

Paradigm Health & Social Care Limited

Paradigm Health & Social Care Limited - Telford

Inspection report

Telford Business Development Centre
Stafford Park 4
Telford
Shropshire
TF3 3BA

Tel: 08442578989

Website: www.paradigmcare.org

Date of inspection visit:

20 March 2019

25 March 2019

Date of publication:

09 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Paradigm is a domiciliary care agency providing care and support to people in their own homes in the community. The service provides support to predominantly older people, including people living with dementia, mental health needs and physical disabilities.

At the time of our inspection 54 people were using the service.

People's experience of using this service:

People told us they were safe. The providers processes and practices protected people from abuse. There were enough staff to ensure people's needs were met. Recruitment procedures followed safe practices. Staff told us they were given time to provide care and support that was unrushed. People's medicines were managed safely. Risks assessments were in place and risks were managed in a way that did not restrict people's freedom. People were protected by the prevention and control of infection.

Staff supported people to make their own decisions and choices. Staff we spoke with were knowledgeable and understood the principles of the Mental Capacity Act 2005.

People's nutritional needs were met. People who required support with their diet had their needs met by staff that understood their dietary requirements. Staff received effective training to fulfil their roles and responsibilities and were well supported and supervised.

People spoke very positively about the care and support they received. People we spoke with told us staff were kind, caring and considerate. People also confirmed that staff maintained their dignity and respected them. People and their relatives said the staff were dedicated and passionate about providing good standards of care and support.

People received personalised care that was responsive to their needs. Care plans were detailed and developed with the people who used the service. The care and support plans included people's decisions and choices. People were supported appropriately at the end of their lives.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. The registered manager kept detailed records of concerns that evidenced any issues were actioned promptly and satisfactorily.

People told us they were listened to and had opportunity to raise concerns if required. People we spoke with said they had no concerns at the time of this inspection. They said the service was excellent and if they had any issues no matter how small they were dealt with immediately by staff.

People's feedback was used to make changes to the service.

The service had a registered manager who conducted a range of audits in areas such as, medicine management, health and safety, care plans and daily records documentation. We saw the monitoring identified areas for improvement and any actions raised as part of the audits were addressed.

More information is in the detailed report.

Rating at last inspection:

The service was last inspected in 2016 and was rated good.

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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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:

This inspection was carried out by one inspector.

Service and service type:

Paradigm is a domiciliary care agency, providing care and support to people in their own homes. They provide care to predominantly older people, including people living with dementia, physical disabilities and mental health needs.

The service had a manager registered with CQC. 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:

We gave the service 24 hours' notice of the inspection because the service is small, and we wanted to ensure the registered manager would be available. We also wanted to arrange to visit some people using the service in their own home.

Inspection site visit activity started on 20 March 2019 and ended on 25 March 2019.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the

information received about the service from notifications sent to the CQC by the registered manager. We requested the provider to complete a provider information return (PIR). 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. The registered manager completed a PIR prior to our inspection and we used this information to assist with planning the inspection.

We visited one person in their home. We discussed their care plan and observed staff interactions. We spoke with a further six people over the telephone to obtain their feedback. We also spoke with three relatives on the telephone.

We spoke with six staff including three care support workers, the care co-ordinator, a senior care worker and the registered manager. We looked at documentation relating to two people who used the service, two staff files and information relating to the management of the service. We also received feedback in writing from two commissioners.

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

- All people we spoke with told us the staff made them feel safe. Comments included, "I know [relative] is safe." and "I feel really safe, they [the staff] really do make you feel safe."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. All safeguarding concerns had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of safeguarding adults from abuse. Staff knew how to recognise and report abuse. They explained the correct procedures to follow if they needed to report a safeguarding including whistleblowing. This is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Assessing risk, safety monitoring and management

- Environmental and fire risk assessments were completed to ensure staff were safe in people's own homes.
- Care plans we looked at contained assessments of risk to people. The assessments were detailed and provided instructions to staff to manage the risk to reduce the likelihood of harm to people when being supported. However, we found although staff were aware of how to move people safely using equipment the guidance for staff contained in people's documentation could be improved. The registered manager addressed this at the time of the inspection to ensure full details were provided.
- People we spoke with said staff were 'fantastic', understood their needs and supported them appropriately. This ensured risks were managed. People said, "I am happy with the care received. Anything I want I only have to ask for." and "The staff are brilliant, absolutely brilliant. I can't praise them enough." Another person said, "They [the staff] don't rush me, take their time, they listen."

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.
- There were enough staff to support the needs of people using the service and keep them safe. People we spoke with told us they always got the same group of staff, the staff were always on time, or within fifteen minutes of the call time and staff stayed them for the correct amount of time and did not rush.

Using medicines safely

- Medicines were managed safely. We looked at medicine management in one person's home and documentation in the office. We saw medicines were stored safely in the person's home. Appropriate documentation was in place and staff recorded clearly when medicines were administered. People we spoke with told us staff supported them with their medication appropriately. One person said, "They [the staff] look after my tablets, I am very happy with how these are managed." Staff received training in

medicines management and their competency was assessed to ensure safe administration of medicines.

- Audits of medicines were carried out they were robust and identified errors. Any errors were addressed with the staff member. Staff were knowledgeable on medication procedures including storage and safe handling.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- People we spoke with confirmed staff wore aprons and gloves when delivering personal care, washed hands and followed infection, prevention and control practices. Staff told us they had personal protective equipment's with them at all times including, gloves and plastic aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.

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 before any service was provided, this was to ensure their needs could be met by the agency. People we spoke with told us staff were very good. From talking with staff and people who used the service it was obvious staff knew people very well and understood their needs. Care and support was provided in line with their needs.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. Staff told us the training was good. Staff were also encouraged to attend additional training to develop their skills and knowledge.
- People we spoke told us the staff supported them well and understood their needs. One person said, "I am extremely satisfied with the care and support provided, the staff just get better and better as they get to know me."
- Staff were supported and supervised. This ensured they had the skills and knowledge to support people. Staff said, "I love my job." and "We all communicate and we are well supported."

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

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were aware of procedures to follow if they identified a person was unwell or had deteriorated. We found if someone needed to go to hospital a system was in place to ensure all the relevant information would be sent with them.
- Staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals, including district nurses, GP's and community psychiatric nurses, this ensured people's needs were met.

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

- People were supported in their own homes; therefore, the design and decoration were not relevant to this service as CQC does not regulate the accommodation.
- Staff ensured any specialist equipment used when supporting people was available and appropriately maintained to deliver safe, effective care and support.

Supporting people to live healthier lives, access healthcare services and support

- When people required support from healthcare professionals this was arranged by staff with the person they were supporting or their relatives. We saw staff had worked with the district nursing team to ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- 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. We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff were kind and caring. Staff spoke about people with compassion and respect. Staff we spoke with were passionate about providing person-centred care. People we spoke with told us the staff were passionate. One person said, "I couldn't praise them enough." A relative told us, "They are very flexible and accommodating. They think of the person first. It is very person-centred." Another relative said, "I know [relative's name] is very well treated they love all the staff. They [the staff] are lovely."
- We saw staff knew how to communicate effectively to meet people's communication needs.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality
- People's diverse needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. All staff attended equality and diversity training and understood the importance of understanding people's needs.

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

- Staff supported people to make decisions about their care. People told us staff asked for their consent before supporting them. People we spoke with said they were always involved in decision making. One person said, "The staff are brilliant, they take their time, don't rush and let me do things at my own pace."

Respecting and promoting people's privacy, dignity and independence

- All people told us that staff respected their privacy and dignity. One person said, "Staff always respect me, they are very polite and professional." A relative we spoke with said, "The staff assist [relative's name] they encourage independence, even if it is a slow process, they are very patient."
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a caring way and thought of them as a family member. They treated them as they would wish their family to be treated. One staff member said, "We want to keep a family feeling, ensuring people are treated as we would want our loved ones to be treated."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services 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

- People's care plans recorded their likes, dislikes and what was important to them. The plans were regularly reviewed and updated. The reviews were carried out with the involvement of people and their families. This ensured people were listened to and their choices respected.

- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with this information. Staff told us the care plans were in people's homes for them to follow. They were aware when of any reviews that had occurred which ensured people's changing needs were met. We saw an up to date plan in the home of the person we visited and they were aware of what the plan contained.

- People's communication needs were known and understood by staff. People's care plans included details about their communication needs. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We observed staff communicating effectively with people they supported.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they felt able to raise any concerns with staff and were listened to. One person said, "I have no concerns, I can't think of anything that needs to improve."

- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they wished. Care records showed discussions had taken place with the people and their relatives. Their wishes had been recorded.

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; and how the provider understands and acts on duty of candour responsibility

- The registered manager shared their vision and values with staff. Staff understood these. Staff spoke highly about the registered manager. Staff told us they were listened to, valued and there was an open culture. One staff member said, "We work well as a team, we are listened to and supported." Another said, "The manager is very good, we have good communication and a dedicated team."
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement.
- The service was well run. The provider and the registered manager were committed to providing high quality, person-centred care. All staff we spoke with told us the manager was 'brilliant'. One staff member said, "The manager instils an ethos of person-centred care, treat people as you would expect your family to be treated with respect and dignity."
- The registered manager and staff were passionate about providing care and support that achieved positive outcomes for people.

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

- There was a registered manager who was supported by team leaders.
- People who used the service received good quality person-centred care.
- There was an open and honest culture in the service. People we spoke with knew the registered manager and felt confident to talk with them if required. One person said, "The manager is always available, you can easily contact them, they are extremely helpful."

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

- People who used the service were involved in day to day decisions about the service they received and their support.
- The registered manager sent out quality monitoring questionnaires. People we spoke with told us they had completed surveys. This ensured people's views were sought and acted on.
- The registered manager told us feedback was used to continuously improve the service.
- Staff meetings were held to get their views and to share information. Staff told us meetings were held regularly and were effective. Staff told us communication was very good. One staff member said, "The communication is very good, we work as a team."
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance systems was used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. We received feedback from commissioners, which was extremely positive. They said, "We have no concerns about this provider, they are a very good provider."