

Paladins Care Limited

# Paladins Care Limited

## 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

This inspection took place on 18 and 20 April and was announced.

Paladins Care Limited provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 4 people, most of which received 'live in' care, where the staff lived with people and provided 24hr care.

There was a registered manager in post. 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.

Staff attended induction training where they completed mandatory training courses and were able to be shadowed by the registered manager. All staff were taking part in the Care Certificate qualification.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. Most of the staff worked as 'live in' carers with people, and swapped with other staff every few weeks.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff were not currently supporting people with medicines. We saw that systems and training was in place should they need to.

Staff members had induction training when joining the service, as well as regular on-going training. Staff members were regularly encouraged to improve their skills with training.

Staff were well supported by the registered manager and senior team, and had regular one to one meet ups and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

**Is the service well-led?**

**Good** ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

# Paladins Care Limited

## 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 was planned to check 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 18 and 20 April 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with one person who used the service, and one relative of a person that uses the service. We also viewed written feedback from people who used the service and their relatives. We spoke with two support workers and the registered manager. We reviewed four people's care records to ensure they were reflective of their needs, seven staff files, and other documents relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe when receiving support from the staff. One person said, "I have live in care now. Before this, I just didn't feel safe at all. I was worried all the time. Now I have the carer all the time and it has made a big difference. I know I'm safe and I know I'm being looked after."

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "The procedure I would follow is to inform the manager as soon as possible, or the police if necessary. I am confident that the manager would do what is required to report any incident with that safeguarding team." Staff also had a good understanding of whistleblowing procedures and we saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required.

People had risk management plans in place to cover the areas of risk that were present within their lives. They listed any activity which may pose a risk, what the hazards might be, and how to manage the risk appropriately. The risk assessments we saw covered areas in a positive risk taking manner, allowing people to be as independent as possible. The staff we spoke with all felt that people were being supported in a safe way, and that they were confident in the support they offered as risk was always assessed properly. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check before starting any work with the service. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks that confirmed who they were and their right to work.

There were enough staff working for the service. The service mainly provided live in care for people. The staff would live and work with people for several weeks at a time, and then handover and swap with another staff member. The people we spoke with told us they were happy with the consistency of staff that worked with them, and they had the same staff return to work with them. We saw that staffing levels were planned and sufficient to meet people's needs.

At the time of our inspection, the staff were not supporting anyone with the administration of medication. We saw archived records of documentation that was used when the staff had been supporting a person with their medication. This showed us that systems were in place to properly and accurately record the administration of medication should anyone need this support. Staff had received the appropriate training to provide this support.

## Is the service effective?

### Our findings

Staff had been trained and had the knowledge and skill to support people with their needs. One relative of a person told us, "They are very good with my husband. They are well trained and clearly know what they are doing." All the staff we spoke with told us that the training provided to them made them confident in carrying out their roles effectively.

All staff went through an induction training package before starting work within the service. One staff member told us, "Once my security checks were completed, I did the mandatory training courses and spent time shadowing the manager with people. I have also started the Care certificate qualification." The care certificate, is a qualification that introduces the basic standards that are expected within a care environment. We saw documentation that showed all staff had been through this induction process including the care certificate qualification. Staff files we looked at contained training certificates including some courses which had been attended to train staff to the specific needs of some people. For example, one client had epilepsy, so the staff involved in their support had received epilepsy training. Another client required support with a percutaneous endoscopic gastrostomy (PEG) tube, and the staff had received training from a nurse in that area also.

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA and we saw that they were.

Staff received supervision from the registered manager. One staff member said, "The registered manager comes to see us regularly. She checks on everything, if we are ok, and if our client is happy. We are observed in our practice, and we can talk to her." We saw that spot check forms had been completed where the registered manager had supervised staff in their practice and recorded their competency.

Staff gained consent from people before carrying out any care tasks. One person told us, "The staff are very polite and always check with me what I want and when I want it. I have never felt like anything has happened without my consent." We saw that consent forms had been signed by people and kept within their files.

People were given support with maintaining a healthy and balanced diet if they required. All the staff we spoke with explained that they could help people plan, shop for, and prepare meals, taking in to consideration their level of independence and what they could do for themselves. We saw that any information that was important in regards to a person's dietary requirements were recorded within their files.



People were supported to maintain their health and have access to health professionals as required. We saw that people had information relating to their health conditions recorded within their files, including guidance for staff on how best to support people. For example, one person's file had signs that staff should look out for and recognise as the potential beginning of a seizure. We saw that a record of input from health professionals such as dietician, speech and language therapists and G.P's were kept and monitored by the service.

## Is the service caring?

### Our findings

People told us the staff had a caring and friendly approach towards them. One person said, "I really get on well with them. They are very kind, and I am very satisfied with the service." We saw written feedback from a person that stated, 'The staff are friendly and professional, we can trust them.' One staff member said, "I am a live in carer, so it is very important to get on with people and make sure they are happy with everything."

Staff were aware of people's preferences. One staff member said, "I was introduced to the person I care for by the manager. I shadowed her and understood how the person likes to have things done." Care plans contained personalised information that helped staff to provide person centred care and understand the specific wished of the people they were supporting.

People felt involved in the planning and direction of their own care. One relative told us, "We met the manager first, who explained about the company and the staff, she was a very nice lady. She made it clear that we will be in control of everything. She regularly checks on the staff and us, and makes sure we are happy." We saw that care plans detailed people's preferred routines and preferences.

The staff respected people's privacy and dignity. One relative of a person said, "[Person's name] dignity is definitely upheld. They get on so well with the carer we have, who is very respectful." The staff we spoke with understood the importance of respecting people's privacy when working within their home.

People were supported to be as independent as they could be. We saw positive written feedback from a relative of a person saying, '[Person's name] mobility has increased with the staff encouraging her to walk.' Care plans we saw documented the things that people were able to do for themselves and prompted staff to encourage independence. The staff we spoke with were able to describe the routines that people had and which things they preferred to do for themselves.

We were told that advocacy services could be supported and made available should people require them. At the time of our inspection, no one was using the services of an advocate.

## Is the service responsive?

### Our findings

People's needs were assessed before receiving care from the service, and then reviewed and updated regularly. The registered manager told us that she would go out and meet people, often with their family members present, and discuss the care they would require. After completing an assessment an initial care plan would be created. The people we spoke with told us that this process had taken place, and they were happy with their introduction to the service. We saw that information contained within care plans was regularly updated.

People received personalised care that was specific to their needs. One relative of a person said, "They know [person's name] very well, and they know how to keep him happy. They talk to him in the right way." We saw that people had personalised information within their care plans that included personal history, individual preferences, interests and aspirations. For example, one person's care plan explained that they enjoyed gardening, and using an iPad to go online.

Care plans and risk assessments were regularly reviewed and updated. One staff member said, "I am with the person I provide care for all the time, and I record events daily. If there are any changes in need, then I speak with the manager and she will update the care plan, and also probably come out and see me." Records confirmed that regular updates and checks were taking place.

People were encouraged and supported to develop and maintain relationships with people that matter to them. One person said, "They are very respectful of our relationship." We saw that people had information within their files about family relationships and who was involved in their life. Records showed that family members were communicated with regularly, with people's consent, and the service worked in partnership with families to achieve the best results.

People knew how to share their concerns and complaints. All the people we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The registered manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that actions and responses could be created and carried out for any complaints made.

## Is the service well-led?

### Our findings

People told us the registered manager was approachable, friendly and helpful. One relative said, "It is a small service, and we know the registered manager well. She is very nice and helpful. We see her regularly." A staff member said, "I have not been working here for long, but already I feel like it is a good service. I can see that support is there when I need it, and things work well." Another staff member said, "The manager gets involved with caring for people as well, so she knows what we have to do." We observed that the registered manager had a detailed knowledge of the people that were being cared for, and the skills and attributes of the care staff also. The registered manager told us she hoped for the service to grow, but slowly, as and when she was able to recruit good staff. Our observations were that the service had an open, fair and transparent culture.

The service was organised well and we saw that staff were able to respond to people's needs in a proactive and planned way. The service was small and had a structure which included the registered manager and seven staff members, most of which worked as live in carers. All the staff we spoke with were aware of the visions and values of the service and felt positive about working there.

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed recording and a managers response and actions to each incident. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

Staff told us they felt encouraged by the registered manager to access training and improve their knowledge and skill. One staff member said, "I am always given the support in the areas that I need, and training is regular." We saw that the registered manager regularly met with staff in their work environments to carry out spot checks. This involved observing staff as well as allowing staff to feedback on their own work and suggest any changes.

Staff members were able to raise concerns and felt they were responded to promptly and appropriately by the registered manager. All the staff we spoke with had confidence that they would be listened to and any issues would be dealt with professionally.

We saw that quality control was implemented. The registered manager told us that currently as the service is small, she was able to regularly check on all documentation and maintain accurate records for staff and people using the service. The registered manager kept both electronic and paper records which were being updated regularly. Visits to people receiving support and their live in staff were frequent, and feedback was gathered often.

Written feedback was gathered from people and their families on the quality of the care being received. We saw that questions were asked which allowed people to inform the manager how they felt about the service and its quality. Whenever action was required, we saw that this was recorded and acted upon promptly.

