

Lifeways Paragon Limited

SLC Paragon (Midlands)

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

The inspection took place on 22 June 2017 and was announced. The provider was given 48 hours' notice because people who used the service were often out during the day and we needed to be sure that someone would be available to speak to us. This was the first rated inspection of this service since it re-registered with us in August 2016 after changing their address. There had been no change of provider.

SLC Paragon (Midlands) is registered to provide personal care and support to people with a learning and physical disability who live independently in the community. On the day of our inspection there were 3 people receiving support.

There was a registered manager in post who was present during the inspection process. 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.

People were safe and care staff were able to show that they knew how to keep people safe. There were enough care staff to support people. Where people needed support with their medicines this was being done as it was prescribed.

Care staff were able to get support when needed to ensure they had the skills and knowledge to meet people's needs. The provider showed they understood their obligations within the Mental Capacity Act and care staff asked people for their consent before providing support. People were able to see a healthcare professional when needed and eat food and drink of their choice.

Care staff were compassionate and kind. People lived their lives independently and their views and choices were an integral part of how they were supported. People's privacy and dignity was respected.

The assessment and care planning process involved people to ensure they were supported how they wanted. People knew how to complain and who to. The provider ensured complaints and compliments were handled and monitored appropriately.

People told us that the registered manager visited however we saw no written evidence of these visits/checks. People were able to share their views by completing a provider questionnaire (satisfaction survey).

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.

People were supported by care staff who knew how to keep them safe.

There were sufficient care staff to support people.

People received medicines as they were prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by care staff who had the skills and knowledge for their role.

The provider was aware of their responsibilities within the Mental Capacity Act 2005.

Where people needed access to health care professionals this was made available.

Is the service caring?

Good ●

The service was caring.

Care staff encouraged people to share their views and make decisions as to how they lived their lives.

People told us care staff were kind and they respected their privacy and dignity.

People were encouraged and supported to live independently.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and a support plan put in place to show how they would be supported.

The provider had a complaints process in place to enable people to raise concerns.

Is the service well-led?

Good ●

The service was well led.

The provider ensured where people lived was homely and comfortable for their needs.

We found that accurate and up to date care records were in place.

People were able to share their views by completing a provider satisfaction survey. While the registered manager carried out spot checks we saw no evidence. They told us they would ensure records were kept in future.

SLC Paragon (Midlands)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was conducted by one inspector on 22 June 2017 and was announced. The provider was given 48 hours' notice because people who used the service were often out during the day and we needed to be sure that someone would be available to speak to us.

The provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority. We did not receive any information.

We spoke to two people, one relative, two members of the care staff and the registered manager. We looked at the care records for two people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty sheets, accident records and records used for auditing the quality of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe. A person said, "I do feel safe". A relative we spoke with confirmed that people were safe within the service. Care staff we spoke with were able to explain the actions they would take where they felt a person was at risk of harm. A care staff member said, "I have done safeguarding training and no one would get harmed here". The provider told us in their provider information return (PIR) that a safeguarding policy was in place and staff knowledge was checked. We were able to confirm what the provider told us in their PIR.

Care staff we spoke with were able to explain the risks to people and how these risks were managed. A care staff member said, "I do have access to risk assessments". We found that risk assessments were being used to guide staff as to how to manage risks to people. We found that risk screening tools were being used to identify potential risks and a full risk assessment was then completed where risks needed to be reduced to keep people safe. Where people had specific illnesses and there were risks to their health in how care staff supported them we found that risk assessments were also being carried out. For example, where people were diabetic or had epilepsy.

We found that where accident and incidents had taken place there was a procedure in place to guide care staff on the appropriate actions they would need to take and care staff we spoke with were able to explain the actions they would take. This included an accident log being completed and information related to the accident being noted on people's care records. We saw evidence that where trends may be taking place these were being monitored and actions taken where necessary to reduce the amount of accidents or incidents.

We found there were enough care staff to support people. A person said, "There is enough staff". A relative and care staff we spoke with confirmed this. We found that where people required one to one support that this was in place even when people went out of their home to the shop or on particular activities.

We found that a recruitment process was in place that ensured only the right care staff were employed. The care staff we spoke with told us they had completed a Disclosure and Barring Service (DBS) check. These checks were carried out to ensure care staff were able to work with people. The recruitment process also included references being sought and systems in place to check care staff identification. This would ensure people were supported by care staff who had been recruited appropriately.

A person said, "I am supported okay with my tablets". Care staff we spoke with told us that they were required to complete training and their competency regularly checked in order to administer medicines. A care staff member said, "I have had medicines training and my competency checked". We were able to confirm this and found that care staff knowledge was regularly checked to ensure they knew how medicines should be administered. The provider told us in their PIR that a medicines procedure was in place to give care staff guidance when administering medicines and we were able to confirm this.

We found that medicines 'as and when required' were not being administered at the time of this inspection

however we were able to check that when these medicines were prescribed that a protocol was used to ensure these medicines were administered by care staff in a consistent way. A Medicine Administration Record (MAR) was also used to show which care staff had supported people with their medicines. Care staff we spoke with were able to show where medicines were stored and we saw that they were kept locked away securely.

Is the service effective?

Our findings

From our observations care staff knew people very well and knew how to support them. A person said, "Staff do know how to support me". Care staff we spoke with were able to explain people's support needs and showed a good understanding of people. The registered manager told us that people were involved in the recruitment of care staff through a process referred to in the provider's information return (PIR) as 'Choosing my support team'. This ensured care staff who supported people had the qualities people wanted. People and staff we spoke with confirmed this.

Care staff told us they were supported. A care staff member said, "I do feel supported in my job. I have had supervision and we have a staff meeting due in July". We were able to confirm this and we found that care staff were able to access training when needed to ensure they had the skills and knowledge to support people. The provider told us in their PIR that care staff completed training and all care staff had to also complete person specific training. For example, training in epilepsy, autism and diabetes. We were able to confirm this through the questions we asked care staff.

Care staff told us they were required to complete an induction when they were first appointed. The induction process involved care staff completing the Care Certificate. This sets out fundamental standards for the induction of staff in the care sector. Records we reviewed confirmed this.

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.

We found that the provider had systems in place to ensure where people lacked capacity and in their best interest their liberty was being restricted, that the appropriate approval was sought through the court of protection. During the inspection of this service no one being supported by care staff met the requirements of the Deprivation of Liberty Safeguards (DoLS). A care staff member said, "I have had training in MCA and DoLS". We found that they understood the principles of the MCA and DoLS.

People we spoke with told us that their consent was sought before care staff supported them. A person said, "I do give consent". A care staff member said, "I would always ask before I supported anyone". We saw from the interaction between care staff and people that their views were consistently sought.

We saw that people were able to make themselves hot and cold drinks when they wanted. Care staff were on hand to support people with meals and drinks where and if that support was needed. A person said, "I can eat and drink whatever I want". They went on to say that they were able to go out whenever they wanted to the shops and care staff did not have to support them. A staff member said, "We do ensure people eat healthy meals and suggest options". We saw from our observations that the choices of meals people had to

eat included healthy options.

We found from our discussions with people that they were able to access healthcare when needed. We saw records that showed that people had access to a doctor, dentist and other healthcare professionals. We saw that health appointments were noted and where people saw their optician, records showed the outcome and any future appointment. We found that health action plans and hospital communication passports were being used within the service to ensure people's health care needs were being met. We saw that annual health checks were taking place to ensure people's health care needs were being checked periodically. A relative said, "I have no concerns with how [person's name] is supported. Care staff do let me know when she is not well".

Is the service caring?

Our findings

A person said, "I am happy living here, the staff are nice". A relative said, "I am always made to feel welcome, staff are very accommodating and nice".

We found that care staff were compassionate and caring. Where people needed support to deal with emotional and distressing situations care staff were on hand to support them. A care staff member explained how they recently supported a person through a distressing time when their pet died suddenly. This showed the compassion and kindness care staff had to support the person through this time. We saw that care staff took practical action to support the person further by helping them to purchase another pet. We saw from our observations that people were happy and relaxed around the care staff. We saw people laughing and joking and light hearted banter taking place amongst everyone. A person said, "The staff are good". One care staff member said, "The people here are my family". We found the atmosphere and culture to be very caring. Care staff were able to explain to us the things people liked. We found that people lived their lives how they wanted and we saw an environment that was homely in the way both people and care staff got on. We saw that people were happy and care staff interacted with people as if they were their family member.

The culture and values promoted in the service enabled people to live their lives how they wanted. Care staff supported and encouraged people to make every day decisions as to how they lived and people did so. We observed care staff advising people, listening to them and encouraging them.

Advocate services were available within the service but we found that people were able to understand and make their own choices and decisions. Where a person needed support to make decisions their relatives supported them to do so. An advocate service are independent professionals who support people to share their views where people need support to do so.

We saw from the vision in the service that staff respected people's dignity, privacy and independence. A person said, "Staff do respect my privacy, dignity and independence". The person went on to explain that staff knocked their bedroom door before coming in. A person told us proudly, that they went to the shops on their own. This showed that people were encouraged to live independently. Every day living skills and personal care tasks were just a couple of things care staff encouraged people to do. We saw people carrying out daily living tasks which promoted their independence. Care staff we spoke with showed through their explanations to us that people's privacy, dignity and independence was respected by the way they encouraged and supported them. Care staff told us that people were only supported when they asked to be supported. Care staff would not just assume people needed help. Care staff told us people's privacy was also respected by ensuring confidential information was stored securely and locked away where needed. The provider told us in their provider information return that they had a dignity and respect policy and care staff knowledge was checked and observations carried out to ensure people were supported in a manner that respected their dignity, privacy and independence.

Is the service responsive?

Our findings

We found that the provider carried out pre-admission assessments to determine people's support needs and used support plans to show how people would be supported. While people could not remember whether they were involved in these processes because they had been receiving support for a number of years, we saw documents that showed people were involved. We saw that people met regularly with care staff to discuss the support they were having and they made decisions about changes that were needed. While the provider did not refer to this process as a review, we saw that it was a review. We saw as part of this process that people's likes, dislikes, interests, hobbies and preferences were being identified through the assessment and support planning process. Care staff knew what people like to do and we saw that care staff were required to show by way of their signature that they had read the support plan and knew what people's needs were. People told us that care staff supported them how they wanted.

The provider had an equality and diversity policy in place to support and guide care staff when supporting people to ensure their diverse needs were met. Care staff we spoke with had a good understanding of people's support needs and told us they had completed training. This information was not evidenced on the provider's training records however we found that this information was being captured by the assessment process and staff had an understanding of the importance of meeting people's diverse needs.

We found that where people needed support from care staff to take part in activities of their choice that this did take place. People told us that this support was available to them and we saw evidence of this from the pictures we were shown and from the records kept in people's care notes.

The provider told us in their provider information return that a complaints process was in place. We were able to confirm this and we saw that the complaints process was part of the service users guide given to people upon joining the service. People told us they knew how to complain. A person said, "I would complain to the manager or team leader". Care staff were aware of the complaints process and while they had never had to deal with a complaint they showed us they would know how to support people to complain. We found that the service had not had any complaints. Complaints were part of the monthly discussions the registered manager had with their line manager (service director). The provider had systems in place to monitor for trends.

Is the service well-led?

Our findings

People told us they were happy with the support they received and we saw that that where people lived was relaxing and comfortable. The atmosphere was homely and warm and people and the care staff all got on in a friendly manner with people deciding how they lived their lives.

We found that the line manager for care staff visited people in their home regularly and carried out checks and audits on the service. These checks and audits were then discussed in the supervision the line manager had with the registered manager on a monthly basis. Care staff confirmed that their line manager and the registered manager visited where people lived regularly but, we saw no written evidence of the outcome from the checks and audits carried out by the registered manager. The registered manager told us they would ensure any spot checks or audits they carried out in the future would be recorded to show that they had been completed both by themselves and the provider.

The provider told us in their provider information return that family members were encouraged to share their views on the service by completing satisfaction surveys. People when asked could not remember if they had completed one recently. However we saw that this process was part of the how the provider gathered people's views to make improvements the service. The provider told us as part of their planned improvements over the coming 12 months they would be introducing a quality checker. This checker would enable people to be involved in how the service was checked and audited.

People we spoke with told us the service was well led and they were happy with how they were supported by staff. A person said, "Yes the service is well led". The relative we spoke with told us they were satisfied with the support their relative received from care staff. A care staff member told us, "The service is well led". People all knew who the registered manager was as they were on a first name basis. This showed as part of a well led service the importance the registered manager gave to engaging with people on a regular basis.

We found that accurate and up to date care records were in place to show that the support people wanted was what they were receiving.

Care staff all knew what the whistle blowing policy was and its purpose. A care staff member said, "I do know how to raise a whistleblowing. We found that the provider had a policy in place and care staff were encouraged to use it wherever necessary.

The provider had an out of hour's service in place to support care staff in an emergency. This service was available on bank holidays, weekends and evening where an emergency situation arose and care staff needed to speak with a manager. Care staff knew how to access this service if needed.

The registered manager was able to show that they understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.