

Novalis Trust

Paradise House Painswick

Inspection report

Painswick
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Paradise House provides accommodation to 30 people with a learning disability aged 18-65 years. At the time of our inspection there were 30 people living at the service. The accommodation is divided into four individual houses, which all have their own facilities. There was also a café and workshops on site for people to access. The accommodation is set in substantial grounds where there are stables, therapy rooms and a walled garden.

People's experience of using this service:

The service was developed and designed before the guidance Registering the Right Support was produced. Registering the Right Support and other best practice guidance ensures that people who use services can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include choice, control and independence. We found Paradise House worked to make sure it was run in line with the values that underpin Registering the Right Support and other best practice guidance. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People were supported by staff who had been recruited safely and had the skills needed to provide effective care. Staff received support from the organisation and enjoyed working at the service.

People's risks had been identified and appropriate safety measures were in place. People had detailed care plans which provided up to date guidance for staff to follow to provide person-centred support.

People received their medicines as prescribed and medicines were managed safely. People could see healthcare professionals when needed and supported to live healthy lives.

People were able to attend many various activities. People were supported to access their local community to follow their interests. People's independence was promoted by positive risk-taking approaches. This meant people could maintain life skills and enjoy a community presence. People were being supported by exceptionally kind and caring staff.

People, relatives and staff told us the service was well-led. The registered manager was a visible presence and knew people and their relatives well. People's feedback was encouraged and used to shape the service.

The service met the characteristics of Good overall; more information is available in the full report below.

Rating at last inspection: At the last inspection in October 2016 we rated the service as Good overall.

Why we inspected: This was a planned inspection based on the date and rating of the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

Outstanding ☆

The service was exceptionally 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 Painswick

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector 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.

Service and service type:

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.

What we did:

Before our inspection we looked at information we held about the service. This included notifications received from the provider which they are required to send us by law. Before the inspection the provider completed a Provider Information Return as part of the Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our visit we talked with nine people who live at Paradise House. We also observed the care and support people received during our inspection. We spoke with the registered manager and eight members of staff. We also spoke with one healthcare professional. We looked at five care plans, medicines administration records, audits, meeting minutes and other records relating to the management of the service.

Following our site visit we contacted fourteen relatives for feedback about the service and five healthcare professionals.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. People and relatives told us the service was safe. Comments included, "I have no concerns for [person]'s safety", "Paradise provides a secure and safe environment" and "I feel safe."
- Staff received training on safeguarding and were aware of how to report any concerns. The registered manager told us they were developing a safeguarding training course for people to complete. This would give them skills and information to help people have awareness of keeping safe. People were able to access an easy read safeguarding policy which told them how to report any concerns they had.
- Safeguarding was discussed at staff supervisions, staff meetings and house meetings held in each home. The registered manager told us they wanted to keep safeguarding on agendas so that awareness of abuse was discussed at every opportunity. One member of staff told us, "Staff here work hard to keep people safe."

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. There were appropriate risk assessments in place to support people which were reviewed regularly.
- Health and safety checks such as fire and gas safety had been completed appropriately and updated when needed.

Staffing and recruitment

- People were supported by staff who had been checked thoroughly prior to starting employment. Checks included obtaining references and completing a Disclosure and Barring Service check (DBS). The DBS helps employers to make safer recruitment decisions and reduces the risk of unsuitable staff from working with vulnerable people.
- People were involved in the recruitment process and part of the interview panel. They had produced their own questions to ask and completed their assessments of applicants.
- There were sufficient numbers of staff deployed. Staff told us the management team would step in and work as part of the rota when needed. This made sure people had a continuity of staff supporting them which was important for people who found changes difficult.

Using medicines safely

- People received their medicines as prescribed. Systems were in place to safely receive, store, administer and dispose of medicines.
- Staff received medicines training and were assessed by the registered manager to make sure they were competent. Competency checks were then completed annually.

Preventing and controlling infection

- Staff received training on infection prevention and control and food hygiene. The local authority inspected food hygiene practice at the service and had no concerns.
- People were encouraged to complete their own laundry where possible and keep their own rooms clean. Domestic staff were also employed to support people with cleaning, cooking and laundry. All areas of the service were clean with no unpleasant odours.

Learning lessons when things go wrong

- Accident forms were completed in the event of any accident or incidents. These were reviewed by the management team.
- Senior staff met weekly to share information and any learning from incidents.

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

Good: ☐ 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 needs were assessed prior to them moving to Paradise House Painswick. Assessments continued to be completed with information being updated where needed.
- People were supported by a range of staff who all contributed to assessing people's needs. This meant people experienced support for all aspects of their life. For example, the service employed a clinical psychology therapist who continually assessed people's well-being.

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 by staff who met daily to handover information regarding people's care and support. This made sure changes in care and support could be shared.
- People were supported to access healthcare professionals such as GP's, opticians, community nurses. One person told us, "The staff make appointments for me, like with my hearing aid." People were also supported by the local authority community team for people with learning disabilities. They visited regularly to review care and support and give guidance where needed.
- People were supported to make healthy choices about their lifestyles. One person told us they were following a slimming diet. They said, "I have lost four stone, I feel great."
- People had individual hospital passports. These recorded people's individual needs in key areas such as communication. This helped to make sure in the event of a hospital admission, people would receive the care they needed and wanted.

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

- People were involved in planning menus and shopping for food. Menus were based on people's preferences and needs.
- Staff supported people to eat and drink, making sure the mealtime experience was inclusive and unhurried. The mealtime we observed was a social event, with staff sitting with people to have lunch. Support offered was respectful and discreet maintaining dignity.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff were aware of the principles of the MCA and how to support people in the least restrictive way. The registered manager kept a DoLS register to identify and track applications submitted and approved by the local authority. Where applications had been authorised, the service was meeting any conditions and recording how they were doing this.

Staff support: induction, training, skills and experience

- People were being supported by staff who were trained and supported in their roles. New staff received an induction when starting work at the service. Once completed there was further training available and updates as needed. One member of staff told us, "There are many training opportunities for us, we have support from the organisation."
- Supervisions were provided regularly. The registered manager told us they or a deputy manager would supervise a new member of staff initially. Supervisions were provided twice a month for the first six months. This made sure new staff had good support to learn about the service, their role and people's needs.

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

- There were four homes at Paradise House Painswick. Each home provided people with their own room and various communal areas to use.
- People were involved in decisions about the environment such as decorating or purchasing new items of furniture.
- People had been supported to personalise their own rooms, decorating them as they wished. This included putting up pictures, posters and photos of family members.
- People and relatives appreciated the environment provided. One relative told us, 'The environment gives [person] the confidence and freedom to develop as much as independence as possible'. Another relative told us, "[Person] has a real affinity with Paradise, they love the countryside, the space there, they love being outdoors. Paradise enables them to do that safely."

Is the service caring?

Our findings

At our last inspection in October 2016 we rated the key question Caring as Good. At this inspection the service had improved to Outstanding in Caring.

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- People were being supported by staff who were extremely kind and caring. We observed people were relaxed around staff, people approached staff for help and knew their names. One relative told us, 'Care is provided effectively with genuine care and affection from all staff. [Person] is obviously well liked and staff are concerned for her well-being at all times'. Comments about staff included "They are all brilliant", "Amazing" and "Staff are super supportive."
- Without exception staff we spoke with told us they enjoyed spending time with people living at the service. Comments included, "People here have hearts of gold", "I enjoy supporting people to develop their skills and support them to feel safe" and "I love working here, I love being able to contribute to people's well-being."
- People's individual needs were supported by staff who had taken time to learn about their lives. Some people had been living at the service for over 30 years and were supported by a staff team who were established. This meant relationships had been built and maintained over a long period of time. One relative told us, "[Person] considers Paradise to be her home and is very happy there." Another relative said, "[person] knows the staff so well, they know him inside out, that is so reassuring."
- Life stories had been developed with people, staff and relatives which meant there was a lot of detail recorded about people's lives. This work was extremely detailed and written sensitively respecting people's experiences. Life stories provided information of a person's childhood and life experiences. This meant staff had information to support relationship building with people who might not always be able to communicate the details. A healthcare professional told us, "The detail of people's history at Paradise really helps us to know what support to offer, it is so good."
- People were able to receive personalised support and therapy to develop and enhance their self-esteem. For example, one person who had anxieties about leaving their home was encouraged to join social groups and participate in therapy sessions. The results of this intervention meant the person became more confident and lost weight which all enhanced their self-esteem.
- People were encouraged to explore their personal values to support them to develop relationships. Social skills groups were provided weekly where people could discuss scenarios to help keep themselves safe and reduce their anxieties. The groups were led by professional therapists employed by the provider.
- Where people experienced distress, staff worked to reduce experiences by trying different approaches and support. For example, one person was experiencing distress when having a shower. Staff were trialling 'social story work' with this person. A 'social story' is a method of helping a person with communication

difficulties understand a situation. One member of staff told us, "We have created a social story around showering for [person], explaining the process with pictures, breaking each step down. It has just started so we don't know if it will work, but we will try."

- We observed interactions between people and staff that demonstrated staff knew people's needs and the best support to provide. We saw staff using different communication methods to make sure people understood what was happening. One member of staff told us about a three-step strategy they used with one person. They said, "I invented it to help [person] with distress, we count together, step one is stay calm, step two is count slowly and step three is chin up and look forward." We observed this strategy in action and saw it helped a person cope with their anxiety about a rapid change in the weather.
- Relatives without exception praised the approaches of the staff and gave us examples of how staff responded to distress promptly. One relative told us about a situation where a person experienced distress whilst out in the community. They told us the staff responded, "In an empathetic manner, without fuss or drama." The support provided by staff helped to keep this person safe and minimised distress.
- People had a key worker who they had chosen. A key worker is a member of staff allocated to work closely with a person and carry out identified activity. Key workers supported people to personalise rooms, do personal shopping, take part in care reviews and contribute to care plans. One person said, "If I am unhappy or sad I can tell [staff]."

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

- People could express their views in a variety of ways. 'House meetings' were held weekly which enabled people to discuss a variety of topics. People were encouraged to share their views, express their preferences and discuss any concerns. Minutes were kept and shared with people.
- People were consulted on all aspects of their care and support where possible. When people were consulted the service provided information in text and pictorial format to help people make decisions. For example, people were provided with an easy read guide on the flu vaccination. The guide had simple information on the flu vaccination and was also pictorial. This guide was used to help people make decisions on whether they wanted to have a flu vaccination. One relative told us, "[Person] makes their own decisions at their pace."
- People were consistently encouraged to plan their own care. People's care plans were written in people's own words where possible. All sections of the plan had comments from people recorded for that area of need. This meant regardless of ability people's views and preferences were valued and listened to.
- Daily meetings were held at workshops and activities, so people could decide what they wanted to achieve that session and what staff they wanted to support them. Meetings were inclusive with time given for everyone to express their view.
- People could access advocacy services if they needed them. Staff told us and we saw in meeting minutes advocacy was discussed to make sure people were aware of this service.

Respecting and promoting people's privacy, dignity and independence

- People were consistently supported to maintain their privacy, dignity and independence by staff who knew them well. Staff rotas were shared with people so they knew who was working and when. This helped to reduce anxiety people may experience about changes to their daily support. When staff had leave booked this was discussed at weekly house meetings, so people knew in advance. One member of staff said, "We always go through rotas with people, we make sure they are happy."
- People were encouraged to maintain their independence where appropriate. Relatives told us how important independence was to their family members and how exceptional the staff were at promoting and supporting people. One person walked independently to the local shop daily to buy their newspaper. Staff had worked with social care professionals to support this person. Measures had put in place to keep the person safe without stopping them from enjoying their independence. A watch had been sourced that enabled the person to call the service if they were concerned whilst out in the community. This enabled staff

to respond and provide support when the person needed it. Some people caught the bus to the local town to do their own shopping. Staff encouraged people to do their own laundry and light domestic tasks.

- Staff gave us examples of how they supported people to maintain their dignity. Examples included, knocking on doors before entering people's rooms, making sure people were dressed appropriately and respecting people's views. People were supported to express their wishes about what gender of carer they preferred. This was recorded in the person's care plan. For example, some people had stated they preferred a female care worker to help them with personal care. This wish was respected and promoted.
- People could have visitors whenever they wished. There was no restriction on visiting at the service. People were also able to visit their families when they wished. This included for holidays and overnight stays.
- People had a choice to lock their room doors and were provided with keys to do this if they wanted. People's confidential information was stored securely and only accessed by authorised personnel.
- People's well-being was supported by staff who worked with relatives and others to make sure people had appropriate and consistent support. For example, we saw that people had experienced bereavement. Support was recorded in people's care plans, so the staff team could be consistent in their approach. One relative told us they had been involved in discussions with the staff team at the service to work through the best approach to take following a bereavement of a parent. They said, "Staff were amazing when [parent] died, they supported [person] to come to the funeral. After the funeral I was involved in how best to support [person] we worked out the best approach. We made sure we were all singing from the same hymn sheet. It could have been a difficult time for [person] but they have been so settled."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Following an assessment people had their own personalised care plan. This contained good detail about people's needs and how to support them. Care plans were reviewed regularly and updated as needed. One relative told us that staff adopted a "very bespoke approach" and that this was "a significant feature of all the Paradise Team".

- Activities were available both on site and in the community. People could choose to participate in activities they enjoyed. People's religious needs were supported. People could attend a weekly service in a local church or participate in an informal celebration held on site. The registered manager told us this was called "sunshine corner".

- Activities on offer at Paradise House Painswick were varied and inclusive. People could take part in activities such as arts and crafts, shopping, cooking and baking and exercise classes such as Tai Chi. One person told us, "Pottery is my favourite, I make bowls." People had their own personalised programme which was pictorial to help understanding. We saw one person had their activity programme on the wall in their room. They told us what activity they were doing in the afternoon. They were looking forward to it as it was their favourite.

- Paradise House Painswick had substantial grounds which were accessible to all. The service had bought two small ponies which people were involved in caring for. There was a walled garden where people were involved in growing fruit and vegetables. Being outside was important to some people's well-being. One relative told us, "[Person] loves walking, they walk for miles with support from staff."

- Staff told us whilst activities were planned there was a flexibility in the programme. If people did not want to attend for any reason, this wish was respected.

- People also accessed the community for activities such as swimming classes and horse-riding. Day trips were planned, and people could visit local places of interest. Holidays were available for people to take with support from staff. We saw pictures of a recent holiday to Devon. One person said, "We went swimming this morning, the staff take us. We have music and aqua aerobics."

- The Accessible Information Standard had been met. People's communication needs had been assessed and recorded in care plans and communication passports. There was detail for staff to know how to communicate with people in their preferred way.

- Guides and information was provided to people in easy read formats, with large fonts and pictures. One member of staff told us how they produced and printed step by step recipes with pictures to help people enjoy baking sessions.

- People had their own email addresses where appropriate, so they could keep in contact with their friends and relatives. People had mobile phones and electronic tablets, so they could use applications to maintain important relationships.

Improving care quality in response to complaints or concerns

- The provider had a formal complaints process. People knew how to complain and had made complaints. The complaints had been investigated and findings recorded.
- The complaints procedure was available to people and relatives was available in easy read formats.

End of life care and support

- People had the opportunity to record their end of life wishes in their care and support plan.
- End of life care was not being provided at the time of the inspection, but the registered manager told us they would provide care based on people's wishes.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were being supported by staff who enjoyed their work. Comments from staff included, "I absolutely love it here, the people that live here are a joy to be around", "I enjoy working here as it has a warm atmosphere and is resident centred, there is a lot on offer for residents" and "Working here is a very positive experience, I feel grateful to be here."
- People told us they enjoyed living at the service. One person said, "It's good fun here. I like working and mixing with all the staff and residents."
- There was an open and transparent culture at the service. Staff told us they could report any issues or concerns and were confident they would be listened to and action taken. One member of staff said, "[Registered manager] listens to you, things get addressed here straight away."
- People were supported by a registered manager who was visible at the service, and who knew them and their needs well. All the feedback we received about the registered manager was positive. One relative told us, "[Registered manager] is very hands on, they have great energy and knows everyone very well." A member of staff told us, "[Registered manager] is very thorough and has good knowledge."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their responsibilities and the staffing structure at the service.
- The registered manager had systems in place to check the care being provided such as unannounced medicines competence checks and observations of care practice.
- Quality monitoring systems were in place to monitor the quality and safety of the service. The provider employed an external consultant to carry out monthly quality audits on a range of areas. They produced reports and action plans which were discussed in the registered manager's supervision.
- The registered manager had regular support and supervision with a Trustee of the organisation. This enabled them to discuss how the service was performing and any improvement required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were able to give their feedback about the service and be listened to by management. All feedback documentation was in simple text and pictorial which helped people to share their views.
- Action was taken to improve the service in response to feedback received. For example, relatives had asked for a specific Paradise House newsletter to keep them informed of activities, holidays and developments.

The registered manager had commenced producing a newsletter which was shared with people and relatives.

- People and relatives told us they were kept informed about the service, feedback about the management was positive. Comments included, 'The registered manager keeps me up to date with all relevant news about [person] and Paradise'.

Continuous learning and improving care

- The registered manager told us they promoted a culture of learning at the service. They said they were always looking to listen to people and provide an improved service.
- The registered manager gave examples of improvements that had been carried out which they felt made a difference to people. For example, communication passports had been introduced which detailed people's communication needs, what was important to the person and how best to engage with the person. The registered manager told us this work added to the care plans and gave staff more information to use to support people who had complex needs.
- Staff were supported to develop their skills. The provider supported staff to obtain work-based qualifications. One member of staff told us they had support from the provider to complete their health and social care diploma.

Working in partnership with others

- The registered manager was introducing new services to Paradise House Painswick to enable people to have more choice. They planned to organise a podiatrist to visit the service regularly and a hairdresser. This would mean that people who find waiting rooms at clinics stressful could have podiatry in their own home.
- The provider employed a speech and language therapist, a psychologist and who all worked together to support people's needs.