

# Lifeways Paragon Limited

# Paragon (UK) Limited

## Inspection report

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## Ratings

### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Outstanding** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

## Overall summary

Lifeways Paragon Limited head office is situated close to Chorley town centre. The service offers 24-hour domiciliary support, including personal care, and domestic support, for adults with a learning disability and mental health needs, who live in homes within a wide radius, including Chorley, Manchester, Salford and East Lancashire. The majority of people who use the service are tenants in supported living arrangements. At the time of our inspection the service was delivering over 12000 hours of support per week to nearly 300 people.

This inspection was carried out over a four day period on the 10, 11, 15 and 16 December 2014 by two inspectors from the Care Quality Commission (CQC), one of whom was the lead inspector for the service, and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider had been given short notice of our planned visit, in accordance with our inspection methodologies of Domiciliary Care Services.

# Summary of findings

Due to the size of the service the provider registered two managers with the CQC who cover specific geographical areas. At the time of our inspection one of the registered manager posts was vacant due to the previous post-holder changing roles within the organisation, an appointment had been made and that person was going through the process to become registered with the CQC. The other registered manager for the service was on duty at the time of our inspection. A registered manager is a person who has registered with the 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 and associated regulations about how the service is run.

We spoke with sixteen people who received a service from Lifeways Paragon Limited, twelve relatives, fifteen members of staff and the registered manager for the service.

We received positive comments from most of the people we spoke with. We looked at a wide range of records, including looking at eight care plans in detail and the personnel records for six members of staff. When we visited people in their homes we observed how staff interacted with the people they supported.

People who used the service were safe. The staff employed by the service were well trained and had good support from local and senior managers. People were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service.

Records showed that relevant checks had been made to ensure new staff members were suitable to work with vulnerable people.

People's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to demonstrate that people had been involved in making decisions about the way care and support was delivered.

We saw that regular reviews of care were conducted and any changes in people's needs were documented and strategies had been put in place to address any further needs. People's privacy and dignity were consistently respected. We saw that people were comfortable in the presence of staff and their healthcare needs were supported by staff.

# 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.

During our visit we saw staffing levels were sufficient to provide a good level of care. People we spoke with confirmed this.

Safeguards were in place to ensure people were not at risk from abuse or discrimination.

People were protected against the risks associated with the unsafe use of medicines.

Good



### Is the service effective?

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The service had policies in place in relation to the Mental Capacity Act 2005(MCA) and depriving people's liberty where this was in their best interests. We spoke with staff to check their understanding of MCA. Staff we spoke to demonstrated a good awareness of the relevant code of practice and confirmed they had received training in these areas.

Outstanding



### Is the service caring?

The service was caring.

People were supported to express their views and wishes about how their care was delivered.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence. People we spoke with confirmed this happened.

Good



### Is the service responsive?

The service was responsive.

Care plans were written well and contained a good level of detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. People's likes and dislikes were recorded clearly within care records.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. We saw that an effective complaints procedure was in place and followed.

Good



### Is the service well-led?

The service was well-led.

There was a good system in place for assessing and monitoring the quality of service provided. This included learning from any issues identified

Staff spoke with felt supported and spoke highly of their managers. We saw that clear lines of accountability were in place throughout the organisation.

Good



# Paragon (UK) Limited

## 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.

The provider had been given short notice of our planned visit, in accordance with our inspection methodologies of Domiciliary Care Services.

This inspection was carried out over a four day period on the 10, 11, 15 and 16 December 2014 by two inspectors from the Care Quality Commission (CQC), one of whom was the lead inspector for the service, and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for a relative who had used domiciliary care services.

Prior to the inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service.

The registered manager of the service had completed a Provider Information Return (PIR). The PIR helps us plan our inspections by asking the service to provide us with data and some written information under our five questions; Is the service safe, effective, caring, responsive and well-led. We used the PIR and other information held by the Commission to inform us of what areas we would focus on as part of our inspection.

We asked people who were involved with the service for their views about the overall operation of the service, such as social workers, the local authority contracts unit and GP's.

We spoke with sixteen people who received a service from Lifeways Paragon Limited, twelve relatives, fifteen members of staff and the registered manager for the service. We spoke with six people when we visited their supported tenancies; other people were spoken with via telephone conversations.

We looked at a wide variety of records, including eight care plans, policies and procedures, medication records, training records, six staff files and quality monitoring systems.

# Is the service safe?

## Our findings

All the people we spoke to told us that they felt safe using the services of Lifeways Paragon Limited and that staff were kind and caring towards them. When we visited people we saw that people looked comfortable and at ease in the company of staff. We observed staff talking to people in a patient and respectful manner. Comments we received from people were positive, examples of which were as follows;

“The staff are very polite and respectful and they are very pleasant, it’s like having someone to trust. If there is anything wrong they will help me deal with that as well.”

“They help me and make sure it’s (home) all clean and do my meds and make sure it’s taken. They (staff) respect my space and my belongings. I always feel safe and relaxed with the staff.”

“When I first moved here I met about two or three people (staff) and they listened to and took on board my feelings. I was agreeable to it all and they have stuck to it.”

The majority of relatives we spoke to were also positive about the care their loved ones received. One relative told us, “There’s no shouting or bullying and only the odd bit of friction with another person who lives with (name). Things never get out of hand, it once looked like it may do but it was handled well.”

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place at head office and within the supported tenancies we visited. The policy covered areas such as freedom of choice, storage, recording, supply and disposal and staff training and competence. The service ran a three tier support system with regard to medicine management; general or assisting, administering and administering by specialist techniques. All support workers undertook medicines training and we saw evidence of this within staff files, training records and staff supervision files. The staff we spoke to all confirmed they had had good quality medicines training. None of the people we spoke to, or their relatives, cited any issues with medicine management.

Medicines processes were well organised and the records we looked at were clear and appropriately signed and countersigned as needed. Assessments were in place for

people which identified potential risks and outlined strategies to protect people from any identified risk. During our visits to various tenancies we saw that medication files had been signed and dated by staff to show that they had understood them. Where possible people had signed their own medication files to state they were in agreement with the content of them, where this was not possible discussions had been held with professionals and decisions made in the best interest of the person. Family members were part of these discussions if people had family and they wanted to be involved.

We observed staff administering medicines to people. This was done methodically and the medication administration record (MAR) was checked at every stage. Medication remained safe in a locked trolley throughout each observation. Staff waited to see that people had taken their medicine before signing to state that they had.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. We saw that training was provided in relation to safeguarding, staff spoken to confirmed they had undertaken specific safeguarding training and that it was adequate for their role.

An ‘easy read’ safeguarding booklet was being piloted with a few services which described in simple language what constituted a safeguarding concern. Pictures and symbols were also used. We were told that staff would go through the booklet with people to give them an awareness of what potential safeguarding issues could look like, for example, teasing, hitting other people, criminal and sexual acts.

Staffing levels observed during our visits to supported tenancies were seen to be adequate to fully meet the needs of the people being supported. We discussed with each manager how rotas were set out and they told us that this was done against the assessed needs of each individual. Staff we spoke to all agreed that staffing levels were adequate and that their colleagues were competent. We looked at staff rotas and saw that they were planned in advance. As we visited shortly before Christmas we discussed with one of the area managers how this period was managed to ensure that staffing cover was sufficient.

## Is the service safe?

We were told that staff were asked what time they wanted off and to discuss between themselves. This process usually worked but if gaps remained then shifts would be allocated by the management team.

Staff we spoke to told us that agency staff were very rarely used and that shifts were usually covered between the team they worked in. People we spoke to who received a service also told us that they received a consistent service. One person told us, "I see the same faces every day." None of the relatives we spoke to raised concerns around staffing levels.

The service had effective recruitment policies and procedures in place which we saw during our inspection. We saw within the six staff files we reviewed that pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

# Is the service effective?

## Our findings

People we spoke with told us that the staff that provided their service were caring, compassionate and competent in carrying out their role. Relatives we spoke with also spoke highly of the staff working for the service. One relative we spoke with told us, “(Name) care is done with respect and dignity and the staff are very pleasant. (Name) finds them very acceptable in how they help her and she shops with them to get clothes.” Another relative told us, “They make sure that (name) gets access to medical services, dental and other check-ups.” One relative raised an issue about the service not encouraging their loved on to eat healthily. They told us, “The better staff are keener to make sure appointments are kept and his health is ok, that is done anyway but they (‘better staff’) do it with more care. Some staff give the impression that they don’t bother as much about a healthy diet and let (name) get away with too much.” We discussed this with the registered manager for the service who told us that each person’s food preferences were recorded and that healthy diets were promoted for all people. We saw evidence of this when looking at people’s care plans. We also saw that people were also able to make choices, including what they wanted to eat, and that it was a challenge with some people to ensure they had a balanced diet.

Staff told us that they had received regular supervision sessions and they were able to raise issues within them, including personal development and additional training they felt they needed. We saw that supervision sessions were recorded within staff files and that training needs were discussed. Staff told us that regular staff meetings and handovers took place; again we found evidence of staff meetings and saw clear handover notes between staff shifts including routines and task lists. Staff we spoke with told us that they felt able to raise issues at staff meetings and found them useful to attend. Staff also confirmed that they received a comprehensive induction programme that included mandatory training, workbooks and a period of shadowing experienced staff. We saw evidence of completed induction programmes within staff files.

We were shown the bespoke training system that was used by Lifeways Paragon Limited during one of our visits to a supported tenancy. The system showed individual staff

training records and flagged up when training was due to expire. The system could also display information on an organisational basis which management audited to ensure that staff were trained appropriately.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA. All of the staff we spoke to demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

People told us they were supported to choose their own menus and to buy items and cook them if they were able to. For people who were unable to verbalise their meal choices the provider was using innovative approaches to aid effective communication. Within one of the supported tenancies we visited, key-rings had been made with symbols and pictures on so people were able to point at the food and drinks they wanted. The key-rings were also used by people to choose day to day activities. We saw other communication methods in use such as meal planners with pictures of food types and restaurants. The service had created a tactile version of the key ring for one person who had visual problems which used different textures to symbolise their choices. Further research was being carried out to see if other sensory responses, such as smell, could be used with that person.

We spent time observing staff interaction with people during our visits to supported tenancy schemes. It was evident that staff knew people well. Staff talked with people and we saw staff spend time with one person when they became anxious and upset until they became more relaxed and at ease.

We were shown around all the different tenancies we visited. All were seen to be suitable, clean and tastefully decorated. People were able to have their rooms decorated as they wanted and to have their own personalised items within them. Within one of the tenancies we visited we saw that some rooms were decorated according to what

## Is the service effective?

interest that person had. For example one person's room was decorated in a floral theme as they were a keen gardener. There was a pictorial 'achievement board' within their room in the shape of a flower and when goals were reached another petal was added to the flower showing that particular achievement. We saw another example of a sport themed room.

We saw that people's care plans were written in a clear, concise way and were person centred, meaning that the person being care for was the focus of the plan. People's healthcare needs were carefully monitored and discussed with the person, or their family or representative, as part of the care planning process. We saw that timely referrals had been made to other professionals as appropriate, such as GPs, dieticians and physiotherapists.



# Is the service caring?

## Our findings

People we spoke with told us they were happy with the care they received from the service and that they had positive relationships with staff. One person told us, “The staff are lovely”, another person told us, “They are very kind” and another person said, “The staff take me out, I do all sorts. They notice if I’m not well.” All the people using the service we spoke with consistently told us that staff were polite, respectful and respected their rights and independence.

People told us that they were given the opportunity to make a number of choices about the care and support they received and the care plans we looked at supported this information. People’s preferences regarding issues such as food, drink and social activities were clearly laid out within their care plan. There was also evidence to show that this information was regularly reviewed. The care plans for people who were unable to communicate verbally showed staff how they would recognise if someone was happy or unhappy, for example when choosing activities to undertake. Families or carers that wished to be involved in people’s care were given the opportunity to do so.

Staff were very knowledgeable when speaking about the people they cared for and it was evident during our observations that people knew the staff caring for them well. Staff showed warmth and compassion when speaking to people and were very attentive when dealing with any requests.

Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. We saw policies for each of these areas and that staff had signed to state they had read and understood them. We discussed with staff how people’s privacy and dignity were ensured. All the staff we spoke with were knowledgeable in this area and were able to give good examples of how privacy and dignity were maintained, for example when assisting with personal care. No-one using the service or any relatives raised any issue when asked about privacy and dignity issues.

We looked in detail at eight people’s care plans and other associated documents. Plans were split into several sections and were very detailed. Information included individualised needs assessments, risk assessments and health action plans. Care plans were kept securely at each location, however staff could access them easily if required. Within each location information such as daily reports, medication records, weekly activity plans and incident reports were kept on file for every four week period. Copies of care plans were also kept at the registered office. We saw that people were involved with, and were at the centre of, developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. A ‘decision making profile’ formed part of people’s care plan. This asked questions such as, ‘how must I be involved with making decisions’ and who else should be involved as well as when important decisions should be reviewed. We saw examples such as managing people’s personal appearance, medication, smoking and for activities. People we spoke with confirmed they had been involved with the care planning process.

As part of their health action plan people had up to date hospital passports in place that had been specifically designed for people with learning disabilities. They were RAG rated (Red, Amber, Green) and showed medical staff in priority order what was needed for each person during either a stay in hospital or when being treated in a medical setting. The three sections were entitled, ‘Things you must know about me’ (Red), ‘Things that are really important to me’ (Amber) and ‘Things I would like to happen’ (Green).

We spoke to 12 relatives during and shortly after our visit to the service. The majority of comments we received were very positive. Some of the comments included; “We are very pleased with (name) care”, “Staff are all very pleasant, you also tend to see the same faces” and “People (staff) listen, we have no issues telling someone if there is a problem and then things get sorted”.

# Is the service responsive?

## Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person said, “I would talk to staff, anybody, if I was worried.” Other comments from people receiving a service included, “Tenants meetings are once a month. We talk about any problems”, “If I needed them (staff) they would be there” and “I would go to the manager with a concern, yes. He would listen to me.”

The service had a complaints procedure in place which we were shown a copy of. We saw that complaints were responded to and investigated appropriately. Complaints were recorded by date and a description of each complaint was recorded alongside any investigation, actions taken and outcomes. For the previous 12 month period the service had received 14 formal complaints, all of which had been investigated and concluded. For a service that delivered 12000 hours of support to nearly 300 people per week the number of formal complaints was low. In addition to complaints the service kept a record of compliments. We saw examples from people receiving support, relatives and professionals.

We saw that people using the service had opportunities to feedback to staff and managers with regards to the support they received. We saw notes from a regional quality focus group meeting. People using the service were supported by staff to attend the meeting which was made up of people from different areas across Lancashire. Issues such as rotas, whistle blowing, local quality groups and easy read policies were discussed at the most recent meeting. An easy read version of the meeting minutes was made available so people could see what was discussed. We saw that a regular review of people’s care was happening and that this was recorded within people’s care plans. Quarterly newsletters were also distributed which contained telephone numbers and e-mail addresses for people to give feedback.

The service undertook annual satisfaction surveys entitled, ‘how are we doing?’ These were sent to the people receiving support and to family members and carers. We

looked at the results from the 2014 survey. The majority of comments we saw were positive, examples included, “They make me feel wonderful”, “I am a happy Mum” and “All staff are good”. People could fill in the forms anonymously or put their name to the survey. For the people supported by the service the surveys were made available in an easy read format. We saw that where negative responses were made and contact details were completed people had been contacted to discuss the issues, meetings had been set up for people to ensure that any issues were addressed quickly.

We looked in detail at eight people’s care plans. We looked at people’s care plans kept at the services registered office and within six locations where people were supported. The content of each person’s care plan was very good, up to date and personalised to the individual. People’s life history was well documented and their likes, dislikes noted throughout. This included how people were encouraged to access community services and social relationships. If people needed specialist equipment appropriate guides were in place to assist staff when caring for the person. Links with other professionals such as community nurses were well established in all the services we visited who needed that support.

We spoke to the registered manager and staff regarding activities for people. We were given a wide range of examples including trips out, people who attended college, people who attended work as well as activities that took place within people’s home environment. Special occasions such as birthdays were celebrated. We saw there were established links with local groups and leisure centres. People we spoke with and their families talked positively about activities and how they were tailored to meet the needs of people. We saw evidence of activities taking place within people’s care plans, on display within the tenancies we visited and within staff supervision notes and other documents such as newsletters.

Service users guides were made available for people in an easy read format that included information about the support people should expect, safety, people’s rights and a list of useful contacts.

# Is the service well-led?

## Our findings

The majority of people we spoke with talked positively about the service they or their loved ones received. Most people spoke positively about the management of the service and the communication within the service. Some people told us that communication had not always been good with their or their relatives care. People who told us this did say that communication had begun to improve. Some of the comments we received with regards to the management, communication and culture of the service were as follows;

“The managers are reasonable at the (service user) meetings. If something needs to be done they will try to do something about it.”

“We are happy and so is she. They do things by the book. They are very careful and we are kept informed about things.”

“I am much happier with the service these days. We had my social worker and we did a review with people from the house, they were listening. They took things on board that I said.”

The people we spoke with who told us that the service had improved cited issues such as communication and former managers as issues previously. When we discussed these issues further they told us that communication had improved and that they were confident that any concerns raised by them would be listened to and acted upon. We were told by a number of people, both people using the service and relatives, that new managers were now in place which had made a positive difference to the service they received.

We spoke to fifteen members of staff across a number of different roles, all of which spoke positively about their employer. Staff had a good understanding of their roles and responsibilities. A number of staff we spoke to praised the management team, one member of staff told us, “They are a good company, very supportive. There is always someone here if you need to ask anything.” Another member of staff told us, “They are really good at keeping everyone involved.”

We discussed how the service audited its services with the organisations Quality Manager during our visit to the registered office on the first day of our inspection. They talked us through how audits were carried out, what was looked at and the frequency of audits. Every service that delivered over 40 hours of support had received a full audit over the previous 12 months period. Each service was rated from very poor through to excellent with a total of six possible ratings within that scale. If a service was rated as very poor or poor then another audit would take place from the Quality Manager within three months.

We were told that services providing under 40 hours of care per week were audited by service manager or team leaders and that a pilot scheme was being introduced to undertake telephone audits for services providing under ten hours per week. We saw the audit tool used which scored different aspects of each service using a score of 1-5 which then translated into an overall score. Action plans were put in place with timescales ranging from one week to three months.

All surveys that were completed were sent to the quality team so they could monitor any trends. They were then summarised and returned to local teams. Quality Managers main links were with Area Managers. Area Managers were responsible for line managing service managers who in turn line managed team leaders at service locations.

We saw that the service had received monitoring visits from three different Local Authorities during the twelve months previous to our inspection. Whilst the methodologies used were different the results of all three visits were positive. Examples of the types of monitoring used were discussions with people using the service, families, stakeholders, visits to the services themselves and reviews of paperwork.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. All policies and procedures were signed off by the Chief Executive of the organisation, version dated and included a minimum review date. This meant staff had clear information to guide them on good practice in relation to people's care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.