

# Mrs Wendy J Gilbert & Mr Mark J Gilbert

## Paradise House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Paradise House is a residential care home providing personal care to 37 people who lived with dementia at the time of the inspection. The service can support up to 39 people in one adapted building.

### People's experience of using this service and what we found

Since the last inspection there had been significant improvements. At the time of the inspection people were no longer at risk of avoidable harm and the service was managed in an effective way.

The provider had recruited a new registered manager and a new regional manager. The senior management team had addressed the failings outlined at the last inspection (January 2019) and sustained improvements made.

People received safe care and treatment. Accidents and incidents were analysed, and lessons learnt recorded. Staff supported people with positive risk taking.

There had been some improvement in the way people's medicines were managed for example; ordering and receiving of medicines. However, we found some areas of medicines management still needed improvement. We did not find any evidence of actual harm caused and the provider acted on our concerns immediately. We were reassured by the action taken and therefore we have made a recommendation about the management of medicines.

People's relatives said staff had sufficient training and were competent to undertake their role and responsibilities. Staff told us they received a good standard of training and felt supported. People received good nutrition and were encouraged to remain independent at meal times.

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. We made a recommendation about the recording of mental capacity assessments.

Staff supported people in a kind, respectful and dignified way. Staff had built trusting relationships with people and understood their needs and preferences. The provider had procedures in place to promote equality and diversity. There was an inclusive culture and staff understood the importance of working in a non-discriminative way.

People received person-centred care and care plans contained information about their needs and preferences. Staff were responsive to people's changing needs. Staff responded in a person-centred way when people were distressed.

We found staff sometimes did not acknowledge when people were disengaged. The registered manager

assured us they would work with staff to improve understanding of people's non-verbal behaviours and how to stimulate people living with dementia to improve their quality of life.

People were supported in a person-centred way when at the end of their life. The registered manager had started to improve the way people's end of life wishes were discussed, including their preferred place of care to die.

There had been significant improvement in the way the service was led. Staff, relatives and visiting professionals told us the registered manager had created a positive culture. There were improved systems in place to assess, monitor and evaluate the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 12 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last inspection, by selecting the 'all reports' link for Paradise House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Paradise House

## 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

This inspection was conducted by two inspectors, one medicines specialist and one 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.

#### Service and service type

Paradise House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Our planning took into account information we held about the service including information submitted by the registered manager about accidents and incidents, deaths and safeguarding incidents. We also looked at information shared by the local safeguarding authority. 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

During the inspection we spoke with four people and three relatives. Not all of those who lived at the service were able to communicate with us. Therefore, we used the Short Observational Framework for Inspection

(SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the provider, registered manager and regional manager. We also spoke with five members of staff. We looked at four staff recruitment and training files, four people's care records and multiple records relating to the management of people's medicines, staffing, quality assurance and governance. We spoke to two visiting professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to the management of people's records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood how to keep people safe. The registered manager had improved the way accidents and incidents were recorded and monitored. This meant staff protected people from the risk of avoidable harm.
- The senior management team had improved analysis of accidents and incidents. Staff had been supported to understand about how to look out for and mitigate risk.
- Staff undertook risk assessments and care plans for people they supported, and they were regularly reviewed.
- The registered manager ensured the safety of the environment. Regular maintenance and safety checks were undertaken.
- Staff told us communication had improved and this meant lessons were learnt when things went wrong.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems and processes for the management of people's medicines had improved. The provider had changed pharmacy suppliers and staff told us communication around ordering and receiving medicines had vastly improved.
- Staff had been trained in medicines management and undertaken competency assessments. Staff administered medicines in a safe and person-centred way.
- During the inspection we identified some areas for improvement which included; the management of covert medicines (adding people's medicines to food and drinks), recording of the administration of prescribed fluid thickeners. We did not find any evidence that people came to harm. The registered manager acted on our feedback and immediately took action to address all areas we identified.

We recommend the provider continues to closely monitor the way medicines are managed to ensure changes made are sustained.

#### Systems and processes to safeguard people from the risk of abuse

- There were effective systems and procedures in place to protect people from abuse. Staff understood how to identify abuse and how to report their concerns.
- Senior staff followed the local safeguarding authorities' protocol and made safeguarding alerts when needed. People's care records showed how staff would protect them from abuse.

#### Staffing and recruitment

- The registered manager safely recruited new staff. Employment processes included checks for criminal record, character and right to work in the UK.
- Staff and visitors told us there were enough staff deployed to meet the needs of people who lived at the service.

#### Preventing and controlling infection

- Staff protected people from risk of infection by following safe practices when supporting people with personal care.
- Staff were trained in infection control and the registered manager observed their practice on a regular basis. Staff wore protective clothing when handling food.



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

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance.
- Staff worked with other agencies to provide consistent, effective, timely care.
- Staff completed care records which showed clear directions from other agencies.
- The registered manager and senior staff undertook pre-admission assessments before an agreement was made for a person to be admitted. Pre-admission assessments showed clear details of people's needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff with sufficient skills, knowledge and experience.
- Staff told us they felt suitably trained and able to support people in a safe and effective way. The registered manager undertook regular supervisions with staff on a one to one basis. Staff told us they felt supported and were encouraged to develop within the organisation.
- We asked relatives if they felt staff were sufficiently trained to support their relative. Relative's told us, "Definitely without doubt." and "Yes, I do; things have improved."
- The provider enrolled new staff onto induction training which included both practical and theory-based exercises.

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

- Staff supported people to eat and drink enough to maintain a healthy and balanced diet.
- People's care plans showed clear information about their preferences and needs in relation to nutrition and staff demonstrated good understanding of individual risk such as choking and food allergies.
- People provided positive feedback about the meals served to them; "I enjoy it, I always clear my plate.", "very good" and "It isn't bad".
- Staff supported people to eat and drink in a dignified way. Staff encouraged people to make informed choices about what they wanted to eat and drink and offered extra portions.

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

- People had access to a wide range of health and social care professionals. Staff responded to people's changing needs in a timely way and sought advice from involved professionals.
- Staff followed directions from involved professionals and updated them when the prescribed treatment

was ineffective.

- Staff assessed, monitored and supported people's oral hygiene. People had access to dental services and referrals were made when needed.
- We received feedback from two visiting professionals who told us the senior management team were good at informing them when people's needs change.

Adapting service, design, decoration to meet people's needs

- The environment had been adapted to meet the needs of people with a physical disability. Signage was appropriate to aid people with cognitive or visual impairment.
- People had personalised bedrooms and told us they were happy with the environment.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff routinely asked for people's consent to care and treatment when supporting them. Staff understood their role and responsibilities in relation to supporting people in line with the MCA and associated DoLS.
- Staff maintained a record of people's Lasting Power of Attorney and liaised with them when needed. People had access to a Mental Capacity Advocate if needed.
- The provider had systems in place to assess people's mental capacity. However, recording of the assessment was not consistent. Some assessments did not demonstrate how staff had concluded a person had or lacked capacity to make decisions about their care and treatment.

We recommend the provider reviews the way in which mental capacity assessments are recorded to ensure they are in line with principles of the MCA 2005.

# 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

- Staff supported people in a kind, caring and compassionate way. Staff had built trusting relationships with people they supported and were also able to anticipate their needs when communication was limited.
- Relatives consistently told us staff treated people well and were supportive; "I do very much [think my relative is treated well]." and "Yes I do [think staff are kind and caring]."
- The registered manager had embedded an inclusive culture for people, staff and visitors. Equality and diversity were considered throughout care planning and staff recruitment processes. Staff told us they were treated in a fair and inclusive way.

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

- Staff liaised with people and their relatives when making decisions about their care. Senior staff involved professionals, relatives and support workers when making best interest decisions on behalf of a person whom lacked capacity.
- The registered manager routinely asked for people's feedback. Monthly relative and resident meetings were held, and people were encouraged to have their say. A relative told us, "They have started having relatives' meetings. They take action in some cases about what we suggest."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy, dignity and independence. Relatives consistently told us staff supported people in a dignified way and respected their privacy.
- Staff encouraged people to be independent. Since the last inspection improvements had been made in relation to the way people at risk of falls were supported.
- Care plans focused on what people could still do. Staff had good understanding of promoting independence and respected people's past routines and life styles.

# 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

- Staff supported people in a person-centred way. Care plans had clear information to guide staff and informed them of people's preferences.
- Relatives told us they were asked to participate in care plan reviews and had been asked to share information about people's life stories.
- Staff understood how to support people when they were agitated or distressed.

Meeting people's communication needs; Improving care quality in response to complaints or concerns  
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.

- The registered manager told us improvements were needed to ensure people had access to information in an accessible way. For example, the complaints procedure was not available in an easy read format for people living with dementia.
- Staff assessed people's communication needs and supported them to attend optician and audiology appointments when needed.
- Care plans showed clear information about how best to communicate with people and staff adhered to the plans by ensuring people were reminded and supported to wear their communication aids.
- Relatives told us they felt confident to raise their concerns and listened to, "Yes I know how to complain, I would just see the manager." and "I would just go to one of seniors."

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 to maintain relationships to avoid social isolation. There was no restriction on visiting times and we saw some relatives stayed for long periods and were provided meals and refreshments.
- Staff asked people and their relatives about past hobbies and interests and encouraged them to maintain their usual routines. There was a full-time activity worker who had recently been employed, they were enthusiastic and passionate about supporting people to be stimulated, active and involved.
- Relatives told us people were provided stimulating activities, "[name] does jigsaws, dancing, singing, gardening, days out and play dominoes."
- Staff did not always notice when people were disengaged and sleeping for long periods. We discussed this

with the registered manager who agreed to review staff understanding of the importance of stimulation for people living with dementia.

#### End of life care and support

- The registered manager had started to develop systems around advanced care planning to discuss people's end of life preferences and needs.
- Staff supported people during the end of their life and worked closely with district nurses, palliative care teams and GPs to ensure people received good, dignified and respectful end of life care.
- Staff had received training in end of life care and the registered manager told us they had engaged with the local hospice training department to provide further development for staff on best practice.

# 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 our last inspection the provider had failed to robustly assess, monitor and evaluate the service. Record keeping was not sufficient. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since the last inspection the provider had employed a new registered manager and new regional manager. There had been significant improvement around the management of the service and the way the service was monitored.
- The registered manager had created an open, inclusive and empowering culture. We received consistent positive feedback about the registered manager from people, relatives, staff and visiting professionals.
- The registered manager had embedded robust quality assurance systems which improved the way people were supported following any change in their health or wellbeing. This meant people achieved good outcomes because the service was run in a safe, effective and responsive way.

Continuous learning and improving care; 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 registered manager demonstrated a very good understanding of their role and responsibilities. They acted on duty of candour responsibilities and supported staff to understand the importance of effective information sharing.
- Staff updated people's care records when they had shared information with relatives or involved professionals. For example, when a person had fallen, staff informed their relative and GP.
- The registered manager and regional manager undertook regular quality assurance audits to assess, monitor and evaluate the service. Action plans showed how improvements had been made and sustained. ● There were robust systems in place to ensure lessons were learnt following accidents and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged and involved all stake holders. They were passionate about the service being led by stakeholders and told us they planned to form a relative and resident committee.
- The registered manager, regional manager and provider had met with people and their relatives since the last inspection and provided reassurances about how they would improve the service. Relative's told us this

had been a positive experience.

- We received positive feedback from visiting professionals and commissioners about how the registered manager and senior staff engaged in training projects such as; dignity champions, safeguarding champions and react to red (a programme to improve the way people are supported with their skin integrity).