

Paradigm Health & Social Care Limited

# Paradigm Health and Social Care Limited - Telford

## Inspection Report

Stafford Park 4  
Telford  
Shropshire  
TF3 3BA  
Tel: 0844 257 8989  
Website: [www.paradigmcare.org](http://www.paradigmcare.org)

Date of inspection visit: 15/04/2014  
Date of publication: 30/07/2014

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	5

### Detailed findings from this inspection

Background to this inspection	6
Findings by main service	7

# Summary of findings

## Overall summary

Paradigm Health and Social Care Limited in Telford provides domiciliary support to people who live in their own homes in the community.

The staff had received training on how to recognise signs of abuse and possible harm and they knew what to do if they had any concerns. People told us they could speak with the staff about any concern and were confident these would be addressed.

The staff knew how to identify signs of abuse and knew how to raise any safeguarding concern. Where concerns had been raised the provider had worked with other professionals to ensure people were safe and were not placed at risk. This meant people could be confident that staff knew how to act to reduce the possibility future harm occurring.

People were involved with the development of their support plan and could tell the staff how they want their care delivered. People told us that staff were kind and courteous and delivered their care in the way they wanted. Where personal needs changed, we saw support plans were reviewed and staff were alerted to any changes. This meant the care provided matched how people wanted to be supported.

The provider was responsive to individual circumstances and support required and there were enough staff to provide the agreed care. Where additional support was identified this was only agreed when the provider could deliver the additional staff support. People we spoke with told us they received their care from a small group of staff who they trusted. This meant people could be confident that they would receive consistent care from staff they knew well.

People told us the staff were respectful and provided dignified discreet care. People using the service said they had confidence that the staff had the skills necessary to meet their needs and were caring and compassionate. Staff received specific training to meet the needs of people using the service and support was provided after staff had been assessed that they were competent and safe to provide this. This meant people received support from staff who were suitably trained.

Systems were in place to ensure the service was monitored. People using the service were consulted about the management of the service which meant they could influence the service delivery. We saw where some improvements to the service were identified, the provider had not always addressed how these could be made, to ensure people's views were addressed. This meant improvements were needed to ensure the views of all people were used to improve the service delivery.

We found that systems weren't in place to monitor the exact time people received their support visit and how long staff provided this support. Some support visits did not allow for any travelling time between visits although people told us they were satisfied with the support provided.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. There were clear management structures offering support and leadership. Records showed that CQC had been notified, as required by law, of all the incidents in the service that could affect the health, safety and welfare of people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

Risks were identified and risk management plans were put into place in agreement with people using the service. The plans included information about how risks could be reduced to help people stay safe.

Where staff identified possible harm or abuse, they knew how to act to keep people safe and prevent further harm from occurring.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005 which meant they could support people to make choices and decisions where they no longer had capacity.

### **Are services effective?**

People had their needs assessed and staff knew how to support people in a caring and sensitive manner.

People using the service had care records which showed how they wanted to be supported and people told us they could choose how this support was provided.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People received care and support from staff who had received regular training to be able to carry out their role to support people effectively.

### **Are services caring?**

People told us the staff treated them with respect and were kind, caring and thoughtful.

People said they could make choices about how they wanted to be supported and staff listened to what they had to say.

The staff understood how to provide care in a dignified manner and respected people's right to privacy.

### **Are services responsive to people's needs?**

The care records included information for staff to ensure that people's dignity and privacy was maintained. The records guided staff about how they were to promote people's choice and independence which ensured they were supported in the way they had requested.

# Summary of findings

People using the service understood the care and treatment choices available to them and were enabled to make decisions about how they were supported. Staff respected people's decisions and where people's needs and wishes changed, the provider responded to ensure individual needs were still met.

People who needed a mental capacity assessment or best interest decision had these made by the right people. Staff were trained in the Mental Capacity Act 2005 which meant they were aware of how to support people who could not make decisions for themselves.

## **Are services well-led?**

There were systems in place to monitor how the service was managed and the quality of care provided. Where concerns were identified, action had not always been taken to ensure improvements were made.

Systems were not in place to identify whether people received their support at the agreed time and how long staff provided support for in conjunction with their agreed contract. This meant some people may not receive the correct level of support as agreed.

There was a registered manager in the service who demonstrated a good knowledge of their role and responsibilities and how to effectively lead the team of staff. The staff had opportunities to learn new skills and knowledge to ensure people's needs were met.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with twelve people using the service and two relatives. People told us they were happy with the care and support provided and how they were cared for by the staff. One person told us, "One member of staff is just like a daughter to me, does anything I ask, what more could you want? It's good to know I do matter to her because I know she likes me too."

People told us they had been able to decide when to have support and how this should be provided. One person told us, "I didn't want to go into a home; I manage perfectly well with the help my carer gives me." Another person told us, "I was asked what I needed to enable me to live in my own home. I said that I needed help in the mornings and I was given it. I get help every morning." Another person told us, "I get help with getting a shower, I like to be clean. My carer does my breakfast for me too. I chose what I needed and when I needed it."

The care and support was reviewed to ensure it continued to meet people's needs. One person told us, "I chose what I wanted and I am due to have a review shortly. I want things to stay as they are. I get help three times a day. My carers are like a second family to me."

People told us they were consulted about the quality of the service provision. People's comments included, "I just received a questionnaire last week. I have not filled it in yet, but I will and will send it back. It is a good service I get." "I have had a phone call a number of times, asking me about the care I get. I am very happy with Paradigm, and say so." "I have been asked what I think. I would give them 110 out of a 100, if that was possible."

People knew how to raise any concern and were confident any issues would be addressed. People told us they had not had to make a complaint and said, "I would make a complaint to the manager if I felt the need, but to date, I have had nothing to complain about." Another person told us, "I would not hesitate to make a complaint if I was unhappy the way the carer acted or even spoke to me in an inappropriate way. I know the manager would be the best person to talk to and I would complain if I had a complaint because I know she would listen."

# Paradigm Health and Social Care Limited - TelfordParadigm Health & Social Care Limited - Telford

## Detailed findings

### Background to this inspection

We inspected this service on 8 April 2014. We looked at records relating to how the service was managed and at eight care records of people using the service. We spoke with 12 people using the service, two relatives and three staff on the telephone following our inspection. We also spoke with the registered manager and a director of the service during our inspection.

We telephoned the registered manager two days before our inspection to make sure we had access to records and an opportunity to speak with people using the service and the staff.

The inspection team consisted of an inspector and an expert by experience who contacted people using services following our inspection for their views. We involve people

who use services and family carers to help us improve the way we inspect; because of their unique knowledge and experience of using social care services, we have called them experts by experience.

We previously inspected this service on 10 July 2013 and there were no breaches of our regulations.

Before our inspection, we reviewed information we held about the service and spoke with the inspector who carried out the previous inspection, to help us decide what areas to focus on.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

# Are services safe?

## Our findings

The care records contained risk assessments and the actions necessary to reduce the identified risks for each person and within their home and the local community. The assessment included information about where to find the gas and water tap so in the event of any emergency staff could turn off these utilities to keep the person safe.

The support plan within the care records varied for each visit depending on the time of the day. For example, where people received support in the morning, it described how people wanted to be supported with bathing and dressing. Where people received a visit later in the day, it described how people were to be supported with medication or for eating and drinking. The agreed support included specific details about how to provide the care and to keep people safe.

The support plans we looked at included information about how staff were to ensure people were safe in their home. Some people had access to an emergency call system and the support plan included information to ensure that any call bell or pendant was within reach. There was also information that staff should ensure the property was secure. People we spoke with confirmed these tasks were completed and one person told us, "Although I feel safe in my house my carer always makes sure the door is locked behind her." Another person told us, "The staff always make sure everywhere is locked up and I'm okay before they go. When you are on your own, you need to make sure everything is alright. The staff would never leave me vulnerable." This meant systems were in place for people to summon support in emergency situations.

Where people needed specialist equipment we saw there was evidence of an assessment by a health care professional. Staff had been involved with the assessment

process and there was information about how to use any equipment and guidance for moving and any repositioning that may be required. We saw a health care professional had observed staff carrying out moving and handling tasks to ensure the staff were trained and competent and could support the person safely. A moving and handling assessment had been completed and the person using the service had signed this document to evidence their agreement.

We saw evidence that where people had any concern this was recorded and what action had been carried out to ensure this was addressed. We saw that where concerns had been raised about possible financial abuse and neglect, these had been recorded and action had been taken to report these concerns under agreed adult safeguarding procedures. People we spoke with told us if they had any concerns they would speak to staff or family members and were confident concerns would be addressed. One person told us, "I have never had a problem at all. If my son felt I was at risk or unsafe he would do something about it, but I feel quite safe, thank you." This meant people were could raise concerns and felt confident these would be addressed.

The registered manager and staff had received training for The Mental Capacity Act 2005. This sets out how to act when people do not have capacity and the staff what guidelines must be followed. and knew about how decisions should be made. The staff understood the local systems in place to protect people's rights and knew about how decisions should be made. The staff told us people using the service were generally able to make decisions about their own care. The registered manager said where concerns were identified, they worked with the person using the service, people who were important to them, and other professionals to ensure decisions were being made in the person's best interests.

# Are services effective?

(for example, treatment is effective)

## Our findings

People we spoke with understood the care and treatment choices available to them and were happy with the service they received. People said their support options had been explained to them before the service had started. People told us they were visited in their home and given information about how the provider could offer a service. The provider had a service user guide which included information about how care was provided, how to raise any concerns, what people's rights were and how confidentiality was maintained. People were also provided with a copy of the service's confidentiality agreement. The registered manager told us that these documents were discussed at the assessment to ensure people understood and made a positive choice to use their service. People we spoke with told us this information meant they could make an informed choice whether to use this service.

We looked at five care records which contained an assessment of care for each person and an individual support plan of how the provider would meet each individual's identified needs. There was a contract by the placing authority which recorded the agreed number of hours of support and when these were to be provided. People we spoke with told us the provider had discussed how they could support them and they had expressed how this support was to be provided. One person told us, "They asked me what I wanted. They were very honest, if they couldn't do anything, they just told me. We worked out what I wanted and when and I haven't been disappointed." Another person told us, "I was given help by my social worker to say what I wanted. I chose the times I get up and go to bed and help with washing and dressing. I can then manage on my own."

People using the service were given appropriate information and support regarding their care. People we spoke with told us they had a copy of the care agreement and their care records. We saw these records included information about people's general health, including assessment for pressure care and any identified health concerns. We saw where a health concern was identified the provider had liaised with health care professionals to ensure people's needs were met. Where people had mental health needs, there were detailed records about how support needed to be provided and evidence of working in partnership with specialists. The staff we spoke with told us they felt confident they had information and skills to provide effective support and knew who to contact should any concerns arise.

The staff had received training to provide the specialist care that people required. Examples of subjects covered during this training included; care planning, infection control, moving and handling and dementia care. Staff also completed competency based assessments to ensure that they could demonstrate the required knowledge and skills in areas such as medication administration.

We spoke with four members of staff who told us they received formal supervision and appraisals of their work. One member of staff told us, "We get support all the time, not just in supervisions. It's good to know the managers are there for us as we are often out there working alone." The staff told us that this meant that their performance and development needs were regularly assessed and monitored.



# Are services caring?

## Our findings

The staff we spoke with told us they were aware of the importance of treating people with respect and dignity, regardless of their diverse backgrounds. One member of staff told us, "Everybody is different, so we make sure we talk with people so we know what it is they want. You can never assume things." Another member of staff told us, "Some people have strong beliefs. We need to know what these are as people practice their religion differently. We need to know how people want to be supported and what is important to them." One person using the service told us, "I've written down what is important to me and all the staff know this." Another person we spoke with told us, "I told them my Christian name, and how I wanted to be known and they use this and I use theirs. That's how really caring and kind they are."

People we spoke with told us they were treated with compassion and spoken with in a kindly manner. They told us they had developed good relationships with staff and there was generally a small team of staff who provided the care. One person told us, "I have nice kind staff that help me. They are always so cheerful and I really look forward to them coming here." Other people told us, "I think of the staff as my second family. They always ask me how I'm feeling and look after me really well." "I don't know what I'd do without the staff. My carer is one of the nicest and kindest people you will ever meet. She really is right for the job she does."

People we spoke with understood the care and treatment choices available to them. People said that their support options had been explained to them before the service had started. The care records included information about when staff would provide the support and how the care was to be delivered. People told us they felt included in any decisions about their care and that any changes were explained in an easy to understand way. One person told us, "If something's not right or needs changing, I only have to mention it and it's done." Another person told us, "The staff know how I want things done and always do that extra bit, but never take my independence. I have a lovely carer and she knows I need cream on my legs but only does the part I can't. She respects that I want to do as much for myself as I can."

People's privacy and dignity was maintained whilst receiving care and support. People we spoke with told us that staff always knocked on their door before entering their home and made sure they announced themselves. They told us the staff understood how to reduce any embarrassment whilst receiving personal care. One person told us, "All the staff respect my privacy and dignity. My carer keeps me covered up as much as she can when I'm having a shower and getting dried. She always closes the bathroom door." Another person told us, "My carers understand me and treats me really well. I don't feel embarrassed with them. They leave me to do what I can and then help me when I need the help."

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We saw the daily care records were brought into the office from people's homes to be reviewed and were available for inspection. The registered manager informed us that the records were used as part of the review process to ensure the support plan reflected people's actual needs. The staff we spoke with told us if there were any significant changes they would alert the registered manager on that day, to ensure the support plan was up to date.

We looked at one care record where we saw the provider had responded to a change in circumstances and updated the care records and risk assessments. The registered manager told us that care records were updated to ensure that the records reflect the care that is actually required. We spoke with staff about how they were made aware of any changes and they told us the managers informed them of changes and they looked at the care records. One member of staff told us, "It's not just about records, it's about talking with people. We know people really well and talk with them about what they want, it's really important we do this."

We saw the records of the monitoring visits by senior care staff which sought to ensure that staff provided care in a manner which respected the people using the service. The checks included how staff were providing the support, whether they were suitably dressed and whether infection control standards being maintained. People we spoke with told us they were confident that staff were suitably trained and provided care and support in the way they wanted. One person told us, "I have a good rapport with my carer. If I ask for something to be done for me, she does it. She is so helpful and wants to do her best. I really do think I matter to her." Another person told us, "I do think my carer acts on what I say; she always asks if there is anything else she can do for me. She shows she cares and that shows, to me, that I matter to her."

We looked at one care record where we saw a concern had been raised that one person was not able to make a specific decision about their care. There was evidence that an assessment had been completed to determine whether the person had capacity to make the specific decision. Having capacity means being able to make decisions about everyday things like what to wear or more important decisions like making a will and deciding where to live. People can lack mental capacity because of an injury or condition, stroke or dementia. We saw a best interest decision had been made in conjunction with people who were important to them. The registered manager told us that staff had received training to ensure that they acted in accordance with the law to ensure that where people did not have capacity, decisions were being made in their best interests.

We saw evidence that the support plan was reviewed. People's views were recorded and whether people were satisfied with the care and support they received. We saw the support plan had been signed by people using the service to evidence their agreement. This meant the records we looked at reflected up to date information about each person's needs and circumstances.

We saw a record of a telephone call to check the quality of the service provision. The quality check included people's views on the staff, how the care was provided, and whether any changes were needed. Comments we saw included, 'The staff are brilliant. I've no issues at all.' 'I have my regular carers and always kept informed of any staff changes and times.' The registered manager told us, "People don't always fill in questionnaires so we call them or visit people to ask if they are happy. People often prefer to talk to us than fill out forms." This meant people had different opportunities to feedback their experiences.

# Are services well-led?

## Our findings

We looked at the staff roster and saw that these did not always allow for any travelling time to the next support visit. We looked at when people received their support during one evening where we saw some staff had not been allocated any travelling time. We saw the daily care records did not accurately reflect the times of the call, as the time of departure for one visit was the same as the arrival time on the next visit. We also saw some people did not receive the agreed time for that visit, for example people received only 20 minutes instead of 30 minutes as agreed. This meant the lack of travelling time had resulted in people not receiving the agreed level of care and systems were not in place to identify this. People we spoke with told us the staff arrived when they were expected or they were notified by telephone of any delays. They were happy with the quality and how long the support provided was provided for.

People we spoke with confirmed they had been consulted about the quality of service provision in the form of a questionnaire. One person told us, "From time to time I get a form to fill in. It asks about if I am happy with the services I get. Well that is easy, because I am." Another person told us, "Once a year I get a survey form to fill in. I have never had a problem and don't need any extra help, so it is easy to fill it in." This meant people were given opportunities to formally comment on the care provision and people we spoke with told us they were happy with the care provided.

The results of this survey were generally positive although we saw some comments included concerns about the lack of travelling time between visits.

People were guided to complete the questionnaires anonymously to ensure their privacy. This meant that where people gave any negative comments this could not be discussed with them. The questionnaires were not dated, although the registered manager told us they had been completed within the last year. The registered manager told us this form would be amended to include the date and to ensure people had the option of including their personal details if they wanted feedback from their comments.

We saw questionnaires had been completed by staff and sought to answer how well the staff felt they had been matched with people using the service, how they were supported and how well they ensured people were safe and received appropriate support. We saw the comments included, 'I like being able to make a difference to people's lives.' 'I like the support I get.' 'I enjoy the different challenges when working with different people.' 'I can't fault the support I get when working out of hours.' This meant that staff were also consulted with about how the service was managed and how improvements could be made to improve the service and support.

People we spoke with told us they considered the staff had the right skills and experience to provide their care. One person told us, "I was a bit apprehensive when I was told people would come to see me, but it turned out that I got all the help I needed. I am very grateful to my carers, they are wonderful." Another person told us, "They all know what they are doing and the manager comes out and checks and asks me if they're doing things right." This meant people were confident staff were suitably skilled and experienced to provide the support they needed.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and felt they would be supported by the management team. This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

There was a clear management structure within the service. The staff we spoke with were aware of the roles of the management team and they told us that they had opportunities to meet with senior managers both in the office and working alongside them in people's homes. During our inspection we spoke with the registered manager who demonstrated they had an understanding of the care provided which showed they had regular contact with the staff and the people using the service.