

Paramount Options Ltd

Paramount Options Ltd

Inspection report

Suite 615 Crown House
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Date of inspection visit:
29 November 2019

Date of publication:
20 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Paramount Options Ltd is a domiciliary care agency. It provides personal care and support to adults living in their own homes in the community. Not everyone using Paramount Options Ltd receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing care to three people.

People's experience of using this service

People were happy with their care and support and told us staff were caring. People received consistent care from the same staff so they could develop trusting relationships with them. Staff treated them with respect and dignity.

People received care and support which was adapted to meet their needs. People had personalised care and risk management plans in place. These set out their likes and preferences for their care and their communication needs. People and relatives were able to give feedback and felt they were listened to when they did. The service worked with other agencies to make sure people received joined up care.

People were supported to be healthy and to access healthcare services. Staff supported people with their food and drinks appropriately, if they required this. Staff received training, support and supervision to provide care to meet people's needs.

The provider had a suitable process in place for handling complaints and responding to these in a timely manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider sought feedback from people and relatives and used this to develop the service. There were arrangements in place to check on and maintain the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 2 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Paramount Options Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 29 November 2019 when we visited the office location.

What we did before the inspection

We looked at the information we held about the provider, which included information about important events the provider had notified us about what had happened at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records of the three people who used the service and the recruitment and training records for three care workers. We also looked at a variety

of records to do with the running of the service.

After the inspection

We requested more information from the provider and continued to seek clarification to validate evidence found. We reviewed comments people had written online about the service. We spoke with two people who used the service, another person's relative and an adult social care professional who has worked with the provider. We also spoke with three staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider completed risk management plans to assess and reduce risks to people's health, safety and well-being. These included assessments of a person's health, care and mobility needs. The plans provided directions for staff on how to mitigate the risks to people. We saw the registered manager had reviewed the actions to manage the risks on a monthly basis. Plans also noted if a person had any allergies staff needed to be aware of.
- We saw that where people were living with a health condition, the provider had given staff information on what this meant for the person and how to support them in an emergency. Staff also told us they had been given this information.
- The provider had also completed environmental assessments of people's homes to help make sure they were safe for the person and for staff to work in. These included checks on any potential tripping hazards, lighting and if there were smoke alarms fitted.

Staffing and recruitment

- People told us they were visited consistently by the same staff, which staffing rotas also demonstrated. One person said, "I've always had the same staff" and a relative told us they preferred this arrangement for their family member. This meant people could develop a trusting relationship with the staff supporting them.
- One person told us the nominated individual introduced new staff to them before they worked with them. This gave the person the opportunity to know who would be visiting them.
- Both people and staff told us staff had enough time to support people and did not rush. People and relatives said staff were on time and rarely late, that they were informed if staff were going to be late and the provider acted quickly to address this.
- At the last inspection the provider told us they were planning to introduce a new electronic staff rostering and call monitoring system. At this inspection we saw the provider had recently introduced this. This enabled them to check care staff had arrived at people's homes when required.
- The provider had appropriate recruitment processes in place and roles were only offered to fit and proper applicants.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable safeguarding policies and procedures in place and staff were aware of these.
- Staff had completed training on safeguarding adults and knew how to recognise and respond to safeguarding concerns. They were confident if they raised concerns these would be listened and responded to. Staff also knew about whistleblowing processes and how to escalate concerns to other agencies if necessary.

- Staff used financial transaction records to document when they were passed people's money as part of their planned care, such as when shopping for a person. We saw the nominated individual had regularly checked these records and took action to address any potential issues. People also told us staff handled their money appropriately and always returned the right change and receipts to them. This indicated the provider promoted safe working with people when staff handled their money.
- We saw the provider also gave people accessible information on how to keep safe at home and in the community.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection.
- Staff received training in infection control and had access to personal protective equipment such as gloves, aprons and shoe covers. Staff told us this equipment was always available to them and the provider arranged for this to be delivered to people's homes.
- Staff used different coloured gloves for when they helped to prepare meals to when they supported people to wash. The nominated individual told us this had helped to allay one person's concerns about staffing helping them with their food.

Using medicines safely

- The provider was not supporting anyone to take their prescribed medicines as part of their agreed care arrangements at the time of our inspection. Staff did collect a person's repeat prescriptions for them from their pharmacist, which the person confirmed. The provider had risk assessed and agreed this arrangement with the person, who remained responsible for taking their medicines as prescribed.
- Where a person was prescribed medicines, the provider had given staff information about these, such as what they were for and possible side effects. This was so staff could seek appropriate help in case a person became unwell while taking them

Learning lessons when things go wrong

- There were procedures in place for responding to incident and accidents.
- The provider had reviewed and learnt from incidents and feedback from people and had adapted the service where necessary to better meet their needs. For example, when support was needed to further help a person maintain a safe home environment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider ensured staff completed induction and training to deliver care to people. One care worker told us, "I get training to help my clients and how to treat [them] well." Staff we spoke with were knowledgeable about people's support needs and felt the provider supported them in their roles. People and relatives said they were happy with the staff who visited them
- Staff told us they had completed a mix of online and room-based training. Records indicated staff had completed a range of required training so they were competent to support people and attended annual updates of this. This included emergency support, consent to care, fire safety, data protection, and moving and handling people safely. A number of staff held vocational qualifications in adult social care.
- We saw staff had annual performance reviews and regular supervisions with the registered manager. Staff told us they found their supervisions helpful. We saw supervisions included discussions about the well-being of people using the service, the new call monitoring system, staff development and reflections on the worker's performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had been using the service for a number of years. However, we saw the provider completed assessments of people's care support needs to decide if they could support them safely and effectively. These included assessments of people's mental health, mobility, personal care, oral health and memory issues. These informed people's care plans.
- The assessments were detailed and included personalised information about people, such as their likes and dislikes and their preferences for their care as well as information about their age and ethnicity.

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

- Staff supported people with their meals and drinks appropriately where this was part of their planned care arrangements. Daily records of care showed what food people had been offered and eaten.
- People's care plans set out what types of food they liked and how they liked to be supported with this. One person told us, "[The care worker] cooks it as I ask them to do." Another person told us staff suggested things to cook with them and always asked them first so they can choose.
- People's care plans also stated when people needed extra encouragement to drink more fluids during hot weather. This helped people to keep hydrated.
- Health and adult social care professionals had asked staff to encourage a person to eat a more balanced diet so as to improve their health. Records of care showed this was taking place and an adult social care professional confirmed the person was being supported to prepare more fresh food and try healthier meal choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and access healthcare services. Records of daily care showed staff responded to changes in people's health and care needs and helped them to make and attend health appointments, where this was part of their planned care arrangements. This included accessing their GP, a podiatrist and visiting the dentist.
- One person had a hospital passport which described their care and support needs and what was important to them. This document could promote person-centred working with other healthcare agencies because it described how the person communicated and what they needed support with. We noticed a discrepancy between this document and the person's care plan. We discussed this with the nominated individual and they said would update the hospital passport with the person.
- Daily records of care showed staff supported people to clean their teeth regularly. One care worker described to us how they prompted a person to brush their teeth independently.
- The service worked with other agencies to provide people with joined up care. Records showed the provider communicated regularly with other agencies about people's well-being. An adult social care professional told us the provider shared information with them appropriately and in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were being supported in line with the principles of the MCA.
- The nominated individual told us people had the mental capacity to understand their care and support. We saw people had signed their care plans to indicate they consented to their planned care arrangements.
- Staff had completed MCA training and understood how to seek people's consent and respect people's choices about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the care staff, the provider and the way people were treated. One person described the staff as "Good." A relative said, "I am happy with their current staff who works very well with [the person]". People who used the service had also posted comments about it online such as, "The carer is polite and efficient" and "My worker is both helpful and friendly."
- People's care plans contained some personalised information about people's background, life history and how they preferred to be addressed. This helped staff get to know people and treat them as individuals.
- Staff had received training in promoting equality and diversity in their work. Information about people's protected characteristics, such as their marital status and religious beliefs, was also recorded in their support plans. A relative told us the care arrangements for their family member, "Meets our requirements relating to religion, same sex [of care staff]." We saw evidence that staff had supported a person with their religious and social needs by helping them to attend a support group at a local church.

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

- People's care and risk management plans showed they were involved in planning and reviewing their care. This gave people the opportunity to make decisions about their care and support arrangements.
- Care plans also showed people's relatives, where appropriate, were involved in the planning and reviewing of their care, and relatives confirmed this.
- Records of daily care showed when staff had supported people to make choices about their care and support. For example, what they wanted to eat and where in the community they wanted to be supported to go to. Staff described how they were aware of and respected a person's preferences for their care, such as how they preferred to be supported with their personal care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. We saw satisfaction questionnaires completed by people in June 2019 in which they had indicated they were treated with respect and dignity. An adult social care professional also told us they have observed staff acting respectfully with a person when they visited them.
- Staff described how they treated people with dignity and respect, particularly when helping a person to wash. This included making sure the area was private, calmly encouraging and speaking with the person throughout and asking if they were ok with the care being offered.
- People told us staff helped them to be independent. One person said, "[The care worker] asks me to do things I can do myself." Care plans also set out how to promote people's independence, such what aspects of washing themselves a person could do themselves with encouragement and support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a planned way that recognised and reflected their individual needs and personal preferences. An adult social care professional described the support the staff provided as, "Bespoke care to [the person] and their needs."
- People's care and risk management plans set out personalised information about them, such as a short life history, their likes, dislikes and preferences. For example, one person's care plan was clear about a person's preferred breakfast routine. Another person's plan set out how the person preferred to be supported to help them manage their mental well-being.
- We saw that people directed their care and support and the provider was responsive to their requests or requirements. For example, a person changed the time of their care visits to suit their needs, such as when they had other engagements and could not meet with staff, or so staff could support them to attend appointments. An adult social care professional confirmed this and described the provider as flexible to the person's needs. They commented, "[The person] is very familiar with staff and the set up and it is working very well."
- Daily records of care showed people received their care as planned and the choices people had made about their care on that given day. The records also described a person's well-being during the care visits and other information, such as support provided for health appointments.
- An adult social care professional told us the provider regularly helped a person with additional issues as well. For example, staff helped the person to sort out furniture repairs or to return goods to retailers if needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who used the service did not experience any specific sensory or communication difficulties. However, their communication needs were identified and recorded in their plans and supported by staff. For example, plans described how a person's mood may affect them and how staff could encourage them person if they were reluctant to communicate
- Another person's plan identified how staff needed to present information in a clear manner and use simple prompts to help a person understand something.
- An adult social care professional told us there was effective communication between staff and a person using the service. This helped the person to be involved in and make informed decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people with activities that were meaningful to them when this was part of their contracted care arrangements. For example, staff supported a person to access their local community regularly and visit places of their choosing. This encouraged social contact and helped reduce the risk of them experiencing social isolation.
- Staff periodically supported a person to visit their family on short breaks. This helped them to maintain relationships that mattered to them.

Improving care quality in response to complaints or concerns

- The provider had appropriate policies and procedures in place for handling complaints, although they had not received any complaints since the last inspection.
- People told us they provider responded when they raised issues or concerns and these were resolved satisfactorily. For example, one person had not been happy with how staff had supported them to keep their home clean and the provider addressed this in a timely manner. An adult social care professional also said the provider responded to requests and concerns appropriately and in good time.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the nominated individual explained to us how staff had supported a person over the last year who had passed away. We saw evidence that the person's family complimented the service on the care the person had received and had invited staff to attend to the person's funeral.
- We saw staff had completed some online training on providing end of life care. The nominated individual showed us they had recently completed 'train the trainer' training so they could deliver this training to staff in the future.
- We saw the new electronic staff rostering and call monitoring system showed clearly if staff should take resuscitation action in event of a person having a medical emergency.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the service. They said they were happy with the care provided and their comments included, "No complaints, they just do everything well" and "They're very reliable." People who used the service had also posted comments about it online such as, "Very good service."
- An adult social care professional described how the service met a person's needs, stating, "They are very reliable - no cancelling at the last minute, no not turning up." The professional added that staff will regularly provide support beyond a person's contracted care arrangements. Their comments included, "They are usually willing to do any kind of extras," and "They go the extra mile for [the person]."
- Staff we spoke with said they liked working for the provider and commented, "They've been good to me" and "They're very supportive." Staff said they could always contact their managers for advice when they needed. One care worker said, "[The registered manager] is very supportive and had good communication skills. [The registered manager] does listen well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had arrangements in place to check on and maintain the quality of the service.
- These included unannounced spot-checks of care workers' performance. Staff told us these took place periodically and records confirmed this. We saw the provider took action in response to issues identified during these checks. For example, addressing when staff needed to complete health and safety checks.
- Staff completed regular progress reports on the care provided and we saw the nominated individual had reviewed these and taken action to make improvements. For example, addressing the language staff had used in their report.
- The registered manager had systems in place to monitor staff training, supervisions and appraisals to make sure these took place when required. The nominated individual showed us they were in the process of auditing staff files at the time of our inspection to ensure they were up to date.
- The provider had processes in place to respond to concerns about people's care when things may have gone wrong. Relatives and adult social care professionals told us that when this happened the provider had acted swiftly and appropriately in an open manner to address the issues. □
- The provider clearly displayed the previous inspection ratings at the provider's office and on their website.

Continuous learning and improving care; Engaging and involving people using the service, the public and

staff, fully considering their equality characteristics

- The provider periodically sent people satisfaction questionnaires to understand what people thought of the service. Questionnaires completed in June 2019 indicated people were happy with their care.
- The provider also regularly called a person's relative to gain their views on the service. A relative told us, "I have a good working relationship with Paramount" and "I am quite satisfied."
- The provider reflected on service provision and made improvements based on this. For example, the provider had introduced a monthly health and safety checks system with people who lived alone to help them maintain a safe home environment.
- The provider held periodic team meetings to discuss the service and improvements required or being made. We saw records for three meetings this year. Staff also confirmed these took place and said the last meeting the provider discussed staff training requirements and the new electronic staff rostering and call monitoring system being introduced.
- Staff told us the provider worked to improve the service and listened to their suggestions for this. For example, a care worker told us the provider had improved the format of the daily care notes, based on staff suggestions.

Working in partnership with others

- The service worked in partnership with other agencies, such as case managers, GPs and other healthcare professionals, to help to provide coordinated care to people.