Paramount Care & Safety Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This was an announced inspection which took place on 7 and 8 June 2017. This was the first inspection since the provider had moved to a new location.

Paramount Care & Safety Limited is a domiciliary care agency which is registered to provide personal care and support to adults living in their own home across Lancashire. The agency specialises in providing support to adults with learning disabilities. At the time of this inspection there were three people using the service in two separate properties.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However the registered manager had not been consistently present in the service for several months. Our findings during the inspection showed this had impacted negatively on the leadership of the service.

During the inspection we found two breaches of Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of robust governance systems in place. In addition the systems to record and monitor the training staff were incomplete and needed to be improved. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The nominated individual was unable to tell us of any systems in place to regularly review the quality of the service people received. Staff reported difficulties in accessing support via the on-call management system. This meant that some staff felt they had been left to make decisions without being able to access advice from a senior manager. In contrast other staff spoke highly of the support they received, particularly from the office manager. Although staff told us they enjoyed working in the service, some staff felt their views on how the service could be improved were not sought by the senior management team.

Improvements needed to be made to the systems to record the training staff had completed. In addition there were no identified timescales by which refresher training needed to be undertaken. Although all but one member of staff told us they had received the training they needed for their role, three staff told us the way training was organised could be improved.

Staff had received training in safeguarding adults from abuse. They were able to demonstrate their understanding of the correct action to take if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff told us they would be confident to use the whistleblowing policy that was in place should they witness poor practice in the service.

We found people were cared for by sufficient numbers of staff who had been safely recruited. Staff told us they worked flexibly to support people to attend activities of their choice. People were enabled to make their own decisions as much as possible. Staff placed emphasis on promoting people to develop their independent living skills and to maintain relationships with their families. During the inspection we observed staff were caring and respectful in their interactions with people who used the service.

Systems were in place to help ensure the safe administration of medicines. Staff had received training in the safe handling of medicines. However there were no systems in place to regularly assess the competence of staff to administer medicines safely.

Care records included detailed risk assessments and risk management plans. These provided information and guidance about how to ensure people who used the service and staff were protected from identified risks.

Regular checks were completed to ensure the safety of the properties occupied by people who used the service. However we noted there was no business continuity plan in place to advise staff of the action to take should there be an emergency at either of the properties occupied by people who used the service or at the registered office.

Staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 and DoLS. Community based professionals we spoke with told us processes were in place to ensure applications were made to the Court of Protection in order to protect the rights of people who used the service. Staff were able to tell us how they ensured people who used the service were supported to make their own decisions and choices wherever possible. Staff used pictorial communication systems and electronic devices to enable people to make their needs and wishes known.

Systems were in place to ensure people's health and nutritional needs were met. People who used the service had health action plans in place. These plans contained personalised information about how professionals should best support individuals when they accessed health care services.

Staff told us how they encouraged people who used the service to review their support plans to ensure they accurately reflected their needs and wishes. External reviews of the care provided by the service had also been undertaken by the two local authorities responsible for commissioning the care people received. Community based professionals we spoke with told us they were confident people who used the service received personalised care which encouraged them to meet their goals.

There was a procedure in place for responding to and managing complaints. We were told there had been no complaints received at the service since the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Robust procedures were not in place to help ensure people who used the service would be safe in the event of an emergency at their home or at the registered office.

Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse.

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

Systems were in place to help ensure the safe administration of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood the principles of the MCA. We found staff supported people to make their own decisions and choices wherever possible.

Systems to ensure staff received the necessary training and support needed to be improved.

Staff provided effective support to ensure people's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to providing person-centred care and promoting people's independence.

Is the service responsive?

Good

The service was responsive.

Staff had an excellent understanding of people's needs and responded promptly to address any changes in a person's condition.

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

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

Is the service well-led?

Inadequate

The service was not well-led.

There was a lack of consistent leadership in the service. This meant there were no effective quality assurance systems in place.

Staff enjoyed working in the service and spoke highly of the support they received from senior support workers. However some staff told us they felt the on-call systems in the service were ineffective.

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 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.

This inspection took place on 7 and 8 June 2017 and was announced. The provider was given notice of our intention to inspect the service because we needed to be sure that staff and people who used the service would be available to speak with us.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service. We also contacted the Local Authority safeguarding and commissioning teams to obtain their views about the service.

During the inspection we visited the registered office and spoke with the nominated individual for the provider and the office manager who had taken on much of the responsibility for the day to day running of the service in the absence of the registered manager. The registered manager had told us they would be present during the inspection but they failed to attend on either day with no explanation given.

With permission we visited one person who used the service in their own home. The person had limited communication although we were able to observe interactions between them and the staff who provided support in their home. We also observed interactions between staff and another person who used the service when they visited the registered office.

During the inspection we spoke face to face with two senior support workers and one newly appointed support worker. We also spoke with a further four support workers on the telephone. Following the

inspection we spoke with three community based professionals from two different local authorities to gather their views about the service.

We reviewed the care and medicine administration records for the three people who used the service. We also looked at other records held by the service including staff training and personnel records, meeting notes and safety documentation.

Requires Improvement

Is the service safe?

Our findings

People who used the service were unable to tell us if they felt safe with the staff who supported them due to limited verbal communication skills. However our observations showed that they clearly felt comfortable with the staff who supported them.

We reviewed the systems in place to safeguard the people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. Staff told us, and records confirmed they had received training in safeguarding adults. Staff we spoke with were able to explain the correct action that they would take if they witnessed or suspected that abuse had occurred. One staff member told us, "I would report any concerns to my manager. I also log everything that happens to ensure everyone is protected." Another staff member commented, "I know exactly what to do and would have no hesitation to report anything. You have to make sure people are safe."

We saw that the provider had a whistleblowing policy in place to advise staff of the action to take if they witnessed poor practice. The policy included details of external organisations staff could contact if they were unhappy in how the service had dealt with their concerns. Staff we spoke with were aware of the whistleblowing policy and said that they were confident that the managers in the service would listen and respond to any concerns they might raise.

We looked at the recruitment processes in place in the service. We looked at the personnel files for three staff employed to work in the service. All files contained proof of identity, a job description and at least two references. All references had been followed up to ensure they were accurate and had been completed by the person stated. One of the files we reviewed did not contain an application form. The office manager confirmed one had been completed by the person concerned but could not explain why this was not on the person's file. Checks had been carried out 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 new member of staff we spoke with confirmed this process was in place. A staff member told us, "They [people who use the service] make up their own minds if they like staff or not."

One staff member told us they thought people who used the service could be more involved in the recruitment of staff. They told us they felt prospective staff should undertake an informal visit to meet people to help ensure they understood the support they would be expected to provide. They told us they considered such a visit would also allow people who used the service give some feedback about their

impressions of prospective staff members.

We looked at the staff rotas in place for each property. We saw that these rotas confirmed each person was provided with the appropriate level of support to meet their needs. 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.

We looked at the care records for the three people who used the service. We saw that these 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.

We looked at the systems in place to help ensure the safe management of medicines. We checked the medicine administration record (MAR) charts for the three people who used the service and saw that these had been fully completed. All staff had received training in the safe handling of medicines. One of the senior support workers told us they always observed new staff to ensure they were confident and competent to administer medicines safely when they first started work at the property but these checks were not recorded. We noted there was no system in place to regularly check the competence of all staff to administer medicines safely. However we did not find any evidence of medicine errors having occurred.

We checked the systems in place in the event of an emergency at each property occupied by people who used the service. Each person's care record contained a personal emergency evacuation plans (PEEP) which detailed the support they would require in the event of an emergency. Records we reviewed showed regular health and safety checks had also been completed for each property. However we noted there was no business continuity plan in place for the agency. One staff member raised this with us as a concern as they felt there was no guidance for staff to follow should the property in which they worked be affected by fire, flood or other emergency. In addition six members of staff had not completed any fire training and only two staff members had completed this training within the last 12 months. This meant there was a risk staff would not be certain of the correct action to take should a fire occur at the property where they were working.

Requires Improvement

Is the service effective?

Our findings

People who used the service were unable to comment on the skills and knowledge of the staff who supported them. All except one member of staff we spoke with told us they had received the training they required to deliver effective care and support. One staff member commented, "They could be more forthcoming with training. I have mentioned this but nothing has happened." Another staff member told us, "The training could be more organised."

The community based professionals we spoke with told us staff always seemed knowledgeable about the people they supported and were skilled in delivering care to meet people's needs. One professional commented, "I have always been impressed by the staff's commitment to [name of person using the service]." Another professional told us, "[Name of person] is supported by a team of professionals who are knowledgeable about their needs."

When we looked at the staff training matrix on the first day of the inspection we saw that this had only been partially completed by the registered manager. On the second day of the inspection we noted the office manager had updated the matrix to record all the training completed by staff. However we found not all staff had completed training in food hygiene, health and safety, fire safety, equality and diversity, mental health awareness and Mental Capacity Act (MCA) 2005. In addition the training matrix did not make clear the intervals at which refresher training should be undertaken. This meant there was a risk staff might not be supported to ensure their knowledge and skills were kept up to date.

Records we reviewed showed staff received regular supervision. However the registered provider told us no staff had received an annual appraisal of their performance. This meant that staff did not have a formal opportunity to review their personal development and training needs.

There was a lack of robust systems in place to ensure staff were provided with the necessary training and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with confirmed they had received an induction when they started work at the service. The most recently appointed member of staff told us they had spent time at the registered office to look at policies and procedures. They had also completed some online training and had undertaken a number of shadow shifts at one of the properties. They told us they were confident they would be able to carry out their role effectively at the end of the induction period.

We checked whether the service was working within the principles of the MCA. 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. However, people cared for in their own homes are not usually subject to DoLS.

We asked the registered provider what arrangements were in place to safeguard the rights of the people who used the service, given their care arrangements could be considered to amount to a deprivation of liberty; this would need to be authorised by the Court of Protection since people who used the service lived in their own home. They told us they had had discussions with representatives from the two local authorities concerned regarding applications to the Court of Protection but were unsure how far this had progressed. When we spoke with community based professionals from each local authority they confirmed applications would be made to the Court of Protection for the three people who used the service.

All the staff we spoke with told us they had completed training in the MCA and understood the principles of this legislation. They told us how they would support people who used the service to make their own choices and decisions wherever possible. Our observations showed staff had an excellent understanding of the non-verbal communication used by people who used the service. This was supported by the use of individualised pictorial communication systems and electronic devices to help ensure people were able to make choices about the support they received. One staff member told us, "We have pictures to choose from. They make choices about what they want to do, most definitely." Another staff member commented, "[Name of person] can do whatever they want."

We looked at the care records for the three people who used the service. We noted these were personalised and provided good information about the care and support each person wanted staff to provide. The care records also included details of the targets people wished to achieve and the progress they had made against these goals.

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. We saw that appropriate action had been taken when any concerns were raised regarding the nutritional intake of people who used the service.

Records we reviewed showed that staff supported people who used the service to attend appointments in relation to their health needs. We saw good practice in the way staff had prepared a person to have an important blood test by using online videos to explain the procedure. This had resulted in the person attending for the test without any difficulty.

We noted people who used the service had health action plans in place. These plans contained personalised information about how professionals should best support individuals when they accessed health care services.

Good

Is the service caring?

Our findings

Our observations during the inspection showed that staff were kind, caring and respectful in their interactions with people who used the service. Staff told us they considered they provided a high standard of care which focused on the needs and wishes of the people they were supporting. Comments staff made to us included, "We provide person centred care which is all about what [name of person's] needs are and what they want" and "Everything is about the person we support."

We asked staff how they promoted the independence of people who used the service. They told us they would always encourage people to do as much as they could for themselves both when undertaking personal care and with domestic tasks. Comments staff made to us included, "We are there if they need us but we don't do too much", and "We are all here to support, not to do things for the person. It's all about progression and supporting them to get to the next level."

Community based professionals we spoke with told us they considered staff had a caring approach to the people they supported and were focused on helping people to improve their independence. One professional told us, "I have seen [name of person] make progress. They have become happier and more settled although they still require a lot of support."

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. A staff member also told us how they would always switch the stair lights on five minutes before they went up to the bedroom of one person who used the service to alert them that they were approaching. Staff told us they would also encourage people to spend time in their own rooms for privacy if required.

Records we reviewed showed people were supported to develop friendships and support networks in the local community. People were also supported to maintain relationships with their family; where necessary this included staff providing support to people to visit relatives in other parts of the country. A community based professional we spoke with told us this was a strength of the service. They commented, "Paramount Care staff have been very supportive of helping [name of person] to get back in contact with members of their family. It's what you would like from a service but not what you necessarily get. It has come from the initiative of Paramount Care staff."

Although people's verbal communication was limited, it was clear from our conversations with staff that the views of people who used the service were always listened to. People were encouraged to direct the support they received and to decide how they wished to spend their time.

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 one person relax.

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

used the service.

Good

Is the service responsive?

Our findings

Community based professionals we spoke with told us they considered the service was very responsive to people's needs. They told us staff from the service were proactive at seeking out opportunities for people to extend their involvement in activities, the local community and family relationships.

All the staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to deliver a personalised and responsive service. Community based professionals we spoke with confirmed staff had an excellent knowledge of people's needs and interests.

All the 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.

Staff told us people were supported to undertake the activities of their choice. These included horse riding, visiting the theatre and cinema and other local amenities such as the library. Staff also told us how they supported people to choose holiday destinations they wished to visit and ensured appropriate staff were available to accompany them. We noted that one person had also been supported to volunteer at a local charity shop to help develop their social contacts.

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 noted representatives from the local authorities who commissioned the care people received had attended regular review meetings. These meetings documented the progress people had made and plans to continue to develop their social networks and levels of independence. All the community based professionals we spoke with were positive about the progress people who used the service had made and the consistent support provided by staff.

Staff spoken with told us communication between the staff team was excellent. 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. One staff member told us about the action they had taken in response to a deterioration in the behaviour of a person who used the service. This involved ensuring the person received a review of their prescribed medicines to help ensure they were on the most effective regime.

We looked at the systems in place to manage any complaints received by the service. We noted there was a complaints policy in place which provided information about the response people could expect to receive should they raise any concerns. The office manager told us there had been no complaints received since the last inspection.

Inadequate

Is the service well-led?

Our findings

Although there was a registered manager in place at the service, we were told they had not been consistently in work for some months. As a result the office manager had been required to take on much of the responsibility for the day to day running of the service. When we announced this inspection the registered manager confirmed they would be present but they failed to attend on either day with no explanation given.

We asked the nominated individual about systems in place to ensure people received a quality service. They could not provide us with any evidence of satisfaction surveys, audits or any other checks to show they were regularly monitoring the quality of the service provided. They told us they would occasionally visit the properties where people lived if any maintenance issues arose and would speak to people who used the service. However these conversations were not documented and no other quality checks took place during these visits. The office manager told us the registered manager had intended to introduce an audit tool to be used at both properties where people received support but this had not been implemented.

We noted that a weekly report was submitted by one of the properties to confirm what activities had been undertaken by people who used the service as well as health and safety checks completed by staff. A similar report was not submitted from the other property occupied by a person who used the service. The nominated individual was unaware of this discrepancy.

Staff told us they enjoyed working in the service and were clear about their roles and responsibilities. They told us they received good support from senior support workers and were very complimentary about approachability of the office manager. However some staff raised concerns about the on-call system which they felt was sometimes difficult to access should they require advice from a senior manager. As a result one staff member told us they sometimes had to make decisions about the appropriate action to take without reference to a member of the senior management team. Another staff member told us staff at one property had tried to get support from senior managers via the on-call system following an incident but had been unable to get a satisfactory response. This had led to the staff member we spoke with having to attend the property to offer support to colleagues outside of their normal working hours.

Records we reviewed showed staff meetings took place in each of the properties in which staff were based. Staff told us they found these meetings helpful to discuss practice issues. However there was no presence from senior managers at these meetings and there were no whole team staff meetings across the service. This meant there was a lack of opportunity for staff to express their views about how the service could be improved. One staff member told us, "They need to get suggestions from staff as to how to run it more efficiently. They need to listen to staff a bit more about what we think and suggest."

We asked the nominated individual about any service development plans. They told us they did not have any such plans in place. This meant there was a lack of focus on how the service could continue to improve.

There was a lack of robust governance arrangements in the service. This was a breach of Regulation 17 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure effective systems were in place to record and monitor the training staff were required to complete.

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.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that effective systems and processes were established and operating effectively to assess and monitor the quality and safety of the service. (Regulation 17 (2) (f)).

The enforcement action we took:

We issued a warning notice.