

Paradigm Health & Social Care Limited

Paradigm Health & Social Care Limited - Telford

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

Our inspection took place on 16, 17 and 18 August 2016 and was announced. We last inspected this service on 15 April 2014. During our last inspection we found the provider was meeting the standards required. This was the location's first ratings inspection under the new methodology.

Paradigm Health and Social Care Limited provides personal care to people living in their own homes. At the time of our inspection the service was supporting sixty three people.

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.

People were supported by staff who could recognise potential signs of abuse and were confident reporting concerns regarding people's safety. People were supported by sufficient numbers of staff who had been recruited safely. Risks to the health, safety and well-being of people were identified, managed and regularly reviewed. Staff had a good understanding of how care and support should be provided in order to keep people safe and were able to tell us about people's individual risks and how to manage them. Accidents and incidents were recorded and investigated and we saw the provider was using this information to ensure risks of re-occurrence were reduced. People received their medicines on time and as prescribed. There were regular medicines administration checks being completed to ensure people received their medicines safely.

People told us they mostly received their support calls on time and were informed if for any reason their call was going to be late. People we spoke with told us they had never had a missed call.

People were supported by staff who had the required skills to perform their duties of personal care. People consented to their care and support and people were supported by staff who understood the principles and application of the Mental Capacity Act. People received food and drink when required and dietary and nutritional needs were identified and appropriately managed. People who required support to eat and drink received this support when required. People were supported to maintain good health and had access to healthcare when required.

People were supported by staff who were caring and treated people with kindness and respect. People's individual needs and preferences were understood and met by staff and people were involved in making decisions about how their care and support was provided. Staff supported people in a way that maintained their privacy and dignity and promoted their independence.

People and their relatives felt involved in the assessment, planning and review of their care and support needs. People and their relatives knew how to raise a concern or complaint and told us that concerns and complaints were acted on.

People and their relatives knew who the registered manager was and were happy with the service. People and their relatives told us that the registered manager and the directors were approachable and supportive. Staff and the registered manager felt supported in their roles and understood their responsibilities. There was an open and honest culture within the service. The registered manager had systems in place to monitor the quality and consistency of care, this included carrying out care visits to ensure people were happy with the care and support they were receiving and spot checks on staff. People, relatives and staff were encouraged to give feedback on the service and information from audits, surveys and quality checks was being used to drive improvement.

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 received support from staff that understood how to keep people safe. There were sufficient staff to meet people's needs and ensure their safety. People were supported by staff who were subject to pre-employment checks. People were protected by the systems used to identify risks to people and minimise them. People received medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and support to carry out their duties of personal care. People's consent to care and support was sought and staff had an understanding of the principles of the Mental Capacity Act. People received food and drink when required and their nutritional and dietary requirements were identified and appropriately managed. People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People received support from staff who treated them with kindness and respect. People were involved in making decisions about their care and support. People's privacy was promoted and they were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of their care. People were supported by a staff team who had a good understanding of people's needs and preferences. People and their relatives knew how to raise a concern or complaint and told us concerns and complaints were acted on.

Is the service well-led?

Good 

The service was well led.

People and their relatives knew who the registered manager was. People, relatives and staff were provided with opportunities to give feedback on the development of the service. The provider promoted an open and honest culture. Staff understood the expectations of their role and felt supported by the registered manager and provider. The provider had systems in place to monitor the quality and consistency of the service.

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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 16, 17 and 18 August 2016 and was announced. We carried out a visit to the provider's office on the 16 August and carried out telephone interviews with people, relatives and staff on the 16, 17 and 18 August. We gave the provider 24 hours' notice of the inspection because it is a domiciliary care agency and we needed to be sure that they would be in. The inspection team consisted of 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.

As part of the inspection, we reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We contacted a commissioner of the service and the local authority safeguarding team to obtain their views about the quality of the service provided. We considered this information when we planned our inspection.

During the inspection we spoke with fifteen people who used the service, three relatives and seven members of staff. We also spoke with the registered manager and one of the service directors.

We reviewed a range of records about how people received their care and how the service was managed. We looked at eight people's care records and four staff records including recruitment checks. We also looked at records relating to the management of the service which included policies and procedures, medicines administration procedures, accident and incident records, compliments and complaints and quality checks.

Is the service safe?

Our findings

People we spoke with told us they felt safe in relation to the care and support they received. One person told us, "The staff are extremely trustworthy, they are very honest and candid and I feel safe in their care". Another person said, "I feel much better and safer living here now since I have received the support from Paradigm". A relative we spoke with said, "I have no concerns [person] is definitely safe in the hands of the care staff". People told us any concerns they had were listened to by staff and responded to appropriately. People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. The registered manager and staff were able to tell us how to recognise signs of abuse and how to report it. For example staff told us they would report concerns about people's safety to a manager who would refer these concerns onto the local authority safeguarding team. Staff were aware of the providers whistle blowing policy and told us they would be confident to use it if they suspected mal practice. One staff member told us, "I would use the whistleblowing policy if I was concerned about a person not being treated right or if management was not taking appropriate action to keep people safe". We looked at people's care records and found that, where required, the provider was regularly meeting with other professionals to discuss people's safety and ensure appropriate plans were in place to keep people safe. Staff told us they received training in keeping people safe and records we looked at confirmed this.

Risks to people were assessed. People told us they had any risks assessed and these were regularly reviewed and plans to reduce risks were regularly documented. For example, some people told us how nutrition and hydration was monitored and recorded if required and one person told us how staff had ensured their walking aid was fixed promptly when it was discovered to be broken. Some people we spoke with also told us a thorough risk assessment of their homes was carried out by the provider to ensure safety. Staff we spoke with were able to tell us about people's specific risks and how to manage these risks. We looked at people's care plans and found that risks had been identified, assessed and managed. For example where people were at risk of poor nutrition or fluid intake staff were monitoring and recording people's food and fluid intake. We also saw that where people were at risk of falling the appropriate equipment was in place to reduce the risk of falls. For example walking aids and alarm pendants. We saw risk assessments were regularly reviewed to reflect any changes in risk and staff were promptly informed of any changes made to people's risk management plans through the use of a text message alert system. One staff member told us about a change to a person's administration of medicines in response to a risk that had been identified. They told us how they had received a text message giving clear details about the change to the administration process and two additional medicines that the GP had prescribed. They also told us that the care plan and risk assessment was updated promptly and this was seen in the care plan during a visit they completed the following day. The provider had a system in place to ensure that any equipment being used, such as hoists, were regularly maintained. Accidents and incidents were recorded and investigated. One staff member told us, "Accidents and incidents are investigated to see why they happened and if anything in the person's risk assessment needs to change". This showed that the provider had systems in place to ensure peoples risks were effectively managed to ensure their safety.

People told us they mostly received their care calls on time and mostly had consistent staff attending their calls. One person told us, "I like the fact that I am seen by the same staff virtually all the time, it helps me to

feel secure and safe". People told us they received a weekly schedule from the provider which clearly detailed which staff would be providing their support. People and relatives we spoke with told us they had never had any missed calls and they were informed if staff were running late. A relative said, "We have never had any calls missed, they are occasionally late if something goes wrong but staff will call and notify us". People were supported by enough staff to ensure their care calls were completed at the appropriate times. Staff we spoke with told us that the service tried to ensure there was consistency of staff where possible by clustering staff into particular geographical areas.

People and staff we spoke with told us they felt there were sufficient numbers of staff to ensure people were safe and their needs met. One staff member told us, "We do have enough staff to meet the needs of the people we are caring for". Staff absence was managed appropriately. One staff member told us, "We have a back-up plan to manage any staff absence". Staff we spoke with told us that the office staff and the registered manager were kept up to date with their training to enable them to complete visits to cover staff absence. Staffing was based on the needs and numbers of people the service was delivering care to.

People were supported by staff who had been recruited safely. Staff we spoke with told us the provider sought at least two references and checks with the Disclosure and Barring Service (DBS) were completed before they began working at the service. DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. Records we looked at confirmed this.

People who required support to take medicines received their medicines on time and as prescribed. People who did not require support with their medicines told us that staff checked to ensure that they had taken any medicines they were prescribed. A relative we spoke with told us, "I have no concerns about [person's] medicines being given, they are given on time and staff have never missed a dose". People were given their medicines by a staff team who had received appropriate training and had been assessed as competent to administer medicines by a senior member of staff. Staff we spoke with told us they were subject to regular spot checks to ensure they were giving people their medicines in a safe way and as prescribed. We looked at people's medicines administration records and found people were given their medicines as prescribed. There were systems in place to ensure that people's medicines were administered safely and as prescribed daily and monthly checks were completed.

Is the service effective?

Our findings

People received support from a staff team that had received suitable training to carry out their duties in relation to carrying out personal care. People who required equipment to help them to transfer from one place to another, such as hoists or rota stands, told us they felt staff were well trained to use the equipment. A relative we spoke with said, "The staff know what to do, they seem fairly well trained". Some people who had specific health needs told us staff would benefit from additional training to help them to understand their conditions better. We spoke to the registered manager about this and they advised us they would look into this. Staff told us how they had used training to improve their practice or make changes to the care they provided. For example, one staff member told us how they had received a moving and handling update and they had been introduced to a new piece of equipment. They told us how they thought about a particular person who may benefit from this equipment and had made a referral to occupational therapy. Staff told us they received an induction to the role which consisted of training, shadowing more experienced staff and checks of their competency. One staff member told us, "They are hot on spot checking; I had only been doing visits on my own for a few days and was spot checked. I've had approximately three spot checks in the last 12 months". Staff were also encouraged to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff received regular support and one to one sessions with their manager to discuss their performance, training needs and any concerns they had. One staff member said, "I have one to one sessions every two months it is very regular".

People were supported by staff who sought their consent to care and support. People we spoke with told us that staff always asked for permission before carrying out care and support and staff waited for people's consent before proceeding with tasks. A relative we spoke with said, "The staff ask [person] if [person] is ready and wants support. [person] doesn't communicate verbally but the staff ask the questions in a way that [person] can respond non verbally to signal they are ready and happy". Staff we spoke with told us how they sought people's consent by asking for their permission to carry out care and support. One staff member told us, "We ask people's permission and if they refuse we don't force them, we will try to encourage or maybe try again at a different time of day, but at the end of the day it is their choice". This demonstrated people were supported by a staff team who understood the importance of asking for people's consent, and staff were communicating with people in a way they could respond where there were difficulties in seeking verbal consent.

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. During this inspection we looked to see if the provider was working within the principles of the MCA and found that they were. Staff had received MCA training during their induction and had an understanding of the principles and application of the MCA. One staff member

told us, "You have to allow people to make decisions where they can, if they have capacity you can't stop someone from making a decision you think is unwise". Staff were able to tell us how they would respond if they had concerns about a person's ability to make decisions. We saw that the registered manager was working closely with the local authority to ensure that where people lacked capacity, decisions were being made in people's best interests.

People were happy with the support they had to eat and drink. They told us they were offered a choice of food and drink. People who required support to eat and drink were provided with the appropriate assistance at mealtimes. One person told us how they liked to have specific cans of drink within reach throughout the night time and how staff ensured this was done at each evening call. Staff told us they made sure people had access to food and drink in between calls. For example one staff member told us how they left snacks and a flask of tea for people who were unable to mobilise independently. We saw specific dietary needs were identified and were being taken account of. For example people who lived with diabetes were supported to eat the appropriate recommended diet to help to manage the condition. Staff were able to tell us about people's specific dietary requirements and how to manage these effectively. People had the support they required to make choices about what they ate and drank and their dietary requirements were being catered for.

People were supported to maintain their health. One person we spoke with told us, "I'm in excellent health, this is partly down to the very good care I receive from Paradigm". Staff told us people's healthcare appointments were mostly managed by themselves or relatives. However they told us staff could make arrangements to take people to healthcare appointments if support was required. Staff told us any changes in a person's health or well-being was reported to a senior member of staff and emergency services would be contacted if required. One senior staff member we spoke with said, "The staff are first aid trained, they know people well and can tell if something is not right". They told us about a referral that had been made to the district nursing over concerns relating to fragile skin during a visit. One staff member told us, Staff told us they had good communication and access to other healthcare professionals such as local doctors,, dentist's district nurses and occupational therapists. People had access to healthcare when they needed it and any changes in health or well-being were acted on.

Is the service caring?

Our findings

People told us staff were kind, caring and professional and they developed positive relationships with the staff. One person told us, "I get on really well with the staff because they encourage me in a positive way". Another person said, "My carers are very good indeed, they have plenty of personality, are well organised and they fit in". They went on to say, "They are excellent with other members of my family too, they are like one of the family". A third person told us, "Staff are very friendly and polite, always talkative, I give them top marks". A relative we spoke with said, "[Person] loves the staff, we have a good relationship with them, we get on with them all". They went on to say, "The staff are very cheerful and caring". Relatives we spoke with told us how staff spent time chatting to their family member and one relative told us how much his family member enjoyed this. One person told us how they received a telephone call from a staff member upon discharge from hospital to check they were ok. Another person told us how staff they had been receiving 'prank' telephone calls and how staff had supported them to prevent this from happening. This person told us, "Staff go the extra mile". Another person told us how staff had supported them to resolve difficulties they had in receiving their medicines from a pharmacist. One staff member told us, "The staff talk to people they go the extra mile to make sure people maintain a good quality of life at home". Another staff member said, "I like being able to make a difference to people's lives and I feel this service does that". We spoke with the registered manager who was actively involved in providing care to people. They told us, "I am a manager but I prioritise their care over everything else, I want what is best for people". People were supported by staff who treated them with kindness and respect.

People were involved in making day to day choices and decisions about the care they received. People we spoke with told us staff offered them choices about how they would like to be dressed, what they wanted to eat or drink and how they liked their household chores to be done. Staff told us how they encouraged and supported people to make choices about the care and support they received. For example by offering choices of clothing, food and drink. One staff member told us, "We are person centred we ask people what they want to do, wear and eat for example". Staff told us how they changed their communication methods where people had difficulties expressing their wishes verbally. For example by using pictures, objects of reference or non-verbal cues.

People were supported and cared for by a staff team that treated each person with dignity and respect and supported them to maintain their independence. One person told us, "We have two way respect, staff are very respectful of my needs and are very gentle". Another person said, "Staff attend to my needs in a very respectful and courteous way". People told us their personal care was carried out in a respectful and dignified way and staff had regard for their privacy. For example, people we spoke with told us staff knocked doors and called out to notify people of their arrival. People were provided with support to enable them to maintain their independence. For example people we spoke with told us how the service supported them to access equipment to enable them to live independently. One person told us, "Paradigm have helped me to live a more independent life, I am now more self-sufficient". Two people we spoke with told us how the service had created a prompt sheet to remind them of tasks and chores they needed to complete to help them live independently. One relative we spoke with said, "The staff let [person] do most things [person] can for themselves". A staff member said, "We always encourage people to do what they can for themselves, it's

all about promoting independence we don't want to take anything away from them". Staff told us how they had suggested making changes to the equipment in people's homes to enable them to continue to do things for themselves. Relatives told us how staff were respectful of people and always respected peoples wishes. One staff member said, "It's a privilege to be invited into someone's home to deliver care you have to be respectful". Staff were able to tell us ways in which they ensure people's dignity and privacy was respected. For example, staff told us they knocked on doors before entering people's homes and closed doors and curtains before delivering personal care.

Is the service responsive?

Our findings

People and relatives we spoke with told us they were involved in the assessment and planning of their care and care reviews were undertaken on a regular basis or in response to changing health or care needs. Records we looked at confirmed this. One relative told us, "I'm involved in the care planning. I know what is in the care plan". Another relative said, "The office staff keep me informed of any changes, they will call if there is anything I need to know about". One staff member said, "We always try to involve people and their relatives in the planning of their care". Staff told us that any changes to a person's care needs or risk was communicated promptly to them to ensure they were providing appropriate care and support. This demonstrated that changes to people's care and support were made in response to people's changing care needs.

People were supported by staff who had a good knowledge about their needs and preferences. One person told us, "Staff know me very well, they really look after me and they respect my decisions". A relative told us, "The staff know [person] well, if there is a new member of staff they always shadow a more experienced staff member so they get chance to get to know [person]". A staff member said, "We never put a member of staff in to a person where they don't know the person, we always make sure the staff knows the person and the person knows the staff". Some people we spoke with told us that staff always asked them if there was anything else they could do for them before they left a call. People told us how staff would undertake tasks that were not part of their care plan. Two people we spoke with told us how their calls were allocated to fit in with their vital medical appointments. This demonstrated that staff were keen to ensure people's needs were fully responded to and calls were tailored to meet people specific needs. People's needs and preferences were sought during the provider's initial assessment. We saw the provider used the information from the assessment to build a person centred care plan taking account of how people liked their care and support to be carried out. For example, people's likes and dislikes were recorded. Staff were able to tell us about people's and personal preferences and we saw these were reflected in people's care records. One staff member we spoke with told us how some people liked to have particular staff member to carry out their care and support. They told us that the office staff ensured they had their preferred carers where possible. People's religious and cultural preferences were accounted for. For example people of particular faiths had their care and support carried out in a way that was respectful of their culture.

People and their relatives knew how to raise a concern or complaint and were confident that their concerns would be listened to and acted on. People we spoke with felt any concerns they had were listened to and responded to appropriately. A relative we spoke with said, "If you ever have an issue they deal with it straight away". The registered manager told us how they completed visits to people. They told us, "I like to be out there, I encourage people to approach us with any concerns so we can act quickly on them". A staff member said, "We are constantly asking people if they are happy with their care, any concerns are dealt with immediately". We looked at records relating to complaints and found they were logged and any actions taken were recorded. This showed that people's complaints were listened to and addressed by the provider.

Is the service well-led?

Our findings

People and their relatives told us the service was well managed and they were happy with the quality of the care they received. Every person we spoke with told us they would recommend the service to families and friends. One person we spoke with told us, "I couldn't find anywhere better to look after me". A relative we spoke with said, "On a scale of one to ten I would give them an eleven, they are very good". A person we spoke with told us the management team were always very helpful. People told us that the registered manager completed visits to check if everything was ok with their care. A staff member said, "They are a good provider". Staff we spoke with told us the registered manager and the directors were very approachable and supportive. One staff member told us, "The registered manager is unlike any boss I have ever worked for". Staff told us the directors visited the service frequently, chaired team meetings and were contactable if required. They also told us the registered manager took a hands on approach by visiting people in their homes and providing care. A relative we spoke with told us, "The registered manager makes a point of visiting people at least once a month". The registered manager said, "I don't expect any staff to do what I wouldn't do myself". One staff member said, "The registered manager becomes one of us and does what we do". Another staff member told us, "You are equal here, the registered manager comes and works with us and it's very much a team effort". People were supported by a staff team who received support from the registered manager and the provider. The registered manager was a visible presence to people and their relatives.

People were supported by a staff team that were clear about their roles and responsibilities and were supported to perform their role. Staff we spoke with were clear about their roles and responsibilities, for example, staff knew the providers policies and procedures and were using them appropriately. We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so. The registered manager told us they regularly kept up to date with current guidance, best practice and legislation by attending regular training and regular meeting with the directors who would provide feedback from any conferences they had attended. They told us they were well supported by the directors. The registered manager said, "Whatever I need I can ask for and they will ensure I get it, they are very very good".

The registered manager and the directors promoted an open culture. Staff we spoke with told us that the registered manager encouraged them to be open and honest if mistakes were made or if they had an opinion about something. One staff member told us, "The registered manager likes an honest opinion". The registered manager said, "We all make mistakes, we have to learn from them".

People and staff were given the opportunity to provide feedback on the service. People and their relatives told us frequent telephone calls are made by the service to ensure they were receiving quality care and support. People and their relatives completed an annual satisfaction survey. We looked at some of the recent survey responses and found these had been analysed and suggestions for improvements were acted on. For example we saw a person had made a comment about staff not staying on a visit for the full duration of the call. We spoke to the registered manager about this to ask how this had been addressed. The

registered manager told us that time sheets were checked against call logs and staff had been advised to ensure they stayed for the full duration of the call. We spoke with staff who told us they had the opportunity to raise any issues, concerns or make suggestions for improvement at team meetings and during their one to one sessions with their manager. One staff member told us, "I made a suggestion to have a second person on call to ensure as a contingency plan. It has been implemented and it works really well". Another staff member said, "Whenever I have raised an issue or made a suggestion the registered manager has taken action". They added they had raised an issue regarding a person's needing better equipment and how the registered manger had the equipment delivered two days later. We also saw staff were encouraged to complete an annual staff survey which explored staff satisfaction and encouraged feedback. This demonstrated the provider was actively seeking people and staff views on the quality of the service and was using this information to drive improvement.

The registered manager had systems in place to monitor the quality of the service. Regular checks on the quality and consistency of the service and spot checks on staff were carried out. One staff member said, "The registered manager is out there checking that people are being cared for". Information from checks was analysed and used to drive improvement. Staff told us they received feedback on audit findings and were advised on any actions that needed to be taken through, memo's, text messages, team meeting and one to one meetings with their manager. We spoke with one of the service's directors who said, "We communicate with staff about the findings from quality checks, we can only make improvements if we communicate with staff". This showed that the provider and the registered manager were keen to continue to improve the service.