." Another person who supported an individual in a community based project had written, "In every area of [name of person's] support and communication, the team are a credit to the company and a superb advocate for them."

The provider had a policy in place to show how they were meeting the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The provider's policy included information about the different formats in which key documents could be provided as well as how interpreters would be used if necessary to help people to express their needs.

We reviewed how the service used technology to enhance the delivery of effective care and support. The service had internet access; this enhanced communication and provided access to relevant information, for example, sending and receiving e-mail messages and accessing the provider's policies and procedures. We noted people who used the service used a range of technology to help express their needs and wishes; this included 'tablet' computers, printers and mobile phones. When we visited a person at home, we saw how they used their 'tablet' computer and printer to inform staff of the purchases they wished to make when they were in the community.

Staff told us how they involved people who used the service in reviewing their support plans to ensure they accurately reflected their needs and wishes; this included checking whether people were still happy with the activities they attended and adjusting these accordingly. We saw photographic evidence of staff asking people for feedback about their daily routines, activities and the staff who supported them. We also noted relatives were asked for feedback on the care their family members received. One relative had written, "My

sons seem happy and content whenever I see them and that's what matters. The carers are professional at all times."

Staff spoken with told us communication between the staff team was good. They told us a handover took place at the start of each shift to ensure important information about people's needs was communicated promptly to staff.

We reviewed the system in place to manage complaints. A complaints policy and procedure was in place and this was summarised in the 'Easy Read' service user guide provided to people. We saw that two complaints had been received since our last inspection in November 2017. One of these complaints was still being investigated by the general manager/CEO. A written response had been provided to the person who made the other complaint. We were told this person was satisfied with the response received.

## Is the service well-led?

### Our findings

At our focused inspection in November 2017, we found some improvements had been made to the quality assurance systems in place but these had not been carried out in sufficient depth and were not fully embedded in the service.

At this inspection, we found significant improvements had been made and the systems in place to monitor the quality and safety of the service were now effective.

The managers in the service had introduced a system of audits which were carried out during monthly visits to the properties occupied by people who used the service. The audit visits included a review of care records, medicine administration records, speaking to people who used the service as well as a check of compliance against CQC regulations. We noted there were only minor issues identified as requiring action from each audit and these were documented in the respective action plan. However, we noted these plans did not include timescales for staff to complete the necessary actions or who was responsible for doing so. The registered manager told us they would amend the action plan template to include these details.

The registered manager and general manager/CEO both conducted regular unannounced checks at each of the properties occupied by people who used the service. Records showed that during these checks they spent time speaking with people who lived there as well as observing staff interactions and discussing issues such as the new paperwork which the provider had recently introduced.

The service's vision and philosophy of care was reflected within written materials including the guide to the service and policies and procedures. There were 'vision and value statements' on display about having pride in the performance of the organisation and a passion for excellence when delivering services. New staff were made aware of the aims and objectives of the service during their induction training. They had been provided with job descriptions, which outlined their roles, responsibilities and duty of care. Staff spoken with were well informed and had a good working knowledge of their role and responsibilities.

Staff spoken with told us they enjoyed working for the service and found the managers to be approachable and supportive. We were told the organisation and responsiveness of the service had improved significantly with the appointment of the new general manager/CEO and registered manager. Staff also told us the on-call system which provided access to senior staff for advice and support outside of office hours was now working effectively.

Records we reviewed showed regular staff meetings now took place, both for the staff team in each property and across the whole of the staff team. These meetings provided the opportunity to discuss and share good practice as well as lessons learned following any incidents or accidents. Staff told us they were always provided with an agenda for these meetings so they were informed about the issues which were to be discussed. They told us they also had the opportunity to raise any matters of concern or to make any suggestion for improving the service through staff meetings, supervision sessions or general discussions with managers. We saw examples of action taken by the managers as a result of feedback from staff.

The registered manager had attained recognised qualifications in health and social care. They had updated their skills and knowledge by completing the provider's mandatory training programme and through attending conferences and meetings. Throughout the inspection, both the registered manager and general manager/CEO expressed commitment to the ongoing developments at the service and demonstrated a proactive response to the inspection process.

The service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including local authorities and commissioners of the service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC.

We noted the service's CQC rating and the previous inspection report were on display at the registered office. The rating was also displayed on the provider's website; this was to inform people of the outcome of the last inspection.